**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** |  | **WHP1** |  |
| **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 |  |  |
|  |

1. **WHP – Withholding Period**

|  |
| --- |
| **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 during the treatment**

**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** |  |

**SpraySMART ~** [**www.spraysmart.com.au**](http://www.spraysmart.com.au) **~ Freecall: 1800 872 462**