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OMB APPROVED  
0579-0117  
Exp. XX/XXXX

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE	<b>ENVIRONMENTAL MONITORING FORM</b>	<b>SERIAL NUMBER</b>
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1. <b>Program/Project</b>	2. <b>State</b>	3. <b>County</b>	4. <b>Site Identification</b>	5. <b>Date Collected</b>	6. <b>Time Collected</b>
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7. <b>Sample Description and Number</b>	8. <b>Location</b> DISTANCE (Ft.)   DIRECTION	9. <b>Pesticide</b>	10. <b>Formulation</b>	11. <b>Application</b> METHOD   RATE	12. <b>Sample Type</b> <input type="checkbox"/> Priority <input type="checkbox"/> Routine
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13. **Dates Treatment Applied**

1	2	3	4	5	6	7	8
Month	Day	Month	Day	Month	Day	Month	Day

14. <b>Total Treatments</b>	15. <b>Time of Last Treatment</b>	16. <b>Soil Type</b> (from county soil survey)	17. <b>Land Slope</b> (Degrees)	18. <b>Last Rainfall</b> MONTH   DAY   AMT	19. <b>Wind</b> SPEED   DIRECTION	20. <b>Rel. Hum.</b>
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21. <b>Water Body</b> Type (Pool, Pond, Reservoir, Well, Stream, etc.)	22. <b>Water</b> Size (Acres or Width)	Depth (Feet)	Velocity (Ft/Min.)	Temp. (°F)	pH (include decimal pt.) Before   After	Dissolved Oxygen (mg/L)	23. <b>Average Air Temp.</b> (°F)
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24. <b>Latitude</b>	Longitude
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25. **Remarks** (e.g., Sketch of site, unusual occurrences, and additional information unique to sample, etc.)

26. <b>Name of Collector</b> (type or print)	27. <b>Initials</b>	28. <b>Telephone Number of Collector</b>
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**FOR LABORATORY USE ONLY**

29. <b>Date Sample Received</b>	30. <b>Date Analyzed</b>	31. <b>Results</b>
32. <b>Laboratory Accession Number</b>	33. <b>Condition of Sample on Receipt</b>	

## Guidelines

Every sample must be accompanied by a completed APHIS Form 2060. The present guidelines are generic and will be superseded by specific instructions included in an Environmental Monitoring Plan for a particular program or operation. If you have any questions about completing the form, or any other questions about monitoring, please call the PPQ Environmental Compliance Team (ECT) at 301-734-7592 or 301-734-8876.

1. **Program/Project:** Pest program name or acronym and the project or treatment name.
2. **State:** The two letter postal abbreviation of the State in which the sample was collected.
3. **County:** The County in which the sample was collected.
4. **Site Identification:** Assign a number which uniquely identifies the site (can be alphanumeric).
5. **Date Collected:** The date that the sample was collected.
6. **Time Collected:** The time the sample was collected, using a 24-hour clock.
7. **Sample Description and Number:** Sample media (e.g., soil, water, dye card, neat pesticide, tank mix) and a numerical identifier.
8. **Location:** The distance (in feet) and direction from the nearest point of the treatment block to the specific location where the sample was collected. (i.e., 500 SE defines a sample location 500 feet southeast of the treatment block).
9. **Pesticide:** The name of the pesticide for which the laboratory should analyze. If analyses for more than one pesticide are necessary, list the other pesticides in the Remarks block.
10. **Formulation:** The tank mixture ingredients and proportions of the pesticide formulation (e.g., 1 ounce Diflubenzuron, 10 ounces oil, and 20 ounces water).
11. **Application:**
  - Method:** The method used to apply the pesticide (e.g., fixed wing aircraft, ATV, backpack sprayer, drench).
  - Rate:** The rate at which the pesticide is applied (e.g., pounds active ingredient per acre).
12. **Sample Type:** Check off the appropriate box: Sample types are usually defined as follows:
  - Priority:** Samples collected to respond to any reported or observed adverse impact (e.g., bird kill, fish kill, public health concern, property damage).
  - Routine:** All samples not considered priority samples.
13. **Dates Treatment Applied:** The dates treatment applied. If more than 8, then list additional in Remarks block.
14. **Total Treatments:** Enter the total number of treatments.
15. **Time of Last Treatment:** The time of day that the last treatment was completed, using a 24-hour clock.
16. **Soil Type:** Enter the type of soil (e.g., sandy loam).
17. **Land Slope:** Enter the slope, measured from the treatment block to the sample collection site (positive degrees above horizontal for an incline or negative degrees below horizontal for a decline).
18. **Last Rainfall:** The date and amount of the last rainfall before the sample collection.
19. **Wind:** The speed (mph) and direction from which the wind was coming at the time of the last treatment.
20. **Relative Humidity:** The relative humidity of the air, measured as a percentage (e.g., 75%) at the time of the last treatment.
21. **Water Body:**
  - Type:** Examples: pool, lake, river.
  - Size:** Surface area (acres) or width (feet).
22. **Water:**
  - Depth:** Average depth (feet).
  - Velocity:** At the sample collection site (feet per minute).
  - Temperature:** Water temperature (°F).
  - pH Values:**
    - Before:** The pH of the water sample.
    - After:** If a pH adjustment is required to stabilize the sample, enter the pH of the sample after the adjustment.
  - Dissolved Oxygen:** Enter the oxygen content of the water sample.
23. **Average Air Temp.:** Enter the air temperature at the time of the last treatment.
24. **Latitude and Longitude:** Coordinates of sampling site as determined by GPS unit.
25. **Remarks:** Additional information concerning the location of the sampling site (sketch of the site or attach a map), weather conditions (additional wind speeds and directions, gusts, cloud cover), circumstances relevant to the results of the sample analysis, and who to report results to if different from collector.
26. **Name of Collector:** Print submitter's name.
27. **Initials:** Submitter's initials in script.
28. **Telephone Number of Collector:** Include area code.

## Distribution

- PT 1 - Laboratory:** (white copy) – Bundle all original white forms in a water-tight plastic bag inside the sample shipping container, on top of the samples and ice, and submit to the USDA/APHIS Center for Plant Health Science Technology (CPHST) designated laboratory.
- PT 2 – ECT Headquarters:** (yellow copy) – Mail to: USDA/APHIS, Plant Protection and Quarantine, 4700 River Road, Unit 150, Riverdale, MD 20737, along with any attached maps or other documentation.
- PT 3 - Collector:** (pink copy) – The collector will keep this copy on file for reference.
- PT 4 - Submit with Sample:** (blue copy) – Package with the individual sample so that if several samples are being shipped in the same container, each form will be directly associated with its corresponding sample.