Mosquito Spray Log
_________________Health District
1 Address Avenue
Anywhere, OH 01234

Labor Hours:___________________________ Labor Hours:

Operator:____Navigator:

Entity Name:____Date:

Spray Start Time:______________________________________Product Name:

Spray Stop Time:________________________ EPA Reg. No.:

Weather Conditions: Truck #:

Temperature

Wind Velocity___________________________________ULV Fogger #:

Wind Direction

ROAD NAME	MPH	START MLG	STOP MLG	MILES SPRAYED	MINUTES SPRAYED	OZ./MIN	TOTAL OZ.