ATTACHMENT 3 Page____of____

CRB TREATMENT LOG

Treatment Date _____ Time of Day _____ _____ AM _____ PM

Tree/Palm # _____ Species _____ Palm Height_____

Previously Treated? ☐ Most Recent Treatment Date_____

CRB found? ☐ Circle: **Alive** **Dead** Comments:_____

Condition of Crown

CRB Damage? ☐ Circle Level of Damage: **Minor** **Moderate** **Severe**

Center Frond present? ☐ Comments:_____

Treatment Applied

Systemic: ☐ Trunk Injection- Date_____ **OR** ☐ Soil Treatment- Date_____

Product_____ Product_____

Amount applied_____ Amount applied_____

Canopy Spray: ☐ Pyrethroid Spray Date_____ Product Name _____

Name of Company & Employee _____

☐ I certify that I have completed the UH Cooperative Extension CRB workshop within the last 12 months (Attach certificate of attendance)

Comments _____

_____