Suggested recordkeeping form for TBT applicators

APPLICATOR INFORMATION
Certified supervisor: ____________________________________________
Applicator (if different): ________________________________________
Address: ________________________________ Telephone: ____________

APPLICATION INFORMATION
Application date: ________________________________________________ Time of application: ________
Target pest(s): ________________________________________________ Equipment used: ______________________
Vessel: ________________________________________________________
Identification number: _________________________________________ Owner: ________________________________
Application site: ________________________________________________
Geographic location: ______ City: _________________________________ State: ___________________________
Area treated (sq. ft.) or hull length and beam of vessel: ________________________________

PAINT INFORMATION
Trade name: __________________________________________________ Manufacturer: _________________________
EPA registration number: ______________________________________ Amount used: ______________________

DISPOSAL INFORMATION
Size and number of empty containers: ____________________________
Description and location of container disposal: ______________________ Date ______________________
Amount & type of solvent/rinsate: ________________________________
Description and location of solvent disposal: ______________________ Date: ______________________
Amount of excess paint: ________________________________________
Description and location of excess paint disposal: ______________________ Date: ______________________