

Submission for Maintaining Fully IPM Accreditation Municipality- University

To be completed by the IPM Program Coordinator

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

Section 1 Facility Information - Print Clearly in Ink

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 –Maintaining 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.

*** Forms MF1 and MF5 do not have to be filled out if pesticides were not applied or if the application of pesticides was contracted out (Submit contractor’s IPM Accreditation Number).**

*** Submit information on addressed or planned Hot Spot management sites on (MF3) ***

ITEM ENCLOSED

FORM	DESCRIPTION	CHECK
	AUDIT PAYMENT PRIOR TO JANUARY 31 (\$410) AUDIT PAYMENT AFTER JANUARY 31 (\$475)	
MMF1	PESTICIDE USAGE FORM: COMPLETE, SIGN & DATE	
MMF2	STAFF TRAINING FORM: COMPLETE, SIGN & DATE	
MMF3	HOT SPOT INFORMATION FORM	
MMF4	PEST MONITORING FORM: SUBMIT THREE (3) FORMS	
MMF5	EQUIPMENT CALIBRATION/DESCRIPTION FORM (NEW FOR 2011)	
MMF6	TURF MANAGEMENT QUESTIONNAIRE FORM (NEW FOR 2011)	
MMF7	PEST MANAGEMENT QUESTIONNAIRE: COMPLETE, SIGN & DATE	

Section 3 – Payment - to Plant Health Atlantic

Total payment for Full Desk Audit & non-voting membership (\$410) or (\$475)

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.

Credit Card information can be included below or contact 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 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

(MMF1) GUIDE TO FILLING OUT THE PESTICIDE USAGE FORM

Full Desk Audit

Directions

If municipal staff applied pesticides, then you are required to fill out all sections of MMF1 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 information on the area(s) 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. **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. 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 Full 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 used. 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 (MMF1)

(PLEASE PRINT).

Facility: _____

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 REPORT FOR THIS 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)

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

I warrant the above information is both accurate and complete.

Maintaining Full Accreditation

Municipal

How to Fill Out Personnel Training Instruction Sheet (MMF2)

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**.

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.

MAINTAINING FULL ACCREDITATION -MUNICIPAL PERSONNEL TRAINING INSTRUCTION SHEET (MMF2)

EMPLOYEES (field and office)

Facility: _____

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	
		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 (MMF3)

Hot Spot Management Program

Use the Table below to annually track sites that are more prone to turf injury. These areas have compacted soil and high usage 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>

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 (MMF4)

Fill out is you do your own pest monitoring and control

If applicable please provide the following information **for three (3) sites (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 (MMF5)

FILL OUT IF YOU DO YOUR OWN APPLICATIONS

Applicant submits 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. _____

DO NOT FILL OUT IF ALL APPLICATIONS CONTRACTED OUT

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

ACROSS THE BOOM CALIBRATION? YES NO

IPM Program Coordinator No. _____

Signature

Date

Maintaining Full Accreditation

AUDIT QUESTIONNAIRE (MMF6)

Fill in the information and attach any supporting forms or documentation that you think might help the Auditor in evaluation. 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. Did 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. Attach example documentation of IPM practice (e.g. monitoring, pest and beneficial insect identification, site evaluation, use of Action & Damage Threshold, record keeping).

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

6. Briefly describe any education programs or brochures about IPM tips, environmentally sound landscape care, watering tips, etc. provided by the municipality for the general public.

7. How many times in a season do you calibrate and do preventative maintenance on application equipment? Calibration _____ Maintenance _____ NA _____

8. 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: _____

MMF7 PEST MANAGEMENT REPORT FORM - MUNICIPAL

Non-Pesticide 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

Non-Pesticide 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

Non-Pesticide 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, aeration, 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

What areas would you like/plan to improve next?

Location ((e.g. soccer fields, lawns, parks)	Issue	Planned Solution

Submitted by: _____ Date _____