



## Wood Destroying Insect Action Report (WDIAR)

### IAW GR-05-14, §18.337: Wood Destroying Insect Action Report.

*Within 30 days of completion of a treatment project, the pest management business shall report to the Office, on a form approved by the Office, the following data:*

- A. *The name and certification number of the certified applicator that performed the treatment project. If the applicator was not a certified applicator then the name and certification number of the certified applicator that supervised the treatment;*
- B. *Address or location of the treatment project;*
- C. *Name of the pest management business;*
- D. *Type of treatment;*
- E. *Target pest; and*
- F. *Any other information as required by the Office.*

### PEST MANAGEMENT BUSINESS / CERTIFIED APPLICATOR

<b>Pest Management Business Name:</b>	<b>GRIC Pesticide Use Permit #:</b>
<b>Name of Certified Applicator:</b>	<b>Applicator's Certification Number:</b>

### APPLICATION / STRUCTURE

<b>Date of Treatment:</b>	<b>Target Pest:</b>	<b>Contracted By:</b>
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<b>District:</b>	<b>Physical Address or Location of the Treatment:</b>
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**Treatment Type:**    Pre-Construction    Post Construction\*    New Construction    Retreatment\*

*\* Attach a diagram of the treated structure with the location(s) marked of wood destroying insect activity.*

**Structure Type:**    Floating Slab    Monolithic Slab    Crawl Space    Basement  
 Wall Voids    Wood Treatment    Other: \_\_\_\_\_

<b>Pesticide Applied:</b>	<b>Concentration (%):</b>	<b>TREATMENT AREA</b>	
		<b>Square Footage</b>	<b>Linear Footage</b>
<b>EPA Registration #:</b>	<b>Quantity Applied (gal/lbs):</b>		

**Comments:**

<b>Person Submitting WDIAR:</b>	<b>Title:</b>	<b>Date:</b>
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