

Curfew®

SITE APPLICATOR RECORD

SOIL FUMIGANT

Curfew soil fumigant is custom applied by slit injection (EPA Reg. No. 62719-32); REI = 24 hours

Golf Course or Recreational Sports Field
Name: _____

Physical Address: _____

County: _____

Phone: _____

FAX: _____

Turf Manager: _____

Cell Number: _____

Purchase Order Number: _____

DAS Sales Representative: _____

Applicator Company: _____

Operator: _____

Pesticide License #: _____

Sales Agent: _____

Proposed Treatment Date: _____

Proposed Treated Acres: _____

Proposed Treated Square Feet: _____

Areas to be Treated/Comments: _____

Actual Treatment Date: _____

Actual Treatment Day: _____

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Start Time: _____

Finish Time: _____

Actual Acres Treated: _____

In Words, Acres Treated: _____

Actual Square Feet Treated: _____

In Words, Sq. Ft. Treated: _____

Total Product Applied (in gallons): _____

Gallons/Acre: _____

AREAS TREATED

Treated All (hole #s) _____

Spot Treated (hole #s) _____

Not Treated (hole #s) _____

Please Complete Additional Information on Reverse

BMPs have been provided to the Turf Manager: YES NO

Curfew Kit delivered to Turf Manager prior to Application: YES NO WHY NOT?

Curfew Cylinder Serial Number	Areas, Fairways or Holes Treated

Comments: _____

Superintendent's Signature

Applicator's Signature

Date

Date



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