



**RULE-MAKING ORDER**  
(RCW 34.05.360)

Order No. 2057

**CR-103** (10/1/89)

- Permanent Rule  
 Emergency Rule

Agency: Washington State Dept. of Agriculture

(1) Date of adoption: October 30, 1990

(2) Purpose: Record information required by law is kept on a prescribed form.

(3) Citation of existing rules affected by this order:

Repealed:

Amended: WAC 16-228-190

Suspended:

(4) Authority for adoption:

Statute: 17.21.030 RCW

Other Authority: 17.21.100 RCW

(5.1) **PERMANENT RULE ONLY**

Pursuant to notice filed as WSR 90-19-117 on Sept. 19, 1990 (date).

Describe any changes other than editing from proposed to adopted version:

One minor change was made on the last column of the Version 5 form, "Pesticide Applied Per Acre or Other Measure"--A footnote requiring information when the label specifies rate (amount).

(5.2) **EMERGENCY RULE ONLY**

Pursuant to RCW 34.05.350 the agency for good cause finds:

- (a) That immediate adoption, amendment, or repeal of a rule is necessary for the preservation of the public health, safety, or general welfare, and that observing the time requirements of notice and opportunity to comment upon adoption of a permanent rule would be contrary to the public interest.
- (b) That state or federal law or federal rule or a federal deadline for state receipt of federal funds requires immediate adoption of a rule.

Reasons for this finding:

(5.3) Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?

Yes  No If yes, explain:

(6) Effective date of rule:

**Permanent Rules**

31 days after filing

Other (specify) \_\_\_\_\_ \*

\*(If less than 31 days after filing, specific finding in 5.3 under RCW 34.05.380(3) is required)

**Emergency Rules**

Immediately

Later (specify) \_\_\_\_\_

**CODE REVISER USE ONLY**

CODE REVISER'S OFFICE  
STATE OF WASHINGTON  
FILED

OCT 30 1990

TIME: 4:27 AM

WSR: 90-22-022

NAME (TYPE OR PRINT)

Michael Schwisow

SIGNATURE

TITLE

Deputy Director

DATE

10/30/90

AMENDATORY SECTION (Amending WSR 90-11-024, filed 5/9/90, effective 6/9/90)

WAC 16-228-190 APPLICATOR REQUIREMENTS. (1) Certified applicators and all persons applying pesticides to more than one acre of agricultural land in a calendar year including public entities engaged in roadside spraying shall keep records on a form prescribed by the director which shall include the following:

(a) The name and address of the person for whom the pesticide was applied.

(b) The address or exact location of the land where the pesticide was applied. If the application is made to one acre or more of agricultural land, the field must be located on the map on the prescribed form.

(c) The year, month, day and time the pesticide was applied.

(d) The product name used on the registered label and the United States Environmental Protection Agency registration number, if applicable, of the pesticide which was applied.

(e) The direction from which the wind is blowing and estimated velocity of the wind in miles per hour (mph) and the temperature in degrees Fahrenheit at the time the pesticide was applied: PROVIDED, That this subsection (e) shall not apply to applications of baits in bait stations and pesticide applications within structures.

(f) The total amount of pesticide applied such as pounds, gallons, ounces, etc.

(g) The amount of pesticide applied per acre or one thousand square feet or other appropriate measure.

(i) For PCO classification or residential ornamental applications, the amount shall be recorded to the nearest ounce of product or to the nearest gallon of liquid spray per site.

(ii) Fumigation records shall include the pounds of gas released per one thousand cubic feet of space, the temperature, and the duration of the exposure period.

(h) The concentration of pesticide that was applied. Liquid applications may be recorded as amount of product per one hundred gallons of liquid spray or other appropriate measure.

(i) The pests to be controlled (for PCO classification only).

(j) Specific crop or site to which pesticide was applied.

(k) Apparatus license plate number.

(l) The licensed applicator's name, certified pesticide applicator license number, address, telephone number, and the name and license number(s) if applicable of the individual or individuals making the application.

(m) The number of acres or other appropriate measure to which the pesticide was applied.

(2) Application records shall be completed and available to the department the same day the pesticides were applied.

(3) Application records shall be kept for a period of seven years from the date of the application of the pesticide to which such records refer. The director shall, upon request in writing, be furnished with a copy of such records forthwith by the licensee.

(4) Upon written request, the applicator shall provide the customer with a record of each application of pesticides to his/her land, for the current season, which shall contain the information listed in WAC 16-228-190(1).

(5) Except as stated in subsection (6) of this section, the information required in subsection (1) of this section shall be kept on the appropriate page of the pesticide record form (figures ((1-7)) 1-8): PROVIDED, That computerized records may be maintained as long as the records can be produced in the form and format prescribed by the department.

(6) The department may allow by written permit the information required in subsection (1) of this section to be kept in a different form and format than that described in figures ((1-7)) 1-8: PROVIDED, That the following criteria are met:

(a) The pesticide application record keeping system is computerized;

(b) The pesticide application record keeping system was in place and operational prior to July 23, 1989;

(c) The pesticide application record keeping system contains all the information required by subsection (1) of this section, and can be produced in a form and format acceptable to the department.

(7) All apparatus shall be kept in good repair and only that apparatus capable of performing all functions necessary to ensure proper and thorough application of pesticides shall be used. Apparatus shall be cleaned so that no residue remains which may cause injury to land, including humans, desirable plants and animals, from subsequent applications.

(8) On demand of the director, the applicator shall make immediately available for inspection the pesticides being applied and the apparatus used for the application: PROVIDED, That this inspection is made at the site of application or where the apparatus is located.

(9) The applicator shall make available necessary safety equipment in proper working order and advise employees on its use to meet the safety requirements of the pesticide label.

(10) Maintain a uniform mixture at all times in operating apparatus when applying pesticides.

(11) All containers used for prepared mixtures, other than those in an apparatus, shall have a label identifying the contents as a pesticide, the active ingredient, and appropriate cautions.

# PESTICIDE APPLICATION RECORD (Version 1)

**NOTE:** This form must be completed same day as the application  
and it must be retained for 7 years. (Ref. RCW 17.21)

1. Date of Application - Year: ..... Month: ..... Day: ..... Time: .....
2. Name of person for whom the pesticide was applied: .....  
Firm Name (if applicable): .....  
Street Address: ..... City: ..... State: ..... Zip: .....
3. Licensed Applicator's Name (if different from #2 above): ..... License No. ....  
Firm Name (if applicable): ..... Tel. No. ....  
Street Address: ..... City: ..... State: ..... Zip: .....
4. Name of person(s) who applied the pesticide (if different than #3 above): .....  
..... License No(s). if applicable: .....
5. Application Crop or Site: .....
6. Total Area Treated (acre, sq. ft., etc): .....
7. Was this application made as a result of a WSDA Permit?  No  Yes (if yes, give Permit No.) # .....
8. Pesticide Information (please list all information for each pesticide in the tank mix):

a) Product Name	b) EPA Reg. No.	c) Total Amount of Pesticide Applied in Area Treated	d) Pesticide Applied/Acre (or other measure)	e) Concentration Applied
_____	_____	_____	/	_____
_____	_____	_____	/	_____
_____	_____	_____	/	_____
_____	_____	_____	/	_____
_____	_____	_____	/	_____

9. Address **or exact location** of application. **NOTE:** If the application is made to one acre or more of agricultural land, the field location must be shown on the map on page two of this form
10. Wind direction and estimated velocity during the application: .....
11. Temperature during the application: .....
12. Apparatus license plate number (if applicable): .....
13.  Air  Ground  Chemigation
14. Miscellaneous Information:

SEE ILLUSTRATION  
(WAC 16-228-190, Figure 1)

**Location of Application** (If the application covers more than one township or range, please indicate the township & range for the top left section of the map only):

Township: ..... N

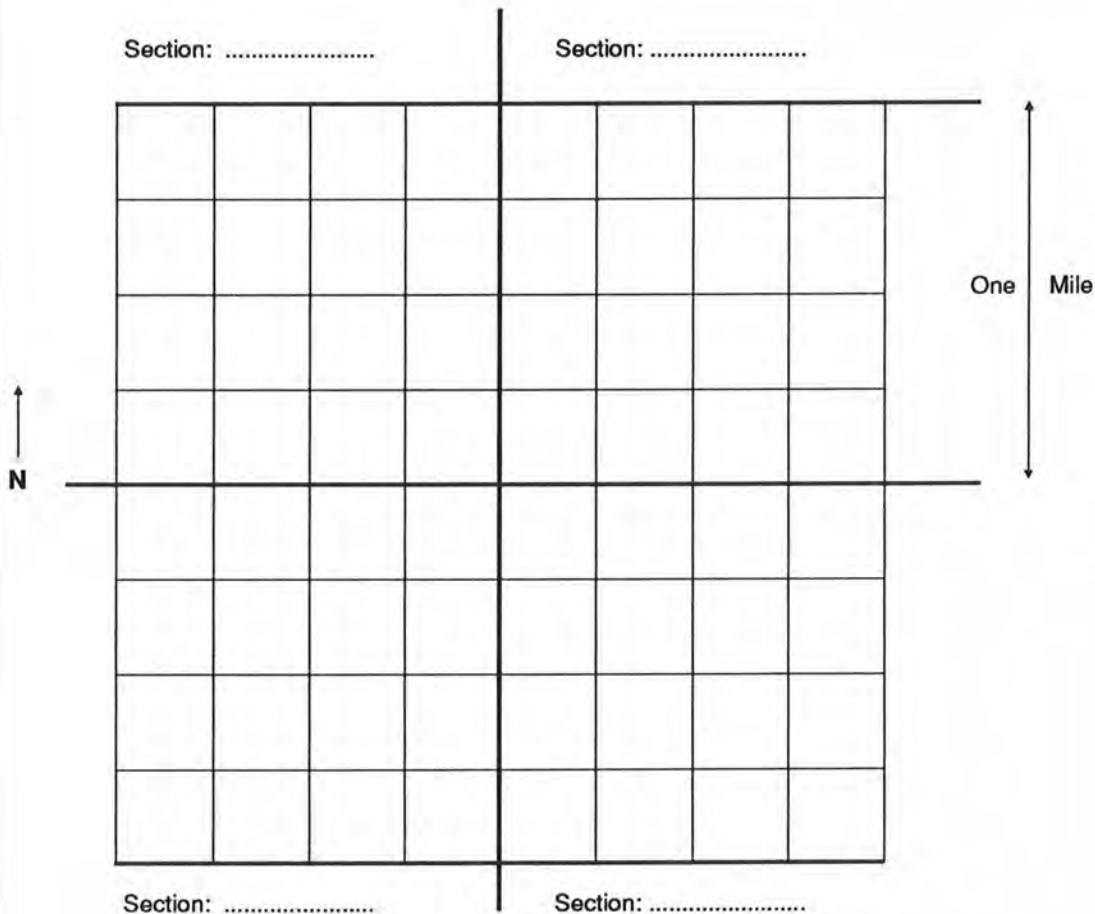
Range: E OR W (please indicate) .....

Section(s): .....

County: .....

**PLEASE NOTE:**

*The map is divided into 4 sections with each section divided into quarter-quarter sections. Please complete it by marking the appropriate section number(s) on the map and indicate as accurately as possible the location of the area treated.*



Miscellaneous Information:

SEE ILLUSTRATION  
(WAC 16-228-190, Figure 2)

# PESTICIDE APPLICATION RECORD (Version 2)

**NOTE:** Application information must be completed on the same day as the application and must be retained for seven years. (Ref. RCW 17.21)

5. Date and Time of Application	6. Crop or Site Treated <input type="checkbox"/> Air <input type="checkbox"/> Ground <input type="checkbox"/> Chemigation	7. Acres Treated (or other measure)	8. PRODUCT NAME	9. EPA Registration Number	10. Amount of Product Applied		11. Concentration	12. Weather Conditions, Apparatus License Plate No. and Name and License No. of person(s) who applied pesticide
					Rate per acre (or other measure)	Total Product Applied		
1. Name & Address of Person for Whom Pesticide was Applied: ..... ..... ..... Tel. No. .... Lic. No. ....		2. Applicator Name and Address (if different from (1)): ..... ..... ..... Tel. No. .... Lic. No. ....						
3. Address or <i>exact location</i> of application ( NOTE: If the application is made to one acre or more of agricultural land, the field location must be shown on the map on page two of this form)		4. Misc. Info. : ..... ..... .....						



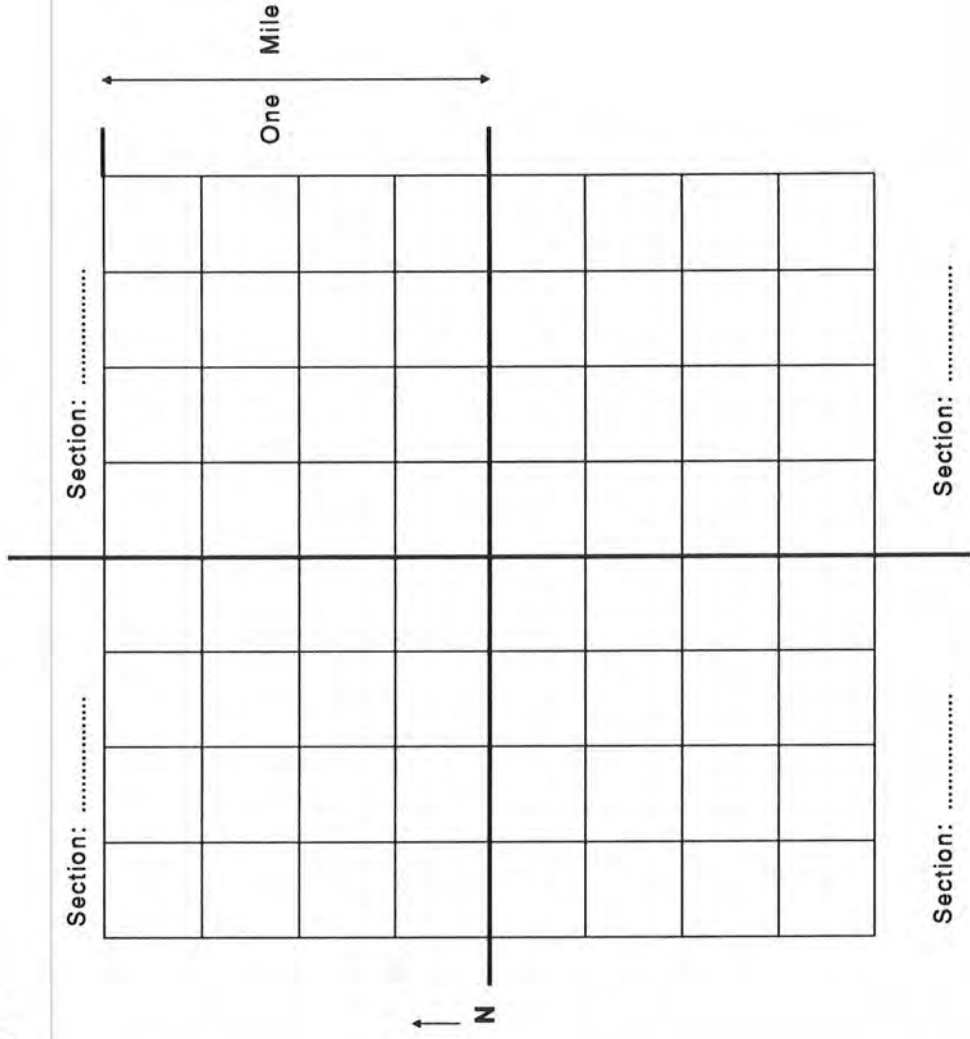
SEE ILLUSTRATION  
(WAC 16-228-190, Figure 3)

**Location of Application** (If the application covers more than one township or range, please indicate the township & range for the top left section of the map only):

TOWNSHIP: ..... N  
 RANGE: ..... E OR W (please indicate)  
 SECTION(S): .....  
 COUNTY: .....

**PLEASE NOTE:**

*The map is divided into 4 sections with each section divided into quarter-quarter sections. Please complete it by marking the appropriate section number(s) on the map and indicate as accurately as possible the location of the area treated.*



SEE ILLUSTRATION  
(WAC 16-228-190, Figure 4)

# PESTICIDE APPLICATION RECORD (Version 3)

**NOTE:** This form must be completed same day as the application  
 and it must be retained for 7 years. (Ref. RCW 17.21)

1. Date of Application - Year: ..... Month: ..... Day(s): .....
2. Name of person for whom the pesticide was applied: .....  
 Firm Name (if applicable): .....  
 Street Address: ..... City: ..... State: ..... Zip: .....
3. Licensed Applicator's Name (if different from #2 above): ..... License No. ....  
 Firm Name (if applicable): ..... Tel. No. ....  
 Street Address: ..... City: ..... State: ..... Zip: .....
4.  Air  Ground  Chemigation
5. Application Crop or Site: .....
6. Total Area Treated (acre, sq. ft., etc): .....
7. Was this application made as a result of a WSDA Permit?  No  Yes (if yes, give Permit No.) # .....
8. Pesticide Information (please list all information for each pesticide in the tank mix):

a) Product Name	b) EPA Reg. No.	c) Total Amount of Pesticide Applied in Area Treated	d) Pesticide Applied/Acre (or other measure)	e) Concentration Applied
_____	_____	_____	/	_____
_____	_____	_____	/	_____
_____	_____	_____	/	_____
_____	_____	_____	/	_____
_____	_____	_____	/	_____

9. Address **or exact Location** of Application. **NOTE:** If the application is made to one acre or more of agricultural land, the field location must be shown on the map on page two of this form.

10. Date	11. Name of person(s) making the application	12. License No.	13. Apparatus Lic. Plate No.	14. Time		15. Acres Completed	16. Wind		17. Temp.
				Start	Stop		Dir.	Vel.	

SEE ILLUSTRATION  
(WAC 16-228-190, Figure 5)

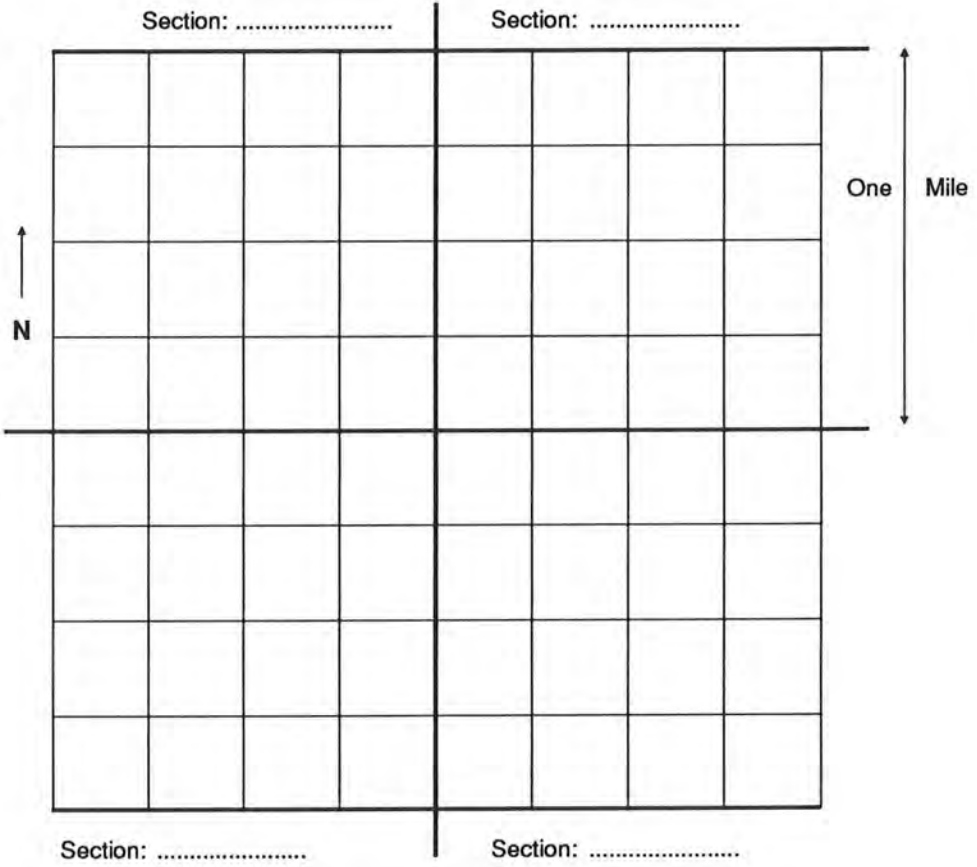
10. Date	11. Name of person(s) making the application	12. License No.	13. Apparatus Lic. Plate No.	14. Time		15. Acres Completed	16. Wind		17. Temp.
				Start	Stop		Dir.	Vel.	

Location of Application (If the application covers more than one township or range, please indicate the township & range for the top left section of the map only):

Township: ..... N  
Range: E OR W (please indicate) .....  
Section(s): .....  
County: .....

**PLEASE NOTE:**

The map is divided into 4 sections with each section divided into quarter-quarter sections. Please complete it by marking the appropriate section number(s) on the map and indicate as accurately as possible the location of the area treated.



Miscellaneous Information:

SEE ILLUSTRATION  
(WAC 16-228-190, Figure 6)

# PESTICIDE APPLICATION RECORD (Version 4)

May be used for Commercial Residential Ornamental and Lawn Applications only

NOTE: This form must be completed same day as the application and it must be retained for 7 years.

A. Date of Application - Year: ..... Month: ..... Day: .....

B. Firm name: ..... Telephone No. ....

Commercial Applicator's Name: ..... License No. ....

Street Address: ..... City: ..... State: ..... Zip: .....

C. Name of person(s) who applied the pesticide: .....

License No(s): .....

D. Pesticide Information (please list all information for each pesticide in the tank mix):

<u>Product Name</u>	<u>EPA Reg. No.</u>	<u>Concentration</u>
		Amount - (Lbs., Qts., etc.) of brand per 100 gallons of tank mix. Amount and unit must be specified

E. Application crop or site: ..... F. Apparatus License Plate No. ....

G. Record the following information for the specific conditions during each application:

	<u>CUSTOMER</u>		<u>AMOUNT APPLIED</u> (gals. of mix)	<u>AREA TREATED</u> (sq. ft., etc.)	<u>TIME</u>	<u>TEMP</u> F °	<u>WIND</u>	
	(a) full name	(b) location of application - street address					<u>DIR</u>	<u>VEL</u> (mph)
1. a)								
b)								
2. a)								
b)								
3. a)								
b)								
4. a)								
b)								
5. a)								
b)								
6. a)								
b)								
7. a)								
b)								
8. a)								
b)								
9. a)								
b)								



SEE ILLUSTRATION  
(WAC 16-228-190, Figure 7)

# DAILY PESTICIDE APPLICATION RECORD ( Version 5 )

For Commercial Pest Control Operators Only

NOTE: This form must be completed same day as the application and retained for seven years.

A. FIRM NAME AND ADDRESS: ..... TELEPHONE NUMBER: .....

B. APPLICATOR NAME: ..... LICENSE NO. ....

C. PERSON MAKING APPLICATION: ..... LICENSE NO. ....

D. DATE: ..... E. APPARATUS LICENSE NO. ....

	CUSTOMER		(a) EPA REG. NO. / PRODUCT NAME(S) (b) CONCENTRATION (c) TOTAL AMOUNT USED	(e) TIME (IN/OUT) (b) TEMP. (c) WIND DIR./ VELOCITY	APPLICATION SITE (C & C, SPOT, VOID INJECTIONS, ETC.)	* PESTICIDE APPLIED / ACRE OR OTHER MEASURE
	(a) FULL NAME	(b) LOCATION OF APPLICATION				
1. a)	_____	_____	_____	_____	_____	_____ / _____
b)	_____	_____	_____	_____	_____	_____ / _____
c.)	_____	_____	_____	_____	_____	_____ / _____
2. a)	_____	_____	_____	_____	_____	_____ / _____
b)	_____	_____	_____	_____	_____	_____ / _____
c)	_____	_____	_____	_____	_____	_____ / _____
3. a)	_____	_____	_____	_____	_____	_____ / _____
b)	_____	_____	_____	_____	_____	_____ / _____
c)	_____	_____	_____	_____	_____	_____ / _____
4. a)	_____	_____	_____	_____	_____	_____ / _____
b)	_____	_____	_____	_____	_____	_____ / _____
c)	_____	_____	_____	_____	_____	_____ / _____
5. a)	_____	_____	_____	_____	_____	_____ / _____
b)	_____	_____	_____	_____	_____	_____ / _____
c)	_____	_____	_____	_____	_____	_____ / _____
6. a)	_____	_____	_____	_____	_____	_____ / _____
b)	_____	_____	_____	_____	_____	_____ / _____
c)	_____	_____	_____	_____	_____	_____ / _____
7. a)	_____	_____	_____	_____	_____	_____ / _____
b)	_____	_____	_____	_____	_____	_____ / _____
c)	_____	_____	_____	_____	_____	_____ / _____

AGR 4237 (10/29/90)      OPTIONAL: MILEAGE START: ..... MILEAGE END: .....      \* REQUIRED WHEN LABEL SPECIFIES RATE (AMOUNT PER AREA)

SEE ILLUSTRATION  
(WAC 16-228-190, Figure 8)