

Information Guide for Application for Baseline IPM Accreditation (Municipal- University)

Baseline IPM Accreditation is the introductory or starting level for a Municipal - University new to the operating standards required for IPM Accreditation. The Municipality - University makes application for this level of accreditation by submitting information as required for a Baseline Desk Audit. It is anticipated that the information submitted by most Municipalities - University new to practicing the principals of IPM, will be limited and need improvement.

Municipal - University that do not use pesticides for managing their turf can become Fully IPM Accredited. Simply indicate that this is the case and then fill out the forms describing practices undertaken to prevent/minimize pest problems.

An auditor appointed by Plant Health Atlantic Council will review the information as submitted for the Baseline Desk Audit and work with the IPM Program Coordinator on the development of an **Improvement Plan**. The **Improvement Plan** is based primarily on the information forwarded in the Baseline Desk Audit and functions as a guide for a Municipality - University to progress to the next level of accreditation (*Introductory IPM Accreditation*).

In some cases, the auditor on reviewing the information submitted in the Baseline Desk Audit, may determine that the Municipality - University already meets the requirements for Introductory IPM Accreditation. These Municipal - University will be notified and can then immediately make application for Introductory IPM Accreditation status. (*see: fee structure*)

Each Municipality - University is considered to be a separate entity and therefore must submit a separate Baseline Desk Audit and employ a separate IPM Program Coordinator when applying for Baseline IPM Accreditation.

All questions should be directed to the Plant Health Atlantic Administrator.

A Quick Look at the requirements for the Baseline Desk Audit

The first step is to designate a Certified IPM Turf Practitioner as your IPM Program Coordinator. It is their responsibility to prepare and submit the documentation as required for applying for a Baseline Desk Audit. The information submitted gives the auditor an indication of your Municipality - University's present status with respect to pesticide usage, pesticide reduction practices, employee training and management, and appropriate resident education materials.

A Municipality - University will automatically be granted Baseline IPM Accreditation status upon completion of the following:

- Identification of the fully certified IPM Program Coordinator.
- Fees paid in full (*See: Fee Structure*).
- Submission of information required for the Baseline Desk Audit.
- Receipt of an Improvement Plan from the auditor.

Baseline Desk Audit Submission and Payment of Fees

1. A facility makes application for a Base-line Desk Audit by submitting the following information on the attached forms.
 - a. An application for a baseline desk audit
 - b. Payment of the appropriate fees.
 - c. Pesticide usage form.
 - d. Record of staff training.
 - e. Record of 'hot spot' management.
 - f. Pest monitoring records.
 - g. Equipment calibration information.
 - h. Baseline audit questionnaire
2. An Auditor appointed by Plant Health Atlantic Council will review the documentation.
3. The Auditor will establish a rating for your Municipality - University and work with the IPM Program Coordinator on an **Improvement Plan**.
4. The Municipality - University will receive acknowledgement that they are at Baseline IPM Accreditation level once the requirements noted above have been submitted and an Improvement Plan has been completed.
5. A Municipality - University at the Baseline IPM Accreditation level is not allowed to use the Plant Health Atlantic IPM accredited logo on any promotional material.

Submit the Baseline Desk Audit information to:

Attention: David McCafferty Plant Health Atlantic Administrator
 P.O. Box 7052
 RPO Brookside Mall
 Fredericton NB E3A 0Y7
 Phone : 506- 440-9656 Fax : 866- 558-3994
 Email : dave@planthealthatlantic.ca

What is the next step?

A Municipality - University awarded a **Baseline IPM Accreditation** level can immediately start planning for the next level of accreditation by gathering information, training staff, addressing hot spots, and making operational changes as outlined in the **Improvement Plan**. A facility can make application for a **Full Desk Audit** once they feel they satisfy the requirements. This typically is at the end of the next full operating season.

Submission for Municipal Baseline Desk Audit

To be completed by the IPM Program Coordinator

General Inquires: 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 # _____

Name of Municipality - University _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

Section 2 – Baseline 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.

*** Forms MB1 and MB5 do not have to be filled out if pesticides were not applied or if the application of pesticides was contracted out (Submit their IPM Accreditation Number).**

*** Submit information on addressed or planned Hot Spot management sites on (MB3) ***

ITEM ENCLOSED

| FORM | DESCRIPTION | CHECK |
|------|---|-------|
| | PAYMENT (\$235) | |
| MB1 | PESTICIDE USAGE FORM: COMPLETE, SIGN & DATE | |
| MB2 | STAFF TRAINING FORM: COMPLETE, SIGN & DATE | |
| MB3 | HOT SPOT INFORMATION FORM | |
| MB4 | PEST MONITORING FORM: SUBMIT THREE (3) FORMS | |
| MB5 | EQUIPMENT CALIBRATION/DESCRIPTION FORM (NEW FOR 2011) | |
| MB6 | TURF MANAGEMENT QUESTIONNAIRE FORM (NEW FOR 2011) | |
| MB7 | PEST MANAGEMENT QUESTIONNAIRE: COMPLETE, SIGN, & DATE | |

Section 3 – Payment

Cheque should be made payable to Plant Health Atlantic.

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 Code of Practice as defined by Plant Health Atlantic Council.

Signature: _____ Date: _____, 20__

IPM Turf Practitioner Certification No.: _____

Return this completed submission form, all required Baseline Desk Audit information forms, and payment by mail to:

Attention: David McCafferty
Plant Health Atlantic Administrator
P.O. Box 7052
RPO Brookside Mall
Fredericton NB E3A 0Y7

OFFICE USE ONLY:

| | Date Received | Date Reviewed |
|----------------------------|---------------|---------------|
| Payment | | |
| All forms completed | | |

A Municipality - University will automatically be granted Baseline IPM Accreditation status upon completion of the following:

(MB1) GUIDE TO FILLING OUT THE PESTICIDE USAGE FORM

Baseline Desk Audit

Directions

If municipal staff applied pesticides, then you are required to fill out all sections of MB1 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.**

If you contract the application of pesticides to turf, then provide the area contracted, and the name and IPM Accreditation Number of the company contracted.

REPORTING PERIOD: The reporting period is the *most recent complete year's activity*.

TOTAL TURF AREA FOR REPORTING PERIOD: As noted on the form, you need to calculate the total turf area of property(s) under a pest management program. If possible, split these out as areas for sports fields and other (park area, lawns, etc.). Do not use multiple application programs when calculating the area. **REPORT THE AREA IN HECTARES.**

Property in a Pest Management Program – is property on which you are carrying out an pest management program. This likely would include most of the property managed by the Municipality - University. **Pesticides cannot be applied to any site unless the site has first been monitored for the pest and the number of pests warrants a treatment (See: Guide to Pest Thresholds).**

Turf area is not based on the number of treatments, but the physical area that you are managing for the Municipality - University. Do not include unmanaged areas, parking lots, etc. Numbers can be estimates.

For example: If a turf area (green or park) measuring 100 m by 15 m = 1500 M² and received three (3) fertilizer applications, an insect control and two (2) weed controls, then the reported area treated is still 1500 M² (Not 1500 x 6 treatments = 9000 M²).

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

Turf area reported in the Baseline Desk Audit must be converted to hectares.

For example: You have five (5) properties (1500 M², 2500 M², 3000 M², 1000 M² and 2000 M²) for a total of 10000 M² . Report this as 1.0 hectares

PRODUCT NAME: Print the *brand* name of the product used.

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:** Report any quantity (in litres or grams) that was NOT APPLIED due to sales, transfers, spills, or theft.
- 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.

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

Report the rate at which you applied the product. Rate is typically the same as what appears as ‘*application rate*’ on the label.

Example: Sevin T&O label indicates that for chinch bug apply 210 to 290 ml per 100 m² of turf. **Use your actual rate of active ingredient in the Application Rate column.** Some product labels have different rates of a.i. per 100 m². for different situations. Make sure the value you put in this column corresponds to the rate you actually use. E.g. Sevin T&O rate for leatherjacket is 200ml per 100 m².

If you contract the application of pesticides, then be sure to provide the name and IPM Accreditation number (LA__) of the company contracted.

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

PESTICIDE USAGE FORM & RECORD OF AREA MANAGED (MB1)

(PLEASE PRINT)

Municipality - University: _____

For Period Covering: From: ____ / ____ / ____ (dd/mm/yy) To: ____ / ____ / ____ (dd/mm/yy)

Total Area of Green Areas (parks, lawns, etc.): _____ (In Hectares) Total Turf Area of Sports Fields: _____ (In Hectares)

| Product Name | PCP Number | INVENTORY FOR PAST SEASON | | | | | Application Rate | Location Used |
|--------------|------------|---------------------------|----------------------|-----------------|-------------------|------------------------------|---|----------------------------------|
| | | Beginning L or Kg | Purchased L or Kg | Lost L or Kg | Ending L or Kg | Total used <i>L or Kg</i> | Your rate of application in ml or gm/100 sq m | % Lawn (L) % Sport Field (SF) |
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Program Coordinator: _____ Dated: _____ Practitioner Certificate No. _____

I warrant the above information is both accurate and complete.

Baseline Desk Audit

Municipal - University

How to Fill Out Personnel Training Instruction Sheet (MB2)

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 **Improvement Plan**.

Employee Name(s): List each employee who apply/handle or make decisions on the use of 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, etc.,). Attach a second sheet if required.

**BASELINE DESK AUDIT
MUNICIPAL - UNIVERSITY
PERSONNEL TRAINING INSTRUCTION SHEET (MB2)**

EMPLOYEES (field and office)

Municipality - University: _____

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 | |
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| | | 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 (MB3)

Municipality - University Baseline Desk Audit

Hot Spot Management Program

Use the Table below to annually track sites 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 Taken |
|-------------------|----------------------------|---|
| <i>PD</i> | <i>Edge soccer field 3</i> | <i>(Example) Improved drainage and added sand</i> |
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| Problem List | CODE | Problem List | CODE |
|----------------------|------------|-----------------|----------------|
| Skunk Damage | SD | Excessive Shade | ES |
| Poor Air Circulation | PAC | Heavy Traffic | HT |
| Excessive Dry | ED | Excess Weeds | EW |
| Poor Drainage | PD | Other | Specify |

IPM Program Coordinator No. _____ Signature _____ Date: _____

Site Pest Monitoring Form (MB4)

Baseline Desk Audit (Municipal - University)

If applicable please provide the following information **for three (3) site (sports fields, properties) from any 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.

| |
|--|
| Location Description: _____ _____ |
| Total area of this property under an IPM program: _____ M ² |
| Pest identified: _____ Number/ area ² _____ |
| Method of doing count _____ |
| Pesticide application required: NO YES |
| Employee Name: _____ Date of visit: _____ |

The following information is required for each pesticide application.

| |
|---|
| Product Name: _____ (PCP No.) _____ |
| Total amount of product mix applied: _____ L or Kg this application. |
| <u>Actual Mixing Rate Used:</u> |
| Amount of product _____ L mixed in _____ L of water. |
| Calibrated equipment delivery rate: _____ L/ha or L/100M ² |
| Applicator: _____ Date of visit: _____ |

IPM Certified Turf Practitioner No. TP _____

Signature

Date

Pesticide Application Equipment Calibration and Maintenance Form (MB5)

Baseline Desk Audit (Municipal - University)

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: **YES/NO** Fittings: **YES/NO** Strainer: **YES/NO**

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

For product Name _____ PCP No. _____

Calibration 1

Description of Equipment: _____

Date Calibrated: _____ Done by: _____

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

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

For product Name _____ PCP No. _____

Calibration 1

Description of Equipment: _____

Date Calibrated: _____ Done by: _____

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

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

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)

IPM Program Coordinator No. _____

Signature

Date

| | |
|---------------------|--|
| Office Use | |
| Date reviewed _____ | |
| Comments: _____ | |

BASELINE DESK AUDIT QUESTIONNAIRE (MB6)

Fill in the information on the following page as best you can and send along with your application for Introductory Accreditation. Attach any supporting forms and documentation that you think might help the Auditor in the development of your Evaluation Report. Brief, concise explanations will suffice but do not hesitate to attach additional pages if necessary.

1. Describe the process for decision to use pesticides on turf.

2. Do your staff apply the pesticides _____? Contract out any application_____?

3. If contracted out submit (attach) criteria for selecting the pest control company and Accreditation Number LA_____ of lawn care company.

4. Describe any IPM practices you do for turf in the Municipality - University. Attach example documentation of IPM practice (e.g. monitoring, pest and beneficial insect identification, site evaluation, damage and treatment threshold, etc).

5. What specific turf pest management tools and methods (e.g. biological, physical, cultural, mechanical, behavioral) do you utilize?

6. How do you address 'Hot Spots' where you have experienced repeated turf pest problems? List actions taken to provide long-term control (disease resistant species, soil samples, improve Ph, over seed, etc.).

7. Briefly describe how your Municipality - University provides continuing education (about sound landscape care, plant health information, etc.) for your IPM Turf Practitioners, other staff and the general public.

8. How many times in a season do you calibrate and do preventative maintenance on application equipment? Calibration_____ Maintenance_____

9. Which of the following activities do you use for improving the soil quality/quantity?

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

OTHERS: _____

MB7 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.

| Location ((e.g. soccer fields, lawns, parks) | Disease | Describe accomplishment or area still requiring improvement |
|--|---------|---|
| | | |
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| | | |

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.

| Location ((e.g. soccer fields, lawns, parks) | Weed | Describe accomplishment or area still requiring improvement |
|--|------|---|
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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.

| Location ((e.g. soccer fields, lawns, parks) | Insect | Describe accomplishment or area still requiring improvement |
|--|--------|---|
| | | |
| | | |
| | | |

General Site Management

Proper irrigation, mowing and fertility management 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.

| Location ((e.g. soccer fields, lawns, parks) | Actions Taken |
|--|---------------|
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What areas would you like/plan to improve next?

| Location ((e.g. soccer fields, lawns, parks) | Issue | Planned Solution |
|--|-------|------------------|
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Submitted by: _____ Date _____