

Submission for Maintaining Landscape Fully Licensed IPM Accreditation

To be completed by the IPM Program Coordinator

General Inquiries: 1-506-440-9656 or dave@planthealthatlantic.ca

Section 1 – Company/Organization Information - Print Clearly

Name of IPM Program Coordinator
(First & Last) _____ IPM Turf Practitioner Certificate # _____

Company Name _____ Branch _____

Company Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

Section 2 – Full Desk Audit Information

All documents, including blank forms, must be signed, dated and accompany this form. Missing submissions will delay your review. Leave form blank if there is no information.

LIST OF ENCLOSED ITEMS

FORM	DESCRIPTION	CHECK
	PAYMENT PRIOR TO JANUARY 31 (\$425) PAYMENT AFTER JANUARY 31 (\$500)	
LF1	PESTICIDE USAGE FORM: COMPLETE, SIGN & DATE	
LF2	STAFF TRAINING: COMPLETE, SIGN & DATE	
LF3	CUSTOMER EDUCATION MATERIAL (SEND CHANGES ONLY)	
LF3	CONSUMER MARKETING MATERIAL (SEND CHANGES ONLY)	
LF4	THREE (3) PEST MONITORING FORMS (REVISED 2018)	
LF5	EQUIPMENT CALIBRATION DESCRIPTION FORM	
LF6	TURF MANAGEMENT QUESTIONNAIRE FORM	

*** Submit only client or marketing material (LMF3) developed since the last audit ***

Section 3 - Payment

Payment can be made either by Cheque or Credit Card. Cheques payable to Plant Health Atlantic are to be mailed with completed Full Desk Audit to the address below. To pay by Credit Card contact the Plant Health Atlantic office by telephone (506) 440-9656.

Section 3a - Appeal Process and/or Missing Information

Commencing in 2015 and as approved by the Plant Health Atlantic Council; the Desk Audit fee will cover one (1) request by the auditor for additional or clarification of submitted information. Any further requests for follow-up or an appeal for additional review would mean a minimum \$100.00 surcharge to the facility. If there are two (2) consecutive failures to meet audit criteria, the facility will be demoted back to Baseline Accreditation status.

Section 4 - Confirmation

I, the undersigned, verify that I am the IPM Program Coordinator and that all information submitted to the Auditor is accurate and complete to the best of my knowledge. I also acknowledge that as the IPM Program Coordinator it is my responsibility to be aware of the rules and regulations of the IPM Accreditation Program and agree to utilize and follow the Standards of Practice as defined by Plant Health Atlantic Council.

Signature: _____

Date: _____ 20__

This completed submission form for a Full Desk Audit can be forwarded via mail, fax or email to:

**Plant Health Atlantic Administrator
P.O. Box 7052
RPO Brookside Mall
Fredericton NB E3A 0Y7
FAX # - (866) 558-3994
E-MAIL – dave@planthealthatlantic.ca**

PESTICIDE USAGE FORM (LF1)
INSTRUCTION SHEET
Maintaining Full Accreditation

Directions

- Fill out all sections completely and print clearly. If any portion of the document is illegible, the auditor will have to stop the review and contact you for further clarification. It is advisable to keep a copy of your completed forms. **Direct any questions to the Plant Health Atlantic Administrator.**
- During your second full year at the Fully Licensed IPM Accredited you may not apply pesticides to more than 40% of the total (aggregate) client base in a turf management program to remain Fully Licensed IPM Accredited.
Example: A company passed their On-Site Audit and was awarded Fully Licensed IPM Accreditation Level during the 2019 season must comply with the 40% rule for the 2020 season.

REPORTING PERIOD: The reporting period is for the last completed year's activity.
Example if filling out the Full Desk Audit form on November 15, 2020: (**Reporting Period** is May 1, 2020 – November 1, 2020).

TOTAL TURF AREA FOR REPORTING PERIOD: As noted on the form, you need to calculate the total area of your entire customer base, or property(s). Do not use multiple application programs when calculating the area. Do not include areas with mowing contracts only. **PLEASE REPORT THE AREA IN HECTARES**

Turf area is based not on the number of treatments, but the physical area that you are managing for your clients (exclude areas under mowing contract only). For example: If a turf area measuring 10 m by 15 m = 150 M² and received 3 fertilizer applications, an insect control and 2 weed controls, then the reported area treated is still 150 M² (not 150 x 6 treatments = 900 M²).

Be sure to include the total areas of any pest turf management you did for other landscape companies, golf courses, and business, municipal or government properties.

Add up the total turf area for all your customers in M² and divide by 10,000 to convert to hectares. ONE HECTARE = 10,000 Sq Metres. (an area 100 M X 100M).

PRODUCT: Clearly print the brand name of the product used and the **PCP Number**.
PCP NUMBER: This number from the label must be included.

FILLING IN THE INVENTORY COLUMNS

The IPM Program Coordinator is required to report the amount of each pest control product used in a season. This is done by filling in the following information on the form provided.

Do not report “10 jugs” or “5 cases”. Always report the amount in litres or grams.

- A.) **BEGINNING INVENTORY:** This is the quantity (reported in litres or grams) of each product you started with at the beginning of the reporting period, prior to making your initial season purchases.
- B.) **PURCHASES:** This is the quantity of each product you purchased during the reporting period. **DO NOT REPORT IN CONTAINER AMOUNTS.**
- C.) **LOSSES OR OTHER USE:** Report any quantity (in litres or grams) that was **NOT APPLIED** due to spill, theft or applied to other uses (sod farm, etc.)
- D.) **ENDING INVENTORY:** Report quantities remaining (in litres or grams) at the end of the reporting period, for each product.

TOTAL AMOUNT USED

This is calculated by taking value for the beginning inventory plus product purchases for that year, minus any losses and minus the ending inventory. [A + B – C – D = Total Amount Used] Enter this value in the Total Amount Used column.

RATE OF ACTIVE INGREDIENT (AI) PER 100 SQ. METRES

Example: The MCPA (9516) label “For smaller areas apply 25ml MCPA in 10L of water to treat 100 m².” **If you followed the label then use the number (25ml/100 m²)** in the rate of active ingredient column or use the actual number you used if different.

Example: You would enter 20ml/100 m² if that was the rate you actually used.

Some product labels have different rates of a.i. per 100sq m. for different situations or report as amount /Ha. **Make sure the value you put in this column corresponds to the rate you actually used.**

UPDATE FOR 2015

CONTRACTED APPLICATIONS TO SPORTS FIELDS & GOLF COURSES

To avoid confusion do not include any product(s) used under contract for applications to sports fields or golf courses on this form. Information on these applications (products and the size of areas treated) should be reported on a separate sheet.

By signing and dating the form the IPM Program Coordinator warrants that all information is accurate and complete.

PESTICIDE USAGE FORM & RECORD OF AREA TREATED (LMF1)

(PLEASE PRINT)

Company Name: _____ Location: _____

For Period Covering: From:
To:

Total Turf Area for Reporting Period: _____ (In Hectares) 1 Hectare = 2.4710 Acres or 10,000 M²

Turf area is not based on the number of treatments, but the physical area that you are managing for your clients (Do not include areas under mowing contract only). For more details (See: How to Fill out LF1 Form)

Product Name	PCP Number	INVENTORY					Application Rate <small>Your rate of application in ml or gm/100 sq m</small>	For office use only
		Beginning <small>L or Kg</small>	Purchased <small>L or Kg</small>	Lost or other uses <small>L or Kg</small>	Ending <small>L or Kg</small>	Total used <i>L or Kg</i>		
<i>Deltagard (example)</i>	28791	2L	6L	.5L	7.5L	1.2L/ha		

Program Coordinator: _____ Dated: _____ Practitioner Certificate No. _____

I, the undersigned, warrant the above information is both accurate and complete.

How to Use the Personnel Training Instruction Form (LMF2)

Fill out all sections as best you can. If any portion of the document is illegible, the auditor will have to stop the review and contact you for further clarification. It is advisable to keep a copy of your completed forms. Remember that the information presented helps the auditor develop your **Evaluation Report**.

NOTE: Use the same form for field personnel and office employees.

Employee Name(s): List each employee who deals with customers by phone or in person, or who apply/handle pesticides. Include supervisors/managers. The Auditor may ask for a contact phone number for one or more of these individuals, at random, to verify training took place.

Position: List the employee's position, indicating whether the employee is a provincially certified pesticide applicator, Certified IPM Turf Practitioner, office staff, or supervisor.

Training Topics: Circle those topics that you have covered with each staff. This will provide the auditor with information for developing your Improvement Plan. Many of the topics listed are mandatory training for your approval at the Introductory IPM Accreditation level. The Auditor will require backup documentation when requested.

Instruction Type: Specify how training was delivered (formal seminar, tailgate review, in office, conversation, took staff member out to client's property etc.). Attach a second sheet if required.

MAINTAINING FULL ACCREDITATION - LANDSCAPE

PERSONNEL TRAINING INSTRUCTION SHEET (LMF2)

LANDSCAPE EMPLOYEES (field and office) (DETAILS: See how to fill out LMF2)

Company Name: _____ IPM Program Coordinator: _____

FOR EACH EMPLOYEE, ENTER THE "2 or 3 - DIGIT" CODE FOR THE SPECIFIC TRAINING TOPICS COVERED. DOCUMENTATION TO BE SUPPLIED UPON REQUEST

CP = Cultural Practices IP = Insect Identification & Control. WI = Weed Identification & Control. EO = Equipment Operation & Safety.
 IPM = Integrated Pest Management Fundamentals PH = Pesticide Handling and Safety NM = Nutrient Management. PHC = Plant Health Care,
 PLI = Plant Identification (grasses, etc) DI = Disease Identification. **NOTE: CP & IPM are recommended for office staff.**

Employee Name	Position	Training Topics	Instruction Type
		CP, IP, WI, EO, IPM, PH, NM, PHC, PLI, DI	
		CP, IP, WI, EO, IPM, PH, NM, PHC, PLI, DI	
		CP, IP, WI, EO, IPM, PH, NM, PHC, PLI, DI	
		CP, IP, WI, EO, IPM, PH, NM, PHC, PLI, DI	
		CP, IP, WI, EO, IPM, PH, NM, PHC, PLI, DI	
		CP, IP, WI, EO, IPM, PH, NM, PHC, PLI, DI	
		CP, IP, WI, EO, IPM, PH, NM, PHC, PLI, DI	
		CP, IP, WI, EO, IPM, PH, NM, PHC, PLI, DI	
		CP, IP, WI, EO, IPM, PH, NM, PHC, PLI, DI	
		CP, IP, WI, EO, IPM, PH, NM, PHC, PLI, DI	

VERIFY THAT THE ABOVE INFORMATION IS ACCURATE AND TRUTHFUL:

IPM Program Coordinator (signature): _____

Date: _____

For Office Use Only: Auditor Rating: _____ Auditor: _____ Date: _____

LMF3 Instruction Sheet - Landscape

MARKETING AND CUSTOMER EDUCATION MATERIAL

Note: You need only submit any new customer or marketing material developed since your last application for a Full Desk Audit. All previous submitted material is held on file.

If any portion of the document is illegible, the auditor will have to stop the review and contact you for further clarification. It is advisable to keep a copy of the form for reference when communicating with the auditor.

It is essential that **all marketing material** you submit is labelled and **numbered** in order, as noted on the **Marketing and Customer Education Form**. (The auditor is unable to “guess” as to what a particular item is called or used for.)

Highlight or make notations for any of the following **mandatory information** that is presently referenced in your material.

- *A pesticide-free offering.*
- *No offers indicating that there will be guaranteed, pre-scheduled pesticide treatments. Mandatory pest monitoring before treatment.*
- *Emphasis on targeted or spot treatments.*
- *Integrated Pest Management education materials for the client.*
- *Plant health care recommendations.*

When submitting multiple items of a particular type of marketing material, such as un-addressed mail (e.g. #M2 on form), mark each piece as M2.1, M2.2, M2.3 etc.

Submit your web site address for the auditor to review.

Note again: You need only submit any new customer or marketing material, developed since your last application for a Full Desk Audit. All previous submitted material is held on file.

MARKETING AND CUSTOMER EDUCATION FORM (LMF3)

**** JUST SUBMIT ANY NEW DOCUMENTS SINCE LAST AUDIT ****

ALL ITEMS MUST BE LABELLED, NUMBERED, AND IN ORDER OF LIST BELOW.

MARKETING

Marketing Materials	<u>Used</u> ✓	<u>Enclosed</u> ✓	<i>Office Use</i>
M1. Yellow Page ad			
M2. Un-addressed mail (brochures, flyers)			
M3. Telemarketing script			
M4. Sales staff script			
M5. Newspaper Ads			
M6. Estimate/Analysis form			
M7. Radio - TV Ads (cassette or CD)			
M8. Website (identify site and copy)			
M9. Decals (photo)			
M10. Other			

CUSTOMER EDUCATION MATERIALS

Must have 4 of 5 items. Note where educational information appears on each item.

Promotion of the following cultural practices:	<u>Web Link</u>	<u>Customer leave behind</u>	<u>Invoice</u>	<u>Service call</u>	<u>Office Use</u>
C1. De-thatching/aeration					
C2. Fertilization					
C3. Mowing: height/sharpness/ schedule					
C4. Mulching/recycling					
C5. Soil improvement					

For office use only:

Mandatory Marketing Standard	Compliant (Y/N)
Pesticide-free offering	
Absence of scheduled pesticide treatment offering	
Communicates targeted or spot treatments	
Customer IPM promotion/education must have 4 of the 5.	
Plant Health Care information	
Auditor: _____	Date: _____

Signature of Coordinator _____

Site Pest Monitoring Form (LMF4)

Maintaining Full Accreditation (Landscape)

(Revised 2018)

As a minimum the following information must be provided for **three (3) client sites in an IPM pest monitoring program selected randomly for the season.** You may submit your own forms as long as they contain the following information. You must submit proof that pests were monitored before a pesticide was applied.

Monitoring

Civic Address and PID (on tax form) _____ _____
Total area of this property under an IPM program: _____ M ²
Pest identified: _____ Number/ area _____
Method of doing count _____
Pesticide application required (indicate Yes/No): _____
Employee Name: _____ Date of visit: _____

The following information is required for each pesticide application.

Product Name: _____ (PCP No.) _____
Total volume of mix delivered at this site: _____ L or Kg this treatment.
<u>Actual Mixing Rate Used:</u>
I mixed ____ L (1) of control product in _____ L (1) of water.
Calibrated equipment delivery rate: _____ L/ha or L/100M ²
Estimated % of property sprayed _____ % this treatment.
Applicator: _____ Date of visit: _____
Weather (1) _____ Wind Speed _____ km/hr. Direction _____

Certified Turf Practitioner No. TP _____

Signature

Date

Site Pest Monitoring Form (LMF4)

Maintaining Full Accreditation (Landscape)

(Revised 2018)

As a minimum the following information must be provided **for three (3) client sites in an IPM pest monitoring program selected randomly for the season.** You may submit your own forms as long as they contain the following information. You must submit proof that pests were monitored before a pesticide was applied.

Monitoring

Civic Address and PID (on tax form) _____ _____
Total area of this property under an IPM program: _____ M ²
Pest identified: _____ Number/ area _____
Method of doing count _____
Pesticide application required (indicate Yes/No):
Employee Name: _____ Date of visit: _____

The following information is required for each pesticide application.

Product Name: _____ (PCP No.) _____
Total volume of mix delivered at this site: _____ L or Kg this treatment.
<u>Actual Mixing Rate Used:</u>
I mixed ____ L (2) of control product in _____ L (2) of water.
Calibrated equipment delivery rate: _____ L/ha or L/100M ²
Estimated % of property sprayed _____ % this treatment.
Applicator: _____ Date of visit: _____
Weather (2) _____ Wind Speed _____ km/hr. Direction _____

Certified Turf Practitioner No. TP _____

Signature

Date

Site Pest Monitoring Form (LMF4)

Maintaining Full Accreditation (Landscape)

(Revised 2018)

As a minimum the following information must be provided **for three (3) client site in an IPM pest monitoring program selected randomly for the season.** You may submit your own forms as long as they contain the following information. You must submit proof that pests were monitored before a pesticide was applied.

Monitoring

Civic Address and PID (on tax form) _____ _____
Total area of this property under an IPM program: _____ M ²
Pest identified: _____ Number/ area _____
Method of doing count _____
Pesticide application required (indicate Yes/No): _____
Employee Name: _____ Date of visit: _____

The following information is required for each pesticide application.

Product Name: _____ (PCP No.) _____
Total volume of mix delivered at this site: _____ L or Kg this treatment.
Actual Mixing Rate Used:
I mixed ____ L (3) of control product in _____ L (3) of water.
Calibrated equipment delivery rate: _____ L/ha or L/100M ²
Estimated % of property sprayed _____ % this treatment.
Applicator: _____ Date of visit: _____
Weather (3) _____ Wind Speed _____ km/hr. Direction _____

Certified Turf Practitioner No. TP _____

Signature

Date

Pesticide Application Equipment Calibration and Maintenance Form (LMF5)

Submit at least 1 example of calibration for herbicides and insecticides.

Applicant must submit proof that pesticide application equipment was calibrated and maintained a minimum of three (3) times during the operating season.

Calibration 1

Description of Equipment: _____

Date Calibrated: _____ Done by: _____

Inspected: Nozzles: _____ Fittings: _____ Strainer: _____

Calibrated Delivery rate: _____ (L of water/100 M²)

For product Name _____ PCP No. _____

Calibration 2

Description of Equipment: _____

Date Calibrated: _____ Done by: _____

Inspected: Nozzles: _____ Fittings: _____ Strainer: _____

Calibrated Delivery rate: _____ (L of water/100 M²)

For product Name _____ PCP No. _____

Calibration 3

Description of Equipment: _____

Date Calibrated: _____ Done by: _____

Inspected: Nozzles: _____ Fittings: _____ Strainer: _____

Calibrated Delivery rate: _____ (L of water/100 M²)

For product Name _____ PCP No. _____

BRIEF DESCRIPTION OF HOW YOU CALIBRATED EQUIPMENT:

(Example: Marked off an area 5M by 4M, filled sprayer water and applied water to area in same manner as when doing a spot application, re-filled sprayer and noted I used 2 L of water. Did calculations to determine equipment was calibrated to deliver 10L water/100 M². Checked label directions and noted I was within recommended application or delivery rate as on label of product MCPA 9516)

SAME AS PREVIOUS YEARS YES (do not fill in form) NO

IPM Program Coordinator No. _____

Signature

Date

Office Use
Date Reviewed _____
Comments: _____

TURF MANAGEMENT QUESTIONNAIRE (LMF6)

The following information is to be sent along with your application for Maintaining Full Accreditation. Attach any supporting forms and documentation that you think might help the Auditor in developing the auditor's Report. Brief, concise explanations will suffice but do not hesitate to attach additional pages if necessary.

1. Describe how your company practices the principals of IPM.

2. Which of the following services do you offer clients for improving the soil quality/quantity?

Liming		Top Dressing		Core Aeration	
Soil Testing		Over-seeding		Compost Tea	
Soil pH Testing		Slow-Release Fertilizer		Mowing	

OTHERS: _____

3. How many times did you calibrate and do preventative maintenance?

Calibration	Preventative Maintenance

4. Describe your process for evaluating a pest problem on a site to determine if a spot pesticide application is required.

Submitted by: _____ **Date** _____