

Application for Golf Introductory 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 # _____

Golf Course Name _____

Golf Course Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

Section 2 – Application for Golf Introductory IPM Accreditation

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
	AUDIT PAYMENT PRIOR TO JANUARY 31 (\$425) AUDIT PAYMENT AFTER JANUARY 31 (\$500)	
GI1	STAFF TRAINING FORM: COMPLETE, SIGN & DATE	
GI2	HOT SPOT INFORMATION FORM	
GI3	PEST MANAGEMENT FORM: SUBMIT 1 ACTIVE WEEK	
GI4	EQUIPMENT CALIBRATION/DESCRIPTION FORM	
GI5	PEST MANAGEMENT QUESTIONNAIRE : COMPLETE, SIGN, & DATE	

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 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 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 an Application for Introductory Accreditation 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

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How to Use the Personnel Training Instruction Sheet (GI1)

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.

NOTE: Use the same form for field and grounds staff.

Employee Name(s):

List each employee who monitors for pests and/or apply/handle pesticides. This could include superintendents, supervisors, grounds crew & 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, superintendent, etc.

Training Topics:

Circle those topics that you have covered with each staff. 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, brief explanation, pre-season meetings in the office, in conversation in the field, etc.). Attach a second sheet if required.

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PERSONNEL TRAINING DOCUMENTATION FORM (GI1)

GOLF EMPLOYEES (field and office)

Course Name: _____

IPM Program Coordinator: _____

FOR EACH EMPLOYEE, CIRCLE SPECIFIC 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	

I VERIFY THAT THE ABOVE INFORMATION IS ACCURATE AND TRUTHFUL:

IPM Program Coordinator (signature): _____

Date: _____

Hot Spot Management Form (GI2)

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Hot Spot Management Program (Submit all projects)

Use the Table below to annually track areas of your property that are more prone to turf injury. Typically, these areas have limited sunlight, increased shade, poor air circulation due to foliage cover, etc., that may have a long-term solution. Plants in these areas are generally the first to get attacked by pests (insect, disease, weeds), due to their weakness. Describe what long-term actions you have taken to try to solve these persistent problems

Problem Condition	Location of Problem Areas	Action Planned or Taken
<i>PAC</i>	<i>8th Green</i>	<i>Trim back undergrowth in mid-season (Example)</i>

Problem List	CODE	Problem List	CODE
Skunk Damage	SD	Excessive Shade	ES
Poor Air Circulation	PAC	Heavy Traffic	HT
Excessive Dry	ED	Excessive Thatch	ET
Poor Drainage	PD	Other	Specify

Coordinator No. TP _____ Signature: _____ Date: _____
Mm/dd/yyyy

PEST MONITORING - MANAGEMENT FORM (GI3)
(Submit your records with the information for any active 1-week period)

Monitoring Period Starting Date: _____ Ending Date: _____

(Example is pest monitoring - management for week of July 12 – July 18)

Pest/Condition Detected	Location(s)	Date	Action Taken	Results
<i>Dollar Spot</i>	<i>2 % - greens 3, 5 & 7</i>	<i>July 12</i>	<i>Continue to monitor</i>	
<i>Black Cutworm</i>	<i>Few on green 4</i>	<i>July 12</i>	<i>Continue to monitor</i>	<i>no action taken</i>
<i>Dollar Spot</i>	<i>6 % - greens 3, 5 & 7</i>	<i>July 13</i>	<i>Continue to monitor</i>	
<i>Dollar Spot</i>	<i>9 % - greens 1, 3, 5, 7, 8 & 9</i>	<i>July 16</i>	<i>Warrants fungicide - all greens</i>	<i>Excellent control</i>
<i>Clover</i>	<i>10% of fairways 5 & 8</i>	<i>July 18</i>	<i>Possible spot treatment later</i>	

Possible Contributing Factors – List the conditions that may have resulted in the occurrence of the pest, e.g. *high humidity and night temperatures over 28 C for Pythium spp. or poor drainage highlighted appearance of black algae.* _____

DO NOT SUBMIT ONLY PESTICIDE APPLICATIONS

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LIST OF PESTS for GI3

Place the code on the monitoring sheet for the identified pest(s).

Diseases

Anthracnose	A
Brown Patch	BP
Dollar Spot	DS
Fairy Ring	FR
Fusarium	F
Grey Snow Mould	GSM
Leaf Spots	LS
Necrotic Ring Spot	NRS
Powdery Mildew	PM
Pythium Blight	PB
Red Thread	RT
Rusts	R
Slime Moulds	SM
Smuts	S
Take-all patch	TAP
Yellow Patch	YP
Pink Snow Mould	PSM
Other	OD

Insects

Annual Bluegrass Weevil	ABW
Black Cutworm	BC
Black Turfgrass Ataenius	BTA
Bluegrass Billbug	BB
European Chafer	EC
Hairy Chinch Bug	HCB
Japanese Beetle	JB
June Beetle	JuB
Sod Webworm	SW
Turfgrass Scale	TS
Other	OI

Weeds

Chickweed	Ch
Clover	Cl
Crabgrass	C
Dandelion	D
Knotweed	K
Medic	M
Plaintain	P
Quackgrass	Q
Spurge	Sp
Yarrow	Y
Other Broadleaf Weed	OBW
Other Grass Weed	OGW

Pesticide Application Equipment Calibration and Maintenance Form (GI4)

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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: **YES/NO** Nozzles: _____ Fittings: _____ Strainer: _____

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

For product Name _____ PCP No. _____

Calibration 2

Description of Equipment: _____

Date Calibrated: _____ Done by: _____

Inspected: **YES/NO** 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: **YES/NO** Nozzles: _____ Fittings: _____ Strainer: _____

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

For product Name _____ PCP No. _____

BRIEF DESCRIPTION OF HOW YOU CALIBRATED EQUIPMENT:
(Example: Marked off 10 M distance, filled sprayer with water and drove equipment at speed for doing greens, applied water along 10M distance. Measured width of boom to be 5 M. Re-filled sprayer and noted I used 6 L of water. Did calculations to determine equipment was calibrated to deliver 12L water/100 M². Checked label directions and noted I was within recommended application or delivery rate as on label of product Rovral Green GT 24379) – Or timed method.

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

ACROSS THE BOOM CALIBRATION? YES NO

How many times in the season did you calibrate and do preventative maintenance on the application equipment?

Calibration_____ Maintenance_____

IPM Program Coordinator No._____

Signature

Date

GI5 PEST MANAGEMENT REPORT FORM

Disease Management

List your disease management accomplishments for this season (how specific disease pressures have been addressed). Also, document areas still requiring improvement and list any new products or techniques utilized.

Playing Surface Location	Disease	Describe accomplishment or area still requiring improvement

Weed Management

List your weed management accomplishments for this season, (how areas prone to specific weed pressures have been addressed) as well as what areas still require improvement. List any new products or techniques utilized.

Playing Surface Location	Weed	Describe accomplishment or area still requiring improvement

Insect Management

List your insect management accomplishments for this season, (how areas prone to specific insect pressures have been addressed) as well as what areas still require improvement. List any new products or techniques utilized.

Playing Surface Location	Insects	Describe accomplishment or area still requiring improvement

General Site Management

Proper irrigation, mowing, fertility management, aeration, etc., promote healthy turf that is capable of resisting pest infestations. Describe how management decisions this past season may have aided areas prone to disease, insect or weed pressures.

Playing Surface Location	Description of Management Decision

List areas you would like to improve next and list any restraints.

Playing Surface Location	Description of Management Decision

Submitted by: _____ Date _____