According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0117. The time required to complete this information collection is estimated to average .2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB APPROVED
0579 –0117
Exp. 02/2027

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ENVIRONMENTAL MONITORING FORM

SERIAL NUMBER

1. Program/Project	2. State	3. County	4. Site Identification	5. Date Collected	6. Time Collected

7. Sample Description and Number	8. Location		9. Pesticide	10. Formulation	11. Application		12. Sample Type
	DISTANCE (Ft.)	DIRECTION			METHOD	RATE	☐ Priority ☐ Routine

13. **Dates Treatment Applied**

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

14. Total Treat-ments	15. Time of Last Treatment	16. Soil Type *(from county soil survey)*	17. Land Slope *(Degrees)*	18. Last Rainfall			19. Wind		20. Rel. Hum.
				MONTH	DAY	AMT	SPEED	DIRECTION	

21. Water Body		22. Water						23. Average Air Temp. *(°F)*
Type *(Pool, Pond, Reservoir, Well, Stream, etc.)*	Size *(Acres or Width)*	Depth *(Feet)*	Velocity *(Ft/Min.)*	Temp. *(°F)*	pH *(include decimal pt.)* Before	pH After	Dissolved Oxygen *(mg/L)*	

24. Latitude		Longitude	

25. **Remarks** *(e.g., Sketch of site, unusual occurrences, and additional information unique to sample, etc.)*

26. Name of Collector *(type or print)*	27. Initials	28. Telephone Number of Collector

FOR LABORATORY USE ONLY

29. Date Sample Received	30. Date Analyzed	31. Results
32. Laboratory Accession Number	**33. Condition of Sample on Receipt**	

(Replaces APHIS Form 2060 (OCT 99) which is obsolete)

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 The present guidelines are generic and will be superseded by specific instructions included in an Environmental Monitoring Plan for a particular program or operation.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.