DAILY PROGRESS REPORT FOR INVASIVE PLANT CONTROL

Version 4a 12/15/2005 9:26 AM

Data entered: ☐

DATE	AGENCY NAME
PROJECT NAME	CONTRACT/WORK ORDER #

Record each applicator's first and last name, start and end time, and total hours worked that day, and record total hours worked by supervisor and crew. For mechanical control, show each employee involved, as above. Supervisors must document their Restricted Pesticide Certification Number with their name.

Time In	Time Out	Applicator Name Supervisor FDACS #	Hours Worked	Time In	Time Out	Applicator Name	Hours Worked
				TOTAL SUPERVISOR HOURS			
				TOTAL CREW HOURS			
				TOTAL EQUIPMENT OPERATOR HOURS			

Equipment: record all mechanical equipment used (chain saws, chippers, mowers, boats, ATVs, Gyro-Trac, etc.) by approved rate (hour or day).

Equipment	**Use Quantity (hours/days)**	**Equipment**	**Use Quantity (hours/days)**

Weather Conditions: ☐ Sunny ☐ Cloudy ☐ Rain {Start Time _____ Duration (hrs) _____}

High/Low Wind Speed (mph): High/Low Temperature (˚F): Notes:

For **each species** controlled list the name (Australian pine, Brazilian pepper, etc.) or abbreviation (e.g., MEQU = melaleuca), the control method used (cut stump, basal bark, foliar, mechanical, etc.), the total number of acres controlled (or stem count if <1 ac), the trade name of the herbicides and adjuvants used, the % rates applied, and the total quantity of herbicide concentrate, adjuvant, and spray mix used **in gallons**. *****Must include GPS coordinates, if GPS not working, estimate from last location.

***Coordinates (Lat/Long or UTME/UTMN)**		**Plant Controlled (Name/Abbrev)**	**Control Method**	**Acres/ Stems**	**Herbicide (Trade Name)**	**Rate %**	**Adjuvant/ Oil**	**Gal Herb**	**Gal Adj**	**Gal Mix**

COMMENTS:_____

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I hereby acknowledge that the data presented in this form is accurate (print name under signature);

Contractor Representative: _____ Agency Representative: _____
(Project/Site Manager)