Pest control company name: _____ City: _____ State: _____

BUREAU OF PLANT INDUSTRY
TECHNICIAN WORK SHEET FOR CALCULATING TERMITICIDE APPLICATION

The Applicable Information Requested on This Form Is Required by Regulations to Be Maintained in Company Files and Made Available for Examination by Employees of The Bureau of Plant Industry During Reasonable Business Hours

Date of application: _____ Date completed: _____ Type of structure: ☐ Residential ☐ Commercial

Type of treatment: ☐ Pretreat (Except outside foundation perimeter treatment) ☐ Pretreat (Outside foundation perimeter treatment only)
☐ Post construction (conventional treatment) ☐ Post construction (Exterior Perimeter/Limited Interior treatment) ☐ Spot
☐ Retreat (Current contract with consumer and evidence of live termites)

Property owner's name: _____ Street address/Lot number: _____

City: _____ State: _____ Zip: _____ Phone: _____

Brand name and formulation of termiticide applied: _____

EPA registration number of termiticide applied: _____ Percentage applied: _____

Type of construction:

☐ Floating slab ☐ Supported slab ☐ Monolithic slab ☐ Crawl ☐ Basement ☐ Combination ☐ Other _____

Type of foundation:

☐ Concrete ☐ Hollow block ☐ Single brick ☐ Double brick ☐ Hollow block w/brick veneer ☐ Piers only

Exterior walls:

☐ Brick or stone ☐ Wood ☐ Shingle ☐ Stucco ☐ Hollow block ☐ Pressed board siding ☐ Vinyl siding ☐ Cement siding ☐ Steel

Type of fill:

☐ Sand ☐ Soil ☐ Gravel/crushed stone ☐ Other _____

1. Square feet of horizontal barrier to treat _____ x 0.1 (Sand) or 0.15 (Gravel*) or 0.2 (Gravel*) = _____ gallons

Pretreatment footings _____ square feet x 0.1 = _____ gallons (* Use % and rate specified on MS 24c label if applicable)

2a. Linear feet inside foundation wall _____ x 0.4 = _____ gallons x 1 (footing depth @ 1 foot) = _____ gallons

2b. Linear feet inside foundation wall _____ x 0.4 = _____ gallons x 2 (footing depth @ 2 feet) = _____ gallons

2c. Linear feet inside foundation wall _____ x 0.4 = _____ gallons x 3 (footing depth @ 3 feet) = _____ gallons

2d. Linear feet inside foundation wall _____ x 0.4 = _____ gallons x 4 (footing depth @ 4 feet) = _____ gallons

3. Linear feet inside of masonry voids _____ x 0.2 = _____ gallons

4a Linear feet outside foundation wall _____ x 0.4 = _____ gallons x 1 (footing depth @ 1 foot) = _____ gallons

4b Linear feet outside foundation wall _____ x 0.4 = _____ gallons x 2 (footing depth @ 2 feet) = _____ gallons

4c Linear feet outside foundation wall _____ x 0.4 = _____ gallons x 3 (footing depth @ 3 feet) = _____ gallons

4d Linear feet outside foundation wall _____ x 0.4 = _____ gallons x 4 (footing depth @ 4 feet) = _____ gallons

5. Linear feet of expansion joints _____ x 0.4 = _____ gallons

6. Linear feet of critical areas _____ x 0.4 = _____ gallons

7. Number of piers _____ Size of piers _____ A. Linear feet outside piers _____ x 0.4 = _____ gallons

B. Linear feet inside voids _____ x 0.2 = _____ gallons

Pretreat	Gallons	Existing	Gallons
Gallons for horizontal barrier 1 =		Gallons for linear feet at 4 gallons/10 linear feet 2a + 2b + 2c + 2d + 4a + 4b + 4c + 4d + 5 + 6 + 7A =	
Gallons for vertical barrier/critical areas 2a + 2b + 2c +2d + 3 + 4a + 4b + 4c + 4d + 6 + 7A + 7B =		Gallons for linear feet at 2 gallons/10 linear feet 3 + 7B =	
Total gallons of diluted termiticide applied 1 + 2a + 2b + 2c + 2d + 3 + 4a + 4b + 4c +4d + 6 + 7A + 7B =		Total gallons of diluted termiticide applied 2a + 2b + 2c + 2d + 3 + 4a + 4b + 4c +4d + 5 + 6 + 7A + 7B =	

Gallons of termiticide concentrate applied: _____ (Twice the concentration of termiticide may be applied in half the volume of finished dilution if the soil will not accept the labeled volumes of termiticide. Explain in detail in the remarks the specific conditions causing this use. DO NOT DO ROUTINELY)

Remarks:

Status of termiticide application at this site:

☐ Not completed ☐ Completed (Except outside foundation perimeter)

☐ Completed (Site and/or structure treated according to label of product being used and Mississippi Regulations)

Calculations for the above referenced site were performed by:

_____

Signature (required)

Application of termiticide performed by:

_____

Applicator signature (required)

_____

Other applicator signature (if applicable)

_____

Other applicator signature (if applicable)

This form is provided as a courtesy by the Bureau of Plant Industry and may be useful in maintaining the required information. You are not required by Regulations to use the form; however, the applicable information requested for each termiticide application must be recorded, maintained in your company files and made available for examination by employees of the Bureau of Plant Industry during reasonable business hours.