

**DETAIL SHEETS  
LANDSCAPE REPORTING FORM**

**CONTRACT NO.  
FAP NO.**

	<b>DATE</b>		<b>MDOT SHA INSPECTOR</b>		<b>NAME OF CONTRACTOR</b>	
	<b>PROJECT TITLE</b>					
<b>MOT LOG</b>			<b>NAME OF TRAFFIC MANAGER AND PHONE NUMBER</b>			
<b>REQUIRED EQUIPMENT</b>	<b>QUANTITY</b>	<b>LOCATION</b>		<b>PERMIT #</b>		
Temp Traffic Signs				ON		OFF
Drums				ON		OFF
Cones				ON		OFF
Protection Vehicle				ON		OFF
Arrow Panel				ON		OFF
Other				ON		OFF
<b>COUNTY</b>	<b>WORK LOCATION OR SITE NUMBER</b>			<b>ACTIVITIES COMPLETED</b>		
<b>E &amp; S ISSUES OR SOIL DISTURBANCES IDENTIFIED</b>				<b>CORRECTIVE ACTIONS TAKEN</b>		
<b>LABOR</b>				<b>EQUIPMENT</b>		
<b>QTY</b>	<b>WAGE CLASS</b>	<b>NAME(S)</b>	<b>HRS. ON SITE</b>	<b>DESCRIPTION &amp; TAG NUMBER</b>		<b>HRS. ON SITE</b>
	Crew			Truck		
	Foreman			Protection Vehicle		
	Laborer			Chainsaws		
	Laborer			Wood Chipper		
	Laborer			Backpack Sprayer		
	Equipment Operator			Other		
<b>MATERIALS NOT REPORTED ABOVE OR ON PAGE 2 OR 3</b>						
<b>DESCRIPTION</b>	<b>QUANTITY &amp; UNIT</b>	<b>LOCATION</b>	<b>DESCRIPTION</b>	<b>QUANTITY &amp; UNIT</b>	<b>LOCATION</b>	
<b>REMARKS</b>						
ADD ADDITIONAL PAGES IF NEEDED						
<b>SUBMIT FORM WITHIN 24 HOURS AFTER COMPLETING WORK</b>						
<b>CONTRACTOR SIGNATURE &amp; DATE</b>						

**DETAIL SHEETS  
LANDSCAPE REPORTING FORM**

**CONTRACT NO.  
FAP NO.**

PESTICIDE APPLICATION REPORTING							
DATE OF APPLICATION				NAME OF CONTRACTOR			
MDOT SHA INSPECTOR				MDA CERTIFIED APPLICATOR & NO.			
TARGET PEST(S)				NAME OF APPLICATOR			
PESTICIDE APPLICATION DETAILS			WEATHER		PESTICIDE MIX		
Time	Location and Planting Type or Species	Total Area Applied Square Yards	Air Temp °F	Wind Speed, Direction and Cloud Cover	Product Name on Label	Product Mix Rate	Total Product Concentrate Applied
PESTICIDE PRODUCT NAME, PESTICIDE COMMON CHEMICAL NAME AND % ACTIVE INGREDIENT ON LABEL						EPA REGISTRATION NUMBER ON LABEL	
SUBMIT FORM WITHIN 24 HOURS AFTER COMPLETING WORK							
CONTRACTOR SIGNATURE & DATE							

**DETAIL SHEETS  
LANDSCAPE REPORTING FORM**

**CONTRACT NO.  
FAP NO.**

<b>NUTRIENT MANAGEMENT REPORTING</b>			
<b>DATE OF APPLICATION</b>		<b>PROJECT TITLE AND APPLICATION LOCATION</b>	
<b>MDOT SHA INSPECTOR</b>		<b>TOPSOIL SOURCE OF SUPPLY AND NMP DATE</b>	
<b>MDA PROFESSIONAL APPLICATOR &amp; NO.</b>		<b>BSM SOURCE OF SUPPLY AND NMP DATE</b>	
<b>SOIL AMENDMENTS</b>		<b>POUNDS APPLIED</b>	<b>SQUARE YARDS APPLIED</b>
<input type="checkbox"/> Amendments to Topsoil <input type="checkbox"/> Amendments to BSM			
Limestone, pounds			
Sulfur, pounds			
Gypsum, pounds			
Compost, Type A, cubic yards			
Compost, Type B, cubic yards			
<b>TEMPORARY SEEDING</b>		<b>POUNDS APPLIED</b>	<b>SQUARE YARDS APPLIED</b>
37-0-0 (SCU), pounds			
<b>TURFGRASS ESTABLISHMENT</b>		<b>POUNDS APPLIED</b>	<b>SQUARE YARDS APPLIED</b>
20-16-12 (83% UF with MAP & SOP), pounds			
38-0-0 (UF), pounds			
11-52-0 (MAP), pounds			
0-0-50 (SOP), pounds			
<b>SHRUB SEEDING ESTABLISHMENT</b>		<b>POUNDS APPLIED</b>	<b>SQUARE YARDS APPLIED</b>
20-16-12 (83% UF with MAP & SOP), pounds			
38-0-0 (UF), pounds			
11-52-0 (MAP), pounds			
0-0-50 (SOP), pounds			
<b>MEADOW ESTABLISHMENT</b>		<b>POUNDS APPLIED</b>	<b>SQUARE YARDS APPLIED</b>
20-16-12 (83% UF with MAP & SOP), pounds			
38-0-0 (UF), pounds			
11-52-0 (MAP), pounds			
0-0-50 (SOP), pounds			
<b>TURFGRASS SOD ESTABLISHMENT</b>		<b>POUNDS APPLIED</b>	<b>SQUARE YARDS APPLIED</b>
20-16-12 (83% UF with MAP & SOP), pounds			
38-0-0 (UF), pounds			
11-52-0 (MAP), pounds			
0-0-50 (SOP), pounds			
<b>REFERTILIZATION - SHORT MEADOW</b>		<b>POUNDS APPLIED</b>	<b>SQUARE YARDS APPLIED</b>
37-0-0 (SCU), pounds			
<b>REFERTILIZATION - TURFGRASS ESTABLISHMENT &amp; SOD</b>		<b>POUNDS APPLIED</b>	<b>SQUARE YARDS APPLIED</b>
38-0-0 (UF), pounds			
37-0-0 (SCU), pounds			
<b>TREES, SHRUBS, PERENNIALS, ANNUALS, BULBS</b>		<b>POUNDS APPLIED</b>	<b>SQUARE YARDS APPLIED</b>
14-14-14, pounds			
20-20-20, pounds			
<b>OTHER TYPE OF VEGETATION</b>		<b>POUNDS APPLIED</b>	<b>SQUARE YARDS APPLIED</b>
Purpose & Analysis, pounds			
Purpose & Analysis, pounds			
<b>SUBMIT FORM WITHIN 24 HOURS AFTER COMPLETING WORK</b>			
<b>CONTRACTOR SIGNATURE &amp; DATE</b>			