

CLUBROOT DISEASE
CERTIFICATE
for
VEHICLES and EQUIPMENT

Company Name _____

Date _____ 201__ Time _____

For Prevention of Club Root Disease Resting Spores.

I/We the under signed Surveyors, Pipeline Locators and 1st Call locators Certify that our vehicle(s), Quads, etc. and equipment, including foot wear and clothing have been washed/steam cleaned and bleached as in the Clubroot Best Management Practices by CAPP, Clubroot Spread Prevention Protocol Operational Protocol for AENV Staff.

Year and make of vehicle; _____ Model _____ License # _____

#-1 _____

#-2 _____

#-3 _____

Personal that will be on job site SHALL Print Name and Sign the below lines. This Certificate Shall be delivered to Landowner/Occupant each day prior to entry onto the property on which the work is to be done.

1-Print Name _____ Signature _____

2-Print Name _____ Signature _____

3-Print Name _____ Signature _____

4-Print Name _____ Signature _____