

# Submission for Baseline Landscape IPM Accreditation for Applications in Summerside, PEI Only

*To be completed by the IPM Program Coordinator*

**General Inquires: 506-440-9656 or [planthealthatlantic@gmail.com](mailto:planthealthatlantic@gmail.com)**

## ***Section 1 – Company/Organization Information - Print Clearly***

Name of IPM Program Coordinator  
(First & Last) \_\_\_\_\_ IPM Turf Practitioner Certificate # \_\_\_\_\_

Company Name \_\_\_\_\_ Branch \_\_\_\_\_

Company Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## ***Section 2 – Baseline Desk Audit Information***

**All documents, including blank forms, must be signed, dated and accompany this form. Missing submissions will delay your review. Leave form blank if there is no information. Submit information on your previous year of operation if applicable.**

### **LIST OF ENCLOSED ITEMS**

FORM	DESCRIPTION	CHECK
	PAYMENT (\$235)	
B1-PEI	PESTICIDE USAGE FORM: COMPLETE, SIGN & DATE	
B2-PEI	STAFF TRAINING: COMPLETE, SIGN & DATE	
B3-PEI	CUSTOMER EDUCATION MATERIAL (SUBMIT)	
B3-PEI	CONSUMER MARKETTING MATERIAL (SUBMIT)	
B4-PEI	SITE PEST MONITORING FORMS (COMPLETE IF APPLICABLE))	
B5-PEI	EQUIPMENT CALIBRATION DESCRIPTION FORM	
B6-PEI	TURF MANAGEMENT QUESTIONNAIRE FORM	

### ***Section 3 - Payment***

The fee for an application for a Baseline Desk Audit and non-voting membership is \$235.00 (no HST)

Payment can be made either by Cheque or Credit Card. Cheques payable to Plant Health Atlantic are to be mailed with completed Full Desk Audit to the address below. Credit Card information can be included below or contact Plant Health Atlantic office by telephone (506) 440-9656.

### ***Section 3a - Appeal Process and/or Missing Information***

The Desk Audit fee will cover one (1) request by the auditor for additional or clarification of submitted information. Any further requests for follow-up or an appeal for additional review would mean a minimum \$100.00 surcharge to the facility. If there are 2 consecutive failures to meet audit criteria the facility will be demoted back to baseline accreditation status.

### ***Section 4 - Confirmation***

I, the undersigned, verify that I am the IPM Program Coordinator and that all information submitted to the Auditor is accurate and complete to the best of my knowledge. I also acknowledge that as the IPM Program Coordinator it is my responsibility to be aware of the rules and regulations of the IPM Accreditation Program, and agree to utilize and follow the Standards of Practice as defined by Plant Health Atlantic Council.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_

*Return this completed submission form, all required Baseline Desk Audit information forms, copies of customer marketing materials, and payment by mail to:*

**Plant Health Atlantic Administrator  
P.O. Box 7052  
RPO Brookside Mall  
Fredericton NB E3A 0Y7**

**For Office Use Only:**

Date Received: \_\_\_\_\_ Missing Forms \_\_\_\_\_  
Cheque Number \_\_\_\_\_ Amount : \_\_\_\_\_  
Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_ CSV \_\_\_\_\_

## ***PESTICIDE USAGE FORM (B1) INSTRUCTION SHEET***

### **Directions for Operations within Summerside (Complete if any pesticides were applied during the previous season)**

- Fill out all sections as completely as possible and print clearly. If any portion of the document is illegible, the auditor will have to stop the review and contact you for further clarification. It is advisable to keep a copy of your completed forms. **Direct any questions to the Plant Health Atlantic Administrator.**

**REPORTING PERIOD:** The reporting period is for the last completed year's activity.  
*Example: if filling out the Baseline Audit form on April, 2017 the **Reporting Period** is January 1, 2016 – December 31, 2016).*

**TOTAL TURF AREA FOR REPORTING PERIOD:** As noted on the form, you need to calculate the total area of your entire customer base, or property(s) under a pest management program (on which you are carrying out an Integrated Pest Management program) within Summerside. Do not use multiple application programs when calculating the area. Do not include areas with mowing contracts only. **REPORT IN HECTARES**

**Turf area is based not on the number of treatments, but the physical area that you are managing for your clients (exclude areas under mowing contract only). For example: If a turf area measuring 10 m by 15 m = 150 M<sup>2</sup> and received 3 fertilizer applications, an insect control and 2 weed controls, then the reported area treated is still 150 M<sup>2</sup> (not 150 x 6 treatments = 900 M<sup>2</sup>).**

**Be sure to include the total areas of any pest turf management you did for other landscape companies, golf courses, and business, municipal or government properties within Summerside.**

Add up the total turf area for all your customers in M<sup>2</sup> and divide by 10,000 to convert to hectares. ONE HECTARE = 10,000 Sq Metres.(an area 100 M X 100M).

**PRODUCT:** Clearly print the brand name of the product used and the **PCP Number**.

### **FILLING IN THE INVENTORY COLUMNS**

The IPM Program Coordinator is required to report the total amount of mixed product for each pest control product applied within Summerside. This is done by totalling up the amount of mixed product applied to each client property within Summerside for the season. Fill in this value on the form provided. ***Do not report any amount applied to clients living outside of Summerside. Always report the amount in litres or grams.***

## **TOTAL AMOUNT OF MIXED PRODUCT APPLIED**

Add up the amount of mixed product applied for each client within Summerside for the season and place this value on the form provided.

## **RATE OF ACTIVE INGREDIENT (AI) PER 100 SQ. METRES**

*Example: The Fiesta (29535) label states One litre of product will treat between 62.5 and 125 m<sup>2</sup>. Mix one part FIESTA Lawn Weed Killer with 24 parts water (40 mL in 960 ml of water). Apply the mixed solution at a rate of 200-400 ml/m<sup>2</sup>. (allowed to use a rate between 800ml – 1600 ml/100m<sup>2</sup>. Report the actual rate of Fiesta in ml/100m<sup>2</sup> in the form.*

Some product labels have different rates of a.i. per 100sq m. for different situations or report as amount /Ha. Make sure the value you put in this column corresponds to the rate **you actually used**.

## **UPDATE FOR 2015**

### **CONTRACTED APPLICATIONS TO SPORTS FIELDS & GOLF COURSES**

To avoid confusion do not include any product(s) used under contract for applications to sports fields or golf courses on this form. Information on these applications (products and the size of areas treated) should be reported on a separate sheet.

By signing and dating the form the IPM Program Coordinator warrants that  
all information is accurate and complete.

## PESTICIDE USAGE FORM & RECORD OF AREA TREATED (B1-PEI)

(PLEASE PRINT)

Company Name: \_\_\_\_\_ Location: \_\_\_\_\_

**For Period Covering:**

**From:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yy)      **To:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(dd/mm/yy)

**Total Turf Area of Properties Managed in Summerside:** \_\_\_\_\_ (In Hectares)      1 Hectare = 2.4710 Acres or 10,000 M<sup>2</sup>

**Total Turf Area is not based on the number of treatments, but the physical area that you are managing for your clients within Summerside (Do not include areas under mowing contract only or managed outside of Summerside). For more details (See: How to Fill out LF1 Form)**

Product Name	PCP No	Total Amount of Mixed Product applied (L) in Summerside.	Your rate of application in ml or gm/100 sq m	Office Use Only
<i>Fiesta (Example)</i>	<i>29535</i>	<i>1234 L</i>	<i>1600 ml/100m2</i>	

**Follow the example used above.**

Program Coordinator: \_\_\_\_\_ Dated: \_\_\_\_\_

Practitioner Certificate No. \_\_\_\_\_

I, the undersigned, warrant the above information is both accurate and complete to the best of my knowledge.

# How to Use the Personnel Training Instruction Form

## (B2-PEI)

Fill out all sections as best you can. If any portion of the document is illegible, the auditor will have to stop the review and contact you for further clarification. It is advisable to keep a copy of your completed forms. Remember that the information presented helps the auditor develop your **Improvement Plan**.

*NOTE: Use the same form for field personnel and office employees.*

**Employee Name(s):** List each employee who deals with customers by phone or in person, or who apply/handle pesticides. Include supervisors/managers. The Auditor may ask for a contact phone number for one or more of these individuals, at random, to verify training took place.

**Position:** List the employee's position, indicating whether the employee is a provincially certified pesticide applicator, Certified IPM Turf Practitioner, office staff, or supervisor.

**Training Topics:** Circle those topics that you have covered with each staff. This will provide the auditor with information for developing your Improvement Plan. Many of the topics listed are mandatory training for your approval at the Introductory IPM Accreditation level. The Auditor will require backup documentation when requested.

**Instruction Type:** Specify how training was delivered (formal seminar, tailgate review, in office, conversation, etc.). Attach a second sheet if required.

## MAINTAINING FULL ACCREDITATION - LANDSCAPE

### PERSONNEL TRAINING INSTRUCTION SHEET (B2-PEI)

**LANDSCAPE EMPLOYEES (field and office) (DETAILS:( See: How to Fill Out LF2)**

Company Name: \_\_\_\_\_ IPM Program Coordinator: \_\_\_\_\_

**FOR EACH EMPLOYEE, CIRCLE SPECIFIC TOPICS COVERED. DOCUMENTATION TO BE SUPPLIED UPON REQUEST**

**CP** = Cultural Practices **IP** = Insect Identification & Control. **WI** = Weed Identification & Control. **EO** = Equipment Operation & Safety. **IPM** = Integrated Pest Management Fundamentals **PH** = Pesticide Handling and Safety **NM**= Nutrient Management. **PHC** = Plant Health Care, **PLI** = Plant Identification (grasses, etc) **DI** = Disease Identification. **NOTE: CP & IPM are recommended for office staff.**

Employee Name	Position	Training Topics	Instruction Type
		CP, IP, WI, EO, IPM, PH, NM, PHC, PLI, DI	
		CP, IP, WI, EO, IPM, PH, NM, PHC, PLI, DI	
		CP, IP, WI, EO, IPM, PH, NM, PHC, PLI, DI	
		CP, IP, WI, EO, IPM, PH, NM, PHC, PLI, DI	
		CP, IP, WI, EO, IPM, PH, NM, PHC, PLI, DI	
		CP, IP, WI, EO, IPM, PH, NM, PHC, PLI, DI	
		CP, IP, WI, EO, IPM, PH, NM, PHC, PLI, DI	
		CP, IP, WI, EO, IPM, PH, NM, PHC, PLI, DI	
		CP, IP, WI, EO, IPM, PH, NM, PHC, PLI, DI	

I VERIFY THAT THE ABOVE INFORMATION IS ACCURATE AND TRUTHFUL:

IPM Program Coordinator (signature): \_\_\_\_\_

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

## B3-PEI Instruction Sheet - Landscape

### MARKETING AND CUSTOMER EDUCATION MATERIAL

*Note: You need only submit any new customer or marketing material developed since your last application for a Full Desk Audit. All previous submitted material is held on file.*

If any portion of the document is illegible, the auditor will have to stop the review and contact you for further clarification. It is advisable to keep a copy of the form for reference when communicating with the auditor.

It is essential that **all marketing material** you submit is labelled and **numbered** in order, as noted on the **Marketing and Customer Education Form**. (The auditor is unable to “guess” as to what a particular item is called or used for.)

Highlight or make notations for any of the following **mandatory information** that is presently referenced in your material.

- *A pesticide-free offering.*
- *No offers indicating that there will be guaranteed, pre-scheduled pesticide treatments. Mandatory pest monitoring before treatment.*
- *Emphasis on targeted or spot treatments.*
- *Integrated Pest Management education materials for the client.*
- *Plant health care recommendations.*

When submitting multiple items of a particular type of marketing material, such as un-addressed mail (e.g. #M2 on form), mark each piece as M2.1, M2.2, M2.3 etc. When submitting copies of website material, clearly note where the information complies with the noted standards above. Mark down the web site address for the auditor to review.



**(B3-PEI)  
MARKETING AND CUSTOMER EDUCATION FORM**

\*\*\*\* JUST SUBMIT ANY NEW DOCUMENTS SINCE LAST AUDIT \*\*\*\*

ALL ITEMS MUST BE LABELLED, NUMBERED, AND IN ORDER OF LIST BELOW.

**MARKETING**

<b>Marketing Materials</b>	<u>Used</u> ✓	<u>Enclosed</u> ✓	<i>Office Use</i>
M1. Yellow Page ad			
M2. Un-addressed mail (brochures, flyers )			
M3. Telemarketing script			
M4. Sales staff script			
M5. Newspaper Ads			
M6. Estimate/Analysis form			
M7. Radio - TV Ads (cassette or CD)			
M8. Website (identify site and copy)			
M9. Decals (photo)			
M10. Other			

**CUSTOMER EDUCATION MATERIALS**

Must have 4 of 5 items. Note where educational information appears on each item.

<b>Promotion of the following cultural practices:</b>	<u>Web Link</u>	<u>Customer leave behind</u>	<u>Invoice</u>	<u>Service call</u>	<b>Office Use</b>
C1. De-thatching/aeration					
C2. Fertilization					
C3. Mowing: height/sharpness/ schedule					
C4. Mulching/recycling					
C5. Soil improvement					

For office use only:

<b>Mandatory Marketing Standard</b>	<b>Compliant (Y/N)</b>
Pesticide-free offering	
Absence of scheduled pesticide treatment offering	
Communicates targeted or spot treatments	
Customer IPM promotion/education must have 4 of the 5.	
Plant Health Care information	
<b>Auditor:</b> _____	<b>Date:</b> _____

Signature of Coordinator \_\_\_\_\_

# Site Pest Monitoring Form (B4-PEI)

If available submit the following information **for three (3) client site within Summerside under your IPM pest monitoring program selected randomly for the previous season.** You may submit your own forms as long as they contain the following information. You must submit proof that pests were monitored before a pesticide was applied.

## MONITORING

Civic Address and PID (on tax form) _____ _____
Total area of this property under an IPM program: _____ M <sup>2</sup>
Pest identified: _____ Number/ area _____
Method of doing count _____
Pesticide application required : NO YES
Employee Name: _____ Date of visit: _____

**The following information is required for each pesticide application.**

Product Name: _____ (PCP No.) _____
Estimated volume of mixed product applied to this site: _____ L or Kg for this treatment.
<b><u>Actual Mixing Rate Used:</u></b>
I mixed _____ L of control product in _____ L of water.
Calibrated equipment delivery rate: _____ L/ha or L/100M <sup>2</sup>
Applicator: _____ Date of visit: _____

IPM

Certified Turf Practitioner No. TP \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Pesticide Application Equipment Calibration and Maintenance Form (B5-PEI)

Applicant must submit proof that pesticide application equipment was calibrated and maintained a minimum of three (3) times during the operating season.

## Calibration 1

Description of Equipment: \_\_\_\_\_

Date Calibrated: \_\_\_\_\_ Done by: \_\_\_\_\_

Inspected: Nozzles: **YES/NO** Fittings: **YES/NO** Strainer : **YES/NO**

Calibrated Delivery rate: \_\_\_\_\_ (L of water/100 M<sup>2</sup>)

For product Name \_\_\_\_\_ PCP No. \_\_\_\_\_

## Calibration 2

Description of Equipment: \_\_\_\_\_

Date Calibrated: \_\_\_\_\_ Done by: \_\_\_\_\_

Inspected: Nozzles: **YES/NO** Fittings: **YES/NO** Strainer : **YES/NO**

Calibrated Delivery rate: \_\_\_\_\_ (L of water/100 M<sup>2</sup>)

For product Name \_\_\_\_\_ PCP No. \_\_\_\_\_

## Calibration 3

Description of Equipment: \_\_\_\_\_

Date Calibrated: \_\_\_\_\_ Done by: \_\_\_\_\_

Inspected: Nozzles: **YES/NO** Fittings: **YES/NO** Strainer : **YES/NO**

Calibrated Delivery rate: \_\_\_\_\_ (L of water/100 M<sup>2</sup>)

For product Name \_\_\_\_\_ PCP No. \_\_\_\_\_

**BRIEF DESCRIPTION OF HOW YOU CALIBRATED EQUIPMENT:**

(Example: Marked off an area 5M by 4M, filled sprayer water and applied water to area in same manner as when doing a spot application, re-filled sprayer and noted I used 2 L of water. Did calculations to determine equipment was calibrated to deliver 10L water/100 M<sup>2</sup> . Checked label directions and noted I was within recommended application or delivery rate as on label of product Fiesta (29535)

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**IPM Program Coordinator No.**\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## TURF MANAGEMENT QUESTIONNAIRE (B6-PEI)

The following information is to be sent along with your application for Baseline Desk Audit. Attach any supporting forms and documentation that you think might help the Auditor in developing the Improvement Plan. Brief, concise explanations will suffice but do not hesitate to attach additional pages if necessary.

- Describe how your company practices or intends to practice the principals of IPM. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Which of the following services do you plan to offer clients for improving the soil quality/quantity?

Liming		Top Dressing		Core Aeration	
Soil Testing		Over-seeding		Compost Tea	
Soil pH Testing		Slow Release Fertilizer		Mowing	

OTHERS: \_\_\_\_\_

- How many times did you plan to calibrate and do preventative maintenance?

Calibration	Preventative Maintenance

- Describe your process for inspecting/monitoring a site before determining that a spot pesticide application is required.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Submitted by:** \_\_\_\_\_ **Date** \_\_\_\_\_