

PESTICIDE SAFETY PRACTICES SCREENER – October 2014

OMB No. xxxx-xxxx
 Approval Expires: x/xx/xxxx
 Project Code: xxx QID: xxxxxx
 SMetaKey: xxxx



**NATIONAL
 AGRICULTURAL
 STATISTICS
 SERVICE**



Please make corrections to name, address and ZIP Code, if necessary.

We are collecting information on pesticide safety practices and the factors that contribute to them. We need your help to make this information as accurate as possible. Under Title 7 of the U.S. Code and CIPSEA (Public Law 107-347), facts about your operation are kept **confidential** and used only for statistical purposes in combination with similar reports from other producers. Response is **voluntary**.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is xxxx-xxxx. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

I would like to talk to you about any recent chemical pesticides (e.g., insecticides, rodenticides, fungicides, herbicides, growth regulators, or fumigants) you *personally* applied for crop production in your business. We are only interested in those pesticides you may have applied using methods *other* than aerial applications (*such as with airplanes or helicopter*) and enclosed cab vehicles (*such as tractors and ATVs*). Please respond to the 2 items below --

1. Have you *personally* applied any chemical pesticides in the past 6 months using methods other than aerial applications (*such as with airplanes or helicopter*) and enclosed cab vehicles (*such as tractors and ATVs*)? (*check one*)
 1 **Yes** – Continue 2 **No** – Sign, date, and return form in the postage-paid envelope
2. Please complete the table below. Please indicate the name and EPA registration numbers of the 3 most recent chemical pesticides you *personally* applied within the past 6 months, using methods *other* than an aerial applications (*such as with airplanes or helicopter*) and enclosed cab vehicles (*such as tractors and ATVs*)? Please also provide *approximate* dates (month/year) each pesticide was purchased and applied.

	Exact Name of Chemical Pesticide Product (Include any formulation identifiers, e.g., Harness 20G, Harness 5.6L, etc.)	EPA Registration Number (Usually on the front of label after the active ingredients)	Date of Pesticide Purchase	Date of Pesticide Application
1		xxxx	xxxx Month/Year: ____ / ____ MM / YY	xxxx Month/Year: ____ / ____ MM / YY
2		xxxx	xxxx Month/Year: ____ / ____ MM / YY	xxxx Month/Year: ____ / ____ MM / YY
3		xxxx	xxxx Month/Year: ____ / ____ MM / YY	xxxx Month/Year: ____ / ____ MM / YY

OFFICE USE ONLY

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Product Code 1
XXXX

Product Code 2	Product Code 3
XXXX	XXXX

Comments:

That completes our survey. **Thank you for your help**

We may need additional information later in 2014 to complete this study. If so, we will contact you in November or December to set up a time that is good for you.

Respondent Name:	9911 Phone:	9910 MM DD YY Date:
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For questions or concerns, please contact _____ at _____.

Response	Respondent	Mode	Enum.	Eval.	R. Unit	Change	Office Use for POID						
1-Comp	9901	1-Op/Mgr	9902	1-Mail	9903	098	100	921	785	789			
2-R		2-Sp		2-Tel						-			
3-Inac		3-Acct/Bkpr		3-Face-to-Face						-			
4-Office Hold		4-Partner		4-CATI									
5-R – Est		9-Oth		5-Web									
6-Inac – Est				6-e-mail									
7-Off Hold – Est				7-Fax									
8-Known Zero				8-CAPI									
				19-Other						407	408	9906	9916
S/E Name													

Office Use Only