



SUBMITTED BY:  
Maurice Messina,  
Executive Assistant  
Office of the Mayor

**P / AWEEMC**  
**Comm. 720**



2020 FEB -4 AM 9:26  
COUNTY OF HAWAII

Comm. No. 720.2  
Ref. To: P/AWEEMC  
Ref. Date 2/04/2020

# HERBICIDE APPLICATION/USAGE REPORT

Agency:

-Please Select-



Report Data Provided By:

Report Data Entered By:

Date:

Form fields for Report Data Entered By and Date, currently empty.

## HERBICIDE TRACKING REPORT

Agency: DPW Highways

Report Data Provided By: \_\_\_\_\_

Report Data Entered By: \_\_\_\_\_

Date: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

### CREW

Equipment Number (Truck #): \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Driver Name: \_\_\_\_\_

Sprayer Name: \_\_\_\_\_

**PPE Used:**

- |  |   |
|--|---|
| <input type="checkbox"/> Boots/Shoes       | <input type="checkbox"/> Respirator (Full-Face) |
| <input type="checkbox"/> Long Pants        | <input type="checkbox"/> Respirator (Half-Face) |
| <input type="checkbox"/> Long Sleeve Shirt | <input type="checkbox"/> Safety Glasses         |
| <input type="checkbox"/> Gloves            | <input type="checkbox"/> Face Shield            |
| <input type="checkbox"/> Coveralls         | <input type="checkbox"/> Other - Please Specify |
- \_\_\_\_\_

### LOCATION INFORMATION

Map Location: \_\_\_\_\_

*(Describe the location of spraying)*

Location Name/Street Name: \_\_\_\_\_

**Location Type:**

- |  |  |
|--|--|
| <input type="checkbox"/> Drainageway       | <input type="checkbox"/> Road Median                 |
| <input type="checkbox"/> Roadside Shoulder | <input type="checkbox"/> Other - Provide Description |
| <input type="checkbox"/> Roadside Sidewalk |  |
- \_\_\_\_\_

**Expected Public Exposure:**

*(What is the expected public exposure at this location)*

- Low (Fence, Perimeter, Roadside)
- Moderate (Sidewalk, Non-Recreational Grounds)
- High (Playfield)

Length Completed (ft): \_\_\_\_\_

**PRECAUTIONS**

Weather Conditions:

- |  |  |
|--|--|
| <input type="checkbox"/> Sunny/Clear   | <input type="checkbox"/> Light Rain/Drizzle          |
| <input type="checkbox"/> Partly Cloudy | <input type="checkbox"/> Rain                        |
| <input type="checkbox"/> Overcast      | <input type="checkbox"/> Other - Provide Description |

Anemometer (Model or COH Inventory #): \_\_\_\_\_

Wind Speed (MPH): \_\_\_\_\_

Wind Conditions:

- Consistent Speed + Consistent Direction
- Variable Speed + Consistent Direction
- Variable Speed + Variable Direction

Temperature (F): \_\_\_\_\_

Relative Humidity (%): \_\_\_\_\_

Ground Surface Conditions:

- |                               |                               |
|-------------------------------|-------------------------------|
| <input type="checkbox"/> Dry  | <input type="checkbox"/> Wet  |
| <input type="checkbox"/> Damp | <input type="checkbox"/> Dewy |

Notice Posted:

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|
- Date: \_\_\_\_\_

Restricted Access:

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> No        | <input type="checkbox"/> Other - Provide Description |
| <input type="checkbox"/> Until Dry | _____  |

How long was the herbicide-treated area secured from access after completion of application (Hours): \_\_\_\_\_

Did anyone enter the restricted area:

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Did it rain before herbicide completely dried:

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

**HERBICIDE**

Herbicide Purpose:

- |   |  |
|---|--|
| <input type="checkbox"/> General Weed Control         | <input type="checkbox"/> Selective Treatment         |
| <input type="checkbox"/> Invasive Species Eradication | <input type="checkbox"/> Other - Provide Description |
- \_\_\_\_\_

**HERBICIDE APPLICATION**

Herbicide Name:

- |   |  |
|---|--|
| <input type="checkbox"/> Round Up Pro Concentrate | <input type="checkbox"/> Finale                      |
| <input type="checkbox"/> Aquamaster               | <input type="checkbox"/> Diuron 4L                   |
| <input type="checkbox"/> Milestone                | <input type="checkbox"/> Garlon 4                    |
| <input type="checkbox"/> Confront                 | <input type="checkbox"/> Clean Amine                 |
| <input type="checkbox"/> Celsius WG               | <input type="checkbox"/> Other - Provide Description |
- \_\_\_\_\_

Gallons of water used: \_\_\_\_\_

Concentration (%) of prepared solution: \_\_\_\_\_

Additive/Adjutants Added:

- Yes  No

Product Name: \_\_\_\_\_

Concentration (%): \_\_\_\_\_

Dye/Marker Used:

- Yes  No

Product Name: \_\_\_\_\_

Concentration (%): \_\_\_\_\_

Was entirety of prepared solution applied:

- Yes  No - Complete next two questions

Explain why the prepared solution was not all applied: \_\_\_\_\_

Describe what was done with the remaining solution: \_\_\_\_\_

\*If more than one herbicide was applied to the area please fill out another form - HERBICIDE APPLICTION section only

**ADDITIONAL INFORMATION**

Task Completed:

- Yes  No

Issues Encountered: \_\_\_\_\_

Notes: \_\_\_\_\_

## HERBICIDE TRACKING REPORT

Agency: \_\_\_\_\_

Division/Section: \_\_\_\_\_

Report Data Provided By: \_\_\_\_\_

Report Data Entered By: \_\_\_\_\_

Date: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**CREW**

Applicator: \_\_\_\_\_

PPE Used:

<input type="checkbox"/> Boots/Shoes	<input type="checkbox"/> Respirator (Full-Face)
<input type="checkbox"/> Long Pants	<input type="checkbox"/> Respirator (Half-Face)
<input type="checkbox"/> Long Sleeve Shirt	<input type="checkbox"/> Safety Glasses
<input type="checkbox"/> Gloves	<input type="checkbox"/> Face Shield
<input type="checkbox"/> Coveralls	<input type="checkbox"/> Other - Please Specify

\_\_\_\_\_

Application Equipment Used: \_\_\_\_\_  
*(Type, Model, Capacity, etc)*

Direct Supervisor (On day of application): \_\_\_\_\_

Supervisor: \_\_\_\_\_

**LOCATION INFORMATION**

Map Location: \_\_\_\_\_  
*(Describe the location of spraying)*

Park/Facility/Site Name: \_\_\_\_\_

Expected Public Exposure:  
*(What is the expected public exposure at this location)*

<input type="checkbox"/> Low (Fence, Perimeter, Roadside)
<input type="checkbox"/> Moderate (Sidewalk, Non-Recreational Grounds)
<input type="checkbox"/> High (Playfield)

**PRECAUTIONS**

Weather Conditions:

- |  |  |
|--|--|
| <input type="checkbox"/> Sunny/Clear   | <input type="checkbox"/> Light Rain/Drizzle          |
| <input type="checkbox"/> Partly Cloudy | <input type="checkbox"/> Rain                        |
| <input type="checkbox"/> Overcast      | <input type="checkbox"/> Other - Provide Description |

\_\_\_\_\_

Anemometer (Model or COH Inventory #): \_\_\_\_\_

Wind Speed (MPH): \_\_\_\_\_

Wind Conditions:

- Consistent Speed + Consistent Direction
- Variable Speed + Consistent Direction
- Variable Speed + Variable Direction

Temperature (F): \_\_\_\_\_

Relative Humidity (%): \_\_\_\_\_

Ground Surface Conditions:

- |                               |                               |
|-------------------------------|-------------------------------|
| <input type="checkbox"/> Dry  | <input type="checkbox"/> Wet  |
| <input type="checkbox"/> Damp | <input type="checkbox"/> Dewy |

Notice Posted:

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|
- Date: \_\_\_\_\_

Restricted Access:

*(Describe how access by the public was restricted)*

- |  |   |
|--|---|
| <input type="checkbox"/> Entire Park Closed Off    | <input type="checkbox"/> Applicator Remained in Area for Duration |
| <input type="checkbox"/> Area Fenced Off           | <input type="checkbox"/> Other - Provide Description              |
| <input type="checkbox"/> Security Personnel Posted | _____   |

How long was the herbicide-treated area secured from access after completion of application (Hours): \_\_\_\_\_

Did anyone enter the restricted area:

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Did it rain before herbicide completely dried:

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

**HERBICIDE**

Herbicide Purpose:

- |   |  |
|---|--|
| <input type="checkbox"/> General Weed Control         | <input type="checkbox"/> Selective Treatment         |
| <input type="checkbox"/> Invasive Species Eradication | <input type="checkbox"/> Other - Provide Description |
- \_\_\_\_\_

**HERBICIDE APPLICATION**

Herbicide Name:

- |   |  |
|---|--|
| <input type="checkbox"/> Round Up Pro Concentrate | <input type="checkbox"/> Finale                      |
| <input type="checkbox"/> Aquamaster               | <input type="checkbox"/> Diuron 4L                   |
| <input type="checkbox"/> Milestone                | <input type="checkbox"/> Garlon 4                    |
| <input type="checkbox"/> Confront                 | <input type="checkbox"/> Clean Amine                 |
| <input type="checkbox"/> Celsius WG               | <input type="checkbox"/> Other - Provide Description |
- \_\_\_\_\_

Gallons of water used: \_\_\_\_\_

Concentration (%) of prepared solution: \_\_\_\_\_

Additive/Adjutants Added:

- Yes  No

Product Name: \_\_\_\_\_

Concentration (%): \_\_\_\_\_

Dye/Marker Used:

- Yes  No

Product Name: \_\_\_\_\_

Concentration (%): \_\_\_\_\_

Was entirety of prepared solution applied:

- Yes  No - Complete next two questions

Explain why the prepared solution was not all applied: \_\_\_\_\_

Describe what was done with the remaining solution: \_\_\_\_\_

\*If more than one herbicide was applied to the area please fill out another form - HERBICIDE APPLICATION section only

**ADDITIONAL INFORMATION**

Task Completed:

- Yes  No

Issues Encountered: \_\_\_\_\_

Notes: \_\_\_\_\_

## HERBICIDE TRACKING REPORT

Agency: Parks and Recreation

Division/Section:

- |  |  |
|--|--|
| <input type="checkbox"/> Parks Maintenance     | <input type="checkbox"/> Pana'ewa Zoo and Equestrian |
| <input type="checkbox"/> Municipal Golf Course | <input type="checkbox"/> Elderly Activities          |
| <input type="checkbox"/> Recreation/Ho'olulu   | <input type="checkbox"/> Administration/Other        |

Report Data Provided By: \_\_\_\_\_

Report Data Entered By: \_\_\_\_\_

Date: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

### CREW

Applicator: \_\_\_\_\_

PPE Used:

- |  |   |
|--|---|
| <input type="checkbox"/> Boots/Shoes       | <input type="checkbox"/> Respirator (Full-Face) |
| <input type="checkbox"/> Long Pants        | <input type="checkbox"/> Respirator (Half-Face) |
| <input type="checkbox"/> Long Sleeve Shirt | <input type="checkbox"/> Safety Glasses         |
| <input type="checkbox"/> Gloves            | <input type="checkbox"/> Face Shield            |
| <input type="checkbox"/> Coveralls         | <input type="checkbox"/> Other - Please Specify |
- \_\_\_\_\_

Application Equipment Used: \_\_\_\_\_  
*(Type, Model, Capacity, etc)*

Direct Supervisor (On day of application): \_\_\_\_\_

Supervisor: \_\_\_\_\_

### LOCATION INFORMATION

Map Location: \_\_\_\_\_  
*(Describe the location of spraying)*

Park/Facility/Site Name: \_\_\_\_\_

Expected Public Exposure:  
*(What is the expected public exposure at this location)*

- |  |
|--|
| <input type="checkbox"/> Low (Fence, Perimeter, Roadside)              |
| <input type="checkbox"/> Moderate (Sidewalk, Non-Recreational Grounds) |
| <input type="checkbox"/> High (Playfield)                              |

**PRECAUTIONS**

Weather Conditions:

- |  |  |
|--|--|
| <input type="checkbox"/> Sunny/Clear   | <input type="checkbox"/> Light Rain/Drizzle          |
| <input type="checkbox"/> Partly Cloudy | <input type="checkbox"/> Rain                        |
| <input type="checkbox"/> Overcast      | <input type="checkbox"/> Other - Provide Description |

\_\_\_\_\_

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- Variable Speed + Variable Direction

Temperature (F): \_\_\_\_\_

Relative Humidity (%): \_\_\_\_\_

Ground Surface Conditions:

- |                               |                               |
|-------------------------------|-------------------------------|
| <input type="checkbox"/> Dry  | <input type="checkbox"/> Wet  |
| <input type="checkbox"/> Damp | <input type="checkbox"/> Dewy |

Notice Posted:

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Date: \_\_\_\_\_

Restricted Access:

*(Describe how access by the public was restricted)*

- |  |   |
|--|---|
| <input type="checkbox"/> Entire Park Closed Off    | <input type="checkbox"/> Applicator Remained in Area for Duration |
| <input type="checkbox"/> Area Fenced Off           | <input type="checkbox"/> Other - Provide Description              |
| <input type="checkbox"/> Security Personnel Posted | _____   |

How long was the herbicide-treated area secured from access after completion of application (Hours): \_\_\_\_\_

Did anyone enter the restricted area:

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Did it rain before herbicide completely dried:

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

**HERBICIDE**

Herbicide Purpose:

- General Weed Control
- Invasive Species Eradication
- Selective Treatment
- Other - Provide Description

\_\_\_\_\_

**HERBICIDE APPLICATION**

Herbicide Name:

- Round Up Pro Concentrate
- Aquamaster
- Milestone
- Confront
- Celsius WG
- Finale
- Diuron 4L
- Garlon 4
- Clean Amine
- Other - Provide Description

\_\_\_\_\_

Gallons of water used: \_\_\_\_\_

Concentration (%) of prepared solution: \_\_\_\_\_

Additive/Adjutants Added:

- Yes
- No

Product Name: \_\_\_\_\_

Concentration (%): \_\_\_\_\_

Dye/Marker Used:

- Yes
- No

Product Name: \_\_\_\_\_

Concentration (%): \_\_\_\_\_

Was entirety of prepared solution applied:

- Yes
- No - Complete next two questions

Explain why the prepared solution was not all applied: \_\_\_\_\_

Describe what was done with the remaining solution: \_\_\_\_\_

\*If more than one herbicide was applied to the area please fill out another form - HERBICIDE APPLICATION section only

**ADDITIONAL INFORMATION**

Task Completed:

- Yes
- No

Issues Encountered: \_\_\_\_\_

Notes: \_\_\_\_\_