PEST MANAGEMENT PLAN (PMP) CHECKLIST

For Following Wisconsin's NRCS 595 Pest Management Standard (6/2003)

County name: _____ Date Plan Submitted:_____ Growing season year PMP is written for _____

Township (T.____., S____) – (R.____ ☐E., ☐W.) ☐Initial Plan or ☐Update (check one)

Name of qualified pest management planner	Planner's business name, address, phone:	
Circle the planner's qualification: 1-NAICC; 2-CCA; 3-ARCPACS – Agronomist, Crop Specialist, Crop Scientist, Soil Specialist, Soil Scientist, or Weed Scientist. 4-NRCS - TSP	Cropland acres	Name of farmer receiving pest management plan:

Wisconsin PMP Requirements based on NRCS 595 Pest Management Standard (6/2003) and WI Planning Technical Note 2, Part 1.

	Responsible party	Yes	No	Comments
1. Farm Aerial Photographs or Maps a. Photos or maps indicate field boundaries, field ID, acreage, for crop fields, pastures, woodlands, etc. with a pest management plan? b. Field ID consistent with conservation plan and nutrient management plan. If not, is a cross list provided? c. Have the locations of sensitive species, ground and surface water risk areas, and setbacks been identified? d. Are all permanent pesticide mixing, loading, storage and supply areas identified? e. Are all pesticide mixing, loading, storage and supply areas at least 100 feet from any well or surface water body (unless mixing and loading is conducted over a spill containment surface)?	Conservation staff	a. b. c. d. e.	a. b. c. d. e.	
2. Planned Pest Management Practices a. Are the crop and targeted pests documented? b. Are the fields scouted for pests and crop conditions? c. Have pest thresholds been identified? d. Have other pest management alternatives been considered? e. Do herbicide modes of action differ from the prior year?	Farmer/Planner	a. b. c. d. e.	a. b. c. d. e.	
3. If the plan includes pesticide use, does it identify; a. Fields were the application will occur? b. C rop planted? c. Target pest? d. Pesticide formulation, rate and method of application? e. Date and time of application will be recorded? f. Are changes from planned treatments documented?	Farmer/Planner	a. b. c. d. e. f.	a. b. c. d. e. f.	
4. Pesticide Risk Assessment a. Has NRCS WIN-PST been used for the risk analysis? b. If not, was the WI WIN-PST Quick Reference Table used? c. If appropriate, are mitigation techniques identified on the plan?	Farmer/Planner	a. b. c.	a. b. c.	

I certify that the PMP *does / does not* meet the minimum requirements of Wisconsin's NRCS 595 pest management standard (6/03). *Signature of certified pest management planner* _____

Date: _____