

SpraySMART

Pesticide Spray Record

Employers Name			
Property Address			
Employers Contact Name		Mobile	
Phone		Email	

Description of where pesticide was applied							
Personal Protective Equipment Used		Application Equipment Used		Pest Type		Application Details	
Overalls		Backpack		Weed		Spraying Speed (km/hr)	
Rubber Gloves		Spray Tank / Handgun		Insect		Water Volume (lts/ha)	
Respirator/Mask		Boom Spray		Disease		Nozzle(s)	
Protective Eye Wear		Drench Gun/Vaccinator		Int/Ext parasite		Pressure	
Hat		Other:		Vertebrate Pest			
Other:				Other			
No Spray Zone		N/A		Yes	Neighbours Notified		Date Notified
Treatment Comments/Instructions: (Ensure to include the Order in which individual areas were treated)							

Spray Operator		Start Time		Finish Time	
Chemicals Applied (in order added to tank)				Label Mixing Rate	Total Amount Mix Used
Trade Name		Active Constituents			
1		1			
2		2			
3		3			
4		4			

SITE MAP

The map should indicate the order in which the area(s) were treated

SITE WEATHER DURING APPLICATION

Should be recorded at the start of the treatment and if/when any significant changes occur that could affect the outcome

Time	Temperature	Rainfall	Wind Speed	Wind Direction	Humidity	Delta T
Start						
If Changes						
If Changes						
If Changes						

Spray Operator's Comments

Signature of person making the record

Application Date

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