



ANNUAL REPORT- PEST CONTROL PRODUCT USAGE

for the year _____

Golf Course: _____ IPM Agent: _____

IPM Certification #: _____ Tel: _____ E-mail: _____

Address: _____

Pest Control Product Applied List Active Ingredients (AI)	Reason for Use	Total Quantity AI Used (kg)	Reason for Difference from Previous Calendar Year



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Golf Course: _____

Please attach a map of the golf course showing the locations where pest control products were applied, by active ingredient.

Please explain how maintaining IPM Accreditation with the IPM Council of Canada minimized the use of pest control products on your golf course and how it will minimize use in this current calendar year.

We, the undersigned, attest that the above information is accurate and inclusive of all control products applied on our golf course for the entire year. We acknowledge that it is our responsibility to be aware of the requirements of IPM Accreditation as defined by the IPM Council of Canada and that failure to meet the requirements can result in loss of our IPM Accreditation status.

IPM Agent signature: _____ Date: _____

Owner's representative name & position: _____ Signature: _____

Please photocopy and attach additional sheets, as needed
May 10, 2010

