



ROADSIDE ACTIVITY REPORT

Prepare in Triplicate With Ball Point Pen
(See Reverse Side for Conversion Tables)

Date: _____ Day: _____
County: _____

DEPARTMENT: _____ PROGRAM: _____ MAINTENANCE COST FUNCTION: _____ (see inside cover) PROJECT or PO#: _____
CONTRACTOR: _____ ROUTE: _____ SEGMENT / OFFSET: _____

ROADSIDE ACTIVITY			QUANTITY	UNIT	QUANTITY	UNIT
1. <input type="checkbox"/> Mowing						
2. <input type="checkbox"/> Selective Tree Removal, Trimming						
3. <input type="checkbox"/> Roadside Rest Area Activities (list in remarks)						
4. <input type="checkbox"/> Tree/Shrub Care (planting, watering, fertilizing, etc)						
5. <input type="checkbox"/> Seeding/Mulching (indicate formula/species in remarks)						
6. <input type="checkbox"/> Other:						

Trade Name	Formulation	Qty:	Unit:	Volume/Acre:	EPA#	Rate/Acre	Acres Treated	Materials Used

Remarks: _____
 Sunny Cloudy Windy Raining (Time started: _____) **Temperature:** _____ °F

The space below should be used to record additional details such as: **seeding formulas, mulch types, soil supplements, routes and segments, start and end times, etc.**

SUMMARY OF COSTS - Labor			
# of Men	Hours	Rate	Cost
Labor Total			

SUMMARY OF COSTS - Equipment			
Equipment #	Hours	Rate	Cost
Equipment Total			

Summary of Costs Grand Total	
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I hereby certify that the services and/or materials indicated hereon have been furnished to the Pennsylvania Department of Transportation.

BU# _____ Applicator License # _____

(Pesticide Applicator Signature)

(Dept. Inspector/Supervisor Signature & Title)

(Contractor's Representative Signature)

***Attach all delivery slips, certified weight bills, seed tags and other materials and documentation.**