

Auxin Record Keeping Checklist

Certified Applicator's Name & License Number/Certification

Training Date and ID Number

Crop, Location, & Plant Date	Mo/Day/Yr	Product	EPA Registration Number	Size of Treated Area (Acres)	Total Amount Applied

****Attach Receipts of Purchase, Full Product Labels, and Section 24(c) Label**

Auxin Record Keeping Checklist

Date: _____

Spray System Cleanout Procedure Used

Endangered Species Protection Bulletin Consulted

Nozzle Type and Pressure

Time, Air Temperature, Wind Direction and Speed		Tank Mix Products (other herbicides, adjuvants, etc.) Brand and Reg Number	Application Timing (pre- emergence, number of days after planting, etc) and Buffer Distance	Sensitive Crop Registry and Neighboring Field Survey	Cleanout Completed
Begin	End				
AM/PM	AM/PM			Registry & Date:	
°F	°F			Survey Date:	
mph	mph				
AM/PM	AM/PM			Registry & Date:	
°F	°F			Survey Date:	
mph	mph				
AM/PM	AM/PM			Registry & Date:	
°F	°F			Survey Date:	
mph	mph				
AM/PM	AM/PM			Registry & Date:	
°F	°F			Survey Date:	
mph	mph				
AM/PM	AM/PM			Registry & Date:	
°F	°F			Survey Date:	
mph	mph				
AM/PM	AM/PM			Registry & Date:	
°F	°F			Survey Date:	
mph	mph				
AM/PM	AM/PM			Registry & Date:	
°F	°F			Survey Date:	
mph	mph				
AM/PM	AM/PM			Registry & Date:	
°F	°F			Survey Date:	
mph	mph				