

Submission for Landscape 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 # _____

Company Name _____ Branch _____

Company 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.

LIST OF ENCLOSED ITEMS

FORM	DESCRIPTION	CHECK
	PAYMENT (\$335)	
LB1	PESTICIDE USAGE FORM: (COMPLETE IF APPLICABLE)	
LB2	STAFF TRAINING:	
LB3	CUSTOMER EDUCATION MATERIAL	
LB3	CONSUMER MARKETING MATERIAL	
LB4	THREE PEST MONITORING FORMS (COMPLETE IF APPLICABLE))	
LB5	EQUIPMENT CALIBRATION DESCRIPTION FORM	
LB6	TURF MANAGEMENT QUESTIONNAIRE FORM	

Section 3 - Payment

The fee for an application for a Baseline Desk Audit and non-voting membership is \$335.00 (no HST)

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

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 Baseline 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 (LB1) INSTRUCTION SHEET

Directions

(Complete if any pesticides were applied during the previous season)

Fill out all sections of **LB1** 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.**

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 your **entire client base** or property(s) under a pest management program. Do not use multiple application programs when calculating the area. **REPORT THE AREA IN HECTARES.**

Property in a Pest Management Program – is a client property on which you are carrying out an Integrated Pest Management program. Pest monitoring records (*See: Pest Monitoring Form (LB4)*) must be kept for each of these sites. **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*).** Client property not monitored for pests (e.g., under a mowing contract only) would not be considered as *Property in a Pest Management Program*.

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 example: If a client turf area measuring 10 m by 15 m = 150 M² and received three (3) fertilizer applications, an insect control and two (2) weed controls, then the reported area treated is still 150 M² (Not 150 x 6 treatments = 900 M²).

Add up the total turf area for all your clients 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 (150 M², 250 M², 300 M², 100 M², and 200 M²) for a total of 1000 M². Report this as 0.1 hectares (1000 M² / 10,000 = 0.1 Hectare).

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.

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 treats 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.

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

Direct all inquiries to the Plant Health Atlantic Administrator

PESTICIDE USAGE FORM & RECORD OF AREA TREATED (LB1)

(PLEASE PRINT)

Company Name: _____ Location: _____

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

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	For office use only
		Beginning L or Kg	Purchased L or Kg	Lost or other uses L or Kg	Ending L or Kg	Total used <i>L or Kg</i>	Your rate of product application in ml or gm/100 sq m	
<i>Acelepryn (example)</i>	28791	2L	13L	0	1.5L	13.5L	8L/100sqm	

REPORT WHICH PRODUCTS WERE TANK MIXED

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

I, the undersigned, warrant the above information is both accurate and complete to the best of my knowledge..

Baseline Desk Audit

Landscape

How to Use the Personnel Training Instruction Sheet

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**.

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, etc.,). Attach a second sheet if required.

**BASELINE DESK AUDIT
LANDSCAPE**

PERSONNEL TRAINING INSTRUCTION SHEET (LB2)

LANDSCAPE EMPLOYEES (field and office)

Company Name: _____

IPM Program Coordinator: _____

**FOR EACH EMPLOYEE, CIRCLE SPECIFIC TOPICS YOU PLAN TO COVER
Documentation must be supplied on 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	

I VERIFY THAT THE ABOVE INFORMATION IS ACCURATE AND TRUTHFUL:

IPM Program Coordinator (signature): _____

Date: _____

B3 Baseline Desk Audit Instruction Sheet

Landscape

MARKETING AND CUSTOMER EDUCATION MATERIAL

Remember that this is an application for a **Baseline Desk Audit** and is intended to let the auditor know what your existing or planned marketing and customer education material contains. The auditor will then be able to indicate in the **Improvement Plan** those areas that need to be changed and improved so you can qualify for the next level (Introductory IPM Accreditation).

Comply with all sections as best you can by sending copies of **all marketing material and work order forms**. 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. This helps the auditor develop your **Improvement Plan**.

- *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.

When submitting copies of website material, clearly note where the information complies with the noted standards above. Mark down the web site address for the auditor to review.

BASELINE DESK AUDIT (LB3) MARKETING AND CUSTOMER EDUCATION FORM

Form is to be completed by the IPM Program Coordinator

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 (LB4)

Complete if applicable

As a minimum the following information must be provided **for three (3) client sites in an IPM pest monitoring program where a pesticide was applied selected randomly for the previous 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: NO YES	
Employee Name: _____	Date of visit: _____

The following information is required for each pesticide application.

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

IPM Certified Turf Practitioner No. TP _____

Signature

Date _____

CALIBRATION

(LB5)

DESCRIPTION OF HOW YOU INTEND TO CALIBRATE YOUR 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)

[illegible]

IPM Program Coordinator No. _____

Signature _____

Date _____

TURF MANAGEMENT QUESTIONNAIRE (LB6)

The following information is to be sent along with your application for Baseline Desk Audit. Attach any supporting forms and documentation that you think might help the Auditor in developing the Improvement Plan. Brief, concise explanations will suffice but do not hesitate to attach additional pages if necessary.

- Describe how your company practices or intends to practice the principals of IPM. _____

- Which of the following services **do you plan to offer clients** for improving the soil quality/quantity?

Liming		Top Dressing		Core Aeration	
Dethatching		Over-seeding		Bio-nurients	
Soil pH Testing		Slow Release Fertilizer		Mowing	

OTHERS: _____

- How many times do you plan to calibrate and do preventative maintenance?

Sprayer Calibration	Meter Calibration	Preventative Maintenance

- Describe your process for inspecting/monitoring/evaluating a pest problem on a site before determining that a spot pesticide application is required.

Submitted by: _____ Date _____