



20__ GOLF DESK REVIEW AUDIT

Golf Course: _____ Golf Course Registration Number: _____

IPM Agent: _____ IPM Certification Number: _____

DOCUMENT	ASSESSMENT ELEMENT	CONFORMANCE	ACTION REQUIRED / COMMENTS
Scouting Form	1. Was a minimum of one scouting form completed for each of the required weeks?	0 3 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	2. Were all compulsory data complete on each form?	0 2 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Pest Control Product Application Form	3. Were all required data provided on each form?	0 2 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	4. Did all <i>curative</i> applications correspond with pests identified on the scouting forms?	0 2 <input type="checkbox"/> <input type="checkbox"/>	
	5. Were reason(s) for all <i>preventative</i> applications given on Pest Control Product Applications forms?	0 2 <input type="checkbox"/> <input type="checkbox"/>	
	6. Were follow-up results documented after application, excluding late fall applications?	0 2 <input type="checkbox"/> <input type="checkbox"/>	
	7. Were all reported products classified for use in Ontario and applied according to label?	0 2 <input type="checkbox"/> <input type="checkbox"/>	



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Equipment Calibration Form – Boom Sprayer (multiple nozzles)	8. Were all sprayers listed on PCP application (PCPA) forms calibrated <i>prior</i> to first use?	0 1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	9. If operational issues noted on any PCPA form, is there proof of an additional calibration being performed?	0 1 <input type="checkbox"/> <input type="checkbox"/>	
Equipment Calibration Form Hand held/ Backpack Sprayer	10. Were all sprayers listed on PCPA forms calibrated <i>prior</i> to first use?	0 1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	11. If operational issues noted on any PCPA form, is there proof of an additional calibration being performed?	0 1 <input type="checkbox"/> <input type="checkbox"/>	
Staff Training Documentation	12. Has the Staff Training Documentation form been completed?	0 1 <input type="checkbox"/> <input type="checkbox"/>	
	13. If there is staff training, does the Staff Training Documentation form contain the names of all staff involved in scouting and pest control product application at the golf course?	0 1 <input type="checkbox"/> <input type="checkbox"/>	



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Annual Report – Unlisted Pesticide Use	14. Do reasons for use agree with corresponding scouting reports and/or PCPA forms for ALL pests?	0 2 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	15. Were differences noted and reasons for differences from previous year provided?	0 1 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	16. Has a map of the golf course indicating product application locations been provided?	0 2 <input type="checkbox"/> <input type="checkbox"/>	
	17. Has an explanation for how maintaining IPM accreditation minimizes pest control product use and will continue to minimize use been provided?	0 2 <input type="checkbox"/> <input type="checkbox"/>	



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Pass (75% = 30 out of 40) Requires Written Follow-up (50 to 74% = 20 to 29 out of 40) Fail (49% or less = 0 to 19 out of 40)

Auditor's Summary:

Name(s) & IPM Cert # of Other IPM Certified Agent(s), if applicable: _____

Auditor Name: _____ Date: _____

Auditor Signature: _____



IPM COUNCIL OF CANADA
P.O. Box #7, Stn. Main
Milton, ON
L9T 2Y3

20__ IPM ACCREDITATION DESK REVIEW

_____ Golf Course Registration Number: _____
_____ Phone Number: _____

Email address: _____

IPM Certified Agent Name: _____

IPM Certification Number: _____

Auditor Name: _____

Date: _____

Auditor Signature: _____

This verifies that the 20__ desk review audit of this golf course has been completed and has satisfied the requirements of the IPM Accreditation program.

This golf course has attained/retained **IPM Accreditation - Level** _____

IPM Audit Program Manager

Date