

Ohio Agricultural Fertilizer Applicator Recordkeeping Form

Document within 24 hours of application. Maintain records for all applications for 3 years from the date of application.

Name of Certificate Holder:			Name of Applicator (if different):			
When:						
Application Date						
Where:						
Location/Field ID						
Size of field treated (acres)						
What:						
Fertilizer analysis (list all)	1	1	1	1	1	1
	2	2	2	2	2	2
	3	3	3	3	3	3
Rate(s) applied (lbs/A)	1	1	1	1	1	1
	2	2	2	2	2	2
	3	3	3	3	3	3
Total Applied (either by weight or volume)	1	1	1	1	1	1
	2	2	2	2	2	2
	3	3	3	3	3	3
Application method						
Application and Weather Conditions						
Soil Conditions at application No application if frozen, snow-covered, or saturated*	Moisture:	Moisture:	Moisture:	Moisture:	Moisture:	Moisture:
	Frozen/Snow: Y N	Frozen/Snow: Y N	Frozen/Snow: Y N	Frozen/Snow: Y N	Frozen/Snow: Y N	Frozen/Snow: Y N
	Other	Other	Other	Other	Other	Other
Weather at application	Temp. °F	Temp. °F	Temp. °F	Temp. °F	Temp. °F	Temp. °F
	Precip.	Precip.	Precip.	Precip.	Precip.	Precip.
	Other	Other	Other	Other	Other	Other
Weather forecast Print a copy of forecast as well www.weather.gov Restrictions and Exceptions*	Prob of precip %	Prob of precip %	Prob of precip %	Prob of precip %	Prob of precip %	Prob of precip %
	Frcst amount in	Frcst amount in	Frcst amount in	Frcst amount in	Frcst amount in	Frcst amount in
	Other	Other	Other	Other	Other	Other
Other Notes						

* No application of fertilizer is allowed if the forecast for the application area contains a >50% chance of 1 inch of precipitation in a 12 hour period following application

* Exceptions to all restrictions (forecast and soil conditions) if fertilizer is injected into the ground, incorporated within 24 hours, or applied to a growing crop.