**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**