Please select one:
Grower __________ or Shipper/Distributor __________

Management Program: Integrated Pest Management (IPM)

1. Date of audit: _______________  
   2. Monitored Product Area (MPA) #: _______________

3. Name of Establishment: __________________________ Location: __________________________

FOR GROWERS ONLY

4. Number of traps set and acres: __________________________

5. Date trapping begun: __________________________
   Individual conducting trapping: __________________________
   Number of maggots trapped: __________________________
   Individual identifying trapped maggots: __________________________
   Dates when maggots trapped: __________________________

6. Dates of insecticide treatments: __________________________
   Names of insecticides used: __________________________
   Rate of application: __________________________
   Individual conducting treatments: __________________________

7. Dates of grower sugar/hot water tests: __________________________
   Individual conducting sugar/hot water tests: __________________________
   Results of grower sugar/hot water tests: __________________________
   Results of FDACS personnel sugar/hot water tests: __________________________

8. Cultural controls implemented: Disposal of culled fruit: _____ Yes _____ No
   Weed suppression: _____ Yes _____ No

FOR SHIPPERS AND GROWERS

9. Number of Shipping Labels Used (since last audit): _______________

10. Fruit graded: _____ Yes _____ No

11. Movement Certification Labels properly safeguarded and accounted for: _____ Yes _____ No

12. Records Retained for shipping, label use, trapping, treatments and sampling: _____ Yes _____ No

Comments: ____________________________________________

Next Inspection Scheduled: __________________________

Signature of FDACS Representative __________________________ Date __________________________

Distribution: Original - Gainesville, Copy – Grower/Shipper, Copy - FDACS Representative