

DAILY PROGRESS REPORT FOR INVASIVE PLANT CONTROL

Data entered:

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

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: _____

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

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