



Company/Branch Name _____

Date _____

**YOUR COMPANY'S IPM TOOLBOX—IPM EQUIPMENT, DEVICES, & PRODUCTS,
OTHER THAN PESTICIDES**

Note: This list will be held in confidence.

Brand name	Description	Purpose/Use



Company/Branch Name _____

Date _____

YOUR COMPANY'S IPM TOOLBOX—CHEMICAL PESTICIDES

PESTICIDE PRODUCTS YOU WILL USE IN YOUR COMPANY'S ECOWISE CERTIFIED IPM SERVICE

Note: This list will be held in confidence.

Brand Name	Active Ingredient & %	Form (spray, dust, granular bait, liquid bait, bait block, etc.)	EPA Reg. #

Program Manager

Field Inspector

Date