**Manitoba Golf Superintendents Association**

**IPM Site Assessment/Threshold Form**

Golf Course:

Pesticide Use Permit #:

Applicator Name:

Pesticide Applicators Licence #:

**Acreage(Meters Squared or Hectares)**

Greens: Tees: Fairways:

Roughs: Garden/Ornamental Lawns/Other:

**Specific Site Conditions/Challenges**(Poor drainage, heavy shade ect):

**Common Pest Problems**

**Disease Pests and Thresholds(**define how threshold are measured as % area infected or # of spots ect.)

Pest Name Greens Threshold Tees Threshold Fairways Threshold Roughs/Garden/Other

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**Weed Pests and Thresholds(**define how threshold are measured as % area infected or # of spots ect.)

Pest Name Greens Threshold Tees Threshold Fairways Threshold Roughs/Garden/Other

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**Insect Pests and Thresholds(**define how threshold are measured as % area infected or # of spots ect.)

Pest Name Greens Threshold Tees Threshold Fairways Threshold Roughs/Garden/Other

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\*If more space is required please attach separate sheet

**Please highlight and summarize approximate schedules for IPM practices used to prevent pests:**

Cultural Control(Aeration, Topdressing, Verticutting, Slicing ect):

Mechanical/Physical Control(Hand removal of weeds, tree/brush removal to increase sunlight ect):

Biological Control(natural biological products used):

Other Related Control Measure(Reel Grinding, ect)

Print Name Date

Signature