



Australian Cotton Industry's

## Pesticide Application Management Plan (PAMP)

Farm Name: .....

Grower Name: .....

Company Name: .....

Date PAMP Developed: .....

Copies Supplied to: Farm workers .....

Consultant .....

Ground spray contractor .....

Aerial applicator .....

.....  
.....

### Notes:

- This document should only be used as a **guide** as each farming operation may have individual considerations.
- This document should be reviewed and completed annually.
- The word 'Pesticides' refers to all products used on cotton crops – herbicides, insecticides, defoliants.
- The Spray Record Template in Appendix 1 should be completed for every spray application.

## 1.1 FARM MAPS

Recommended list of details to be included on the farm map/s:

	Yes	No
North orientation arrow	<input type="checkbox"/>	<input type="checkbox"/>
Accurate scale to identify distances from sensitive areas for Mandatory No-Spray Zone (refer to the label definitions) and other buffer zone distances	<input type="checkbox"/>	<input type="checkbox"/>
Location of the property boundaries	<input type="checkbox"/>	<input type="checkbox"/>
Crop area clearly marked with field names and area (Ha)	<input type="checkbox"/>	<input type="checkbox"/>
On-farm and neighbouring houses and buildings	<input type="checkbox"/>	<input type="checkbox"/>
Neighbouring agricultural areas identified (e.g., crops, grazing, bees, dairy, tree crops)	<input type="checkbox"/>	<input type="checkbox"/>
On-farm and neighbouring sensitive areas such as natural resources including riparian vegetation, native vegetation, rivers, creeks, and wetlands	<input type="checkbox"/>	<input type="checkbox"/>
Distances from sensitive areas clearly indicated on maps to determine position of Mandatory No-Spray Zones (as required on some approved product labels)	<input type="checkbox"/>	<input type="checkbox"/>
Aircraft and spray rig hazards – power lines, antennas, towers, trees, irrigation equipment	<input type="checkbox"/>	<input type="checkbox"/>
Location of weather station/s and windsocks	<input type="checkbox"/>	<input type="checkbox"/>
Public roads, stock routes, railway lines and school bus routes and times	<input type="checkbox"/>	<input type="checkbox"/>
Chemical and fuel storage areas	<input type="checkbox"/>	<input type="checkbox"/>
Location of bee hives and neighbouring designated “bee sites” if applicable. Bee sites should be communicated when planning a spray application. Check for the presence of commercial apiary activity or visit the Bee Connected – <a href="http://www.beeconnected.org.au">www.beeconnected.org.au</a> (see Appendix 3 – Neighbours, Sensitive Areas, and Notification - Template)	<input type="checkbox"/>	<input type="checkbox"/>
Contact details (phone & UHF) for the farm or relevant workers on farm map or attached to farm map (e.g. Accessible)	<input type="checkbox"/>	<input type="checkbox"/>

## 1.2 RECORD KEEPING – CRITICAL POINTS

This list is intended strictly as a **GUIDE ONLY** and is based on NSW and Qld legislative requirements.

- Individual product labels or APVMA permit conditions may contain additional record keeping requirements.
- Records must be kept for a minimum period of 3 years NSW and 2 years QLD
- Records must be made at the time of the application and within 24 hours after the application
- In NSW (*Pesticide Act 1999*) and QLD (*Chemical Usage Control Act 1998*). All users of pesticides must only use the pesticide for the purpose described on the label and all instructions on the label must be followed.

<b>Pesticide application records MUST contain the following for NSW &amp; QLD:</b>	<b>Yes</b>	<b>No</b>
Name, address and contact telephone number of the applicator and the employer or owner if an employee or contractor is the applicator	<input type="checkbox"/>	<input type="checkbox"/>
In QLD for aerial distribution (ACDC Act) - the name of the pilot and registration mark of the aircraft * Note: aerial operator record keeping requirement	<input type="checkbox"/>	<input type="checkbox"/>
In QLD for ground application - the name of the licensed commercial operator carrying out or supervising the application. * Note: Commercial operator record keeping requirement	<input type="checkbox"/>	<input type="checkbox"/>
Location of the treated land so it can be clearly identified <ul style="list-style-type: none"> <li>- Address of the property</li> <li>- Field identification</li> <li>- Order of fields treatment</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Date and time of the application (including start and finish times for each field)	<input type="checkbox"/>	<input type="checkbox"/>
Description of the crop or situation treated (e.g., cotton, fallow, channels)	<input type="checkbox"/>	<input type="checkbox"/>
Pest /weeds/disease treated (list main pests targeted)	<input type="checkbox"/>	<input type="checkbox"/>
Details to identify the pesticide used: <ul style="list-style-type: none"> <li>- Full product name (e.g., manufacturer, active ingredient) Note: Different manufacturers can have significant variations for the same active ingredient – ensure the correct label is recorded)</li> <li>- APVMA Number and/or Permit Number</li> <li>- Batch numbers where appropriate</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Rate of application, quantity applied, and the total quantity applied per field or job	<input type="checkbox"/>	<input type="checkbox"/>
The water rate used	<input type="checkbox"/>	<input type="checkbox"/>
Details of all products added to the spray mix, wetting agents, diluents, buffers	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Description of the equipment used for example: <ul style="list-style-type: none"> <li>- Type (trailing boom, self-propelled, truck mounted)</li> <li>- Width of boom</li> <li>- Type of rate controller (manual/automatic)</li> <li>- Operating pressure used</li> <li>- Nozzle type/orifice size</li> <li>- Spray Quality use e.g. F,M,C,VC,XC,UC - droplet size used</li> <li>- Any other requirements as per label instructions (some labels are specific)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Date and time of application (including start and finish)	<input type="checkbox"/>	<input type="checkbox"/>
Weather conditions are <b><u>measured at the site of application</u></b> and start, during and finish of the application *Note – For aerial applications this requires someone on farm during the application <ul style="list-style-type: none"> <li>- Wind speed</li> <li>- Wind direction</li> <li>- Temperature</li> <li>- Relative Humidity</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Changes to weather conditions during the application are recorded e.g. wind strength increases or surface temperature inversions	<input type="checkbox"/>	<input type="checkbox"/>
If the application was stopped, was the reason recorded	<input type="checkbox"/>	<input type="checkbox"/>

## 1.3 WEATHER MONITORING AND WEATHER PARAMETERS

List the optimum spray conditions that your enterprise aims to adopt and communicate to staff who supervise or conduct spray application or spray contractors (Note: Check product labels for specific weather requirements):

PARAMETER	RANGE / OPTIMAL CONDITION		COMMENTS
	DAYTIME	NIGHT TIME	
Wind speed			Example: Daytime minimum of 3 km/h once the sun is up and approximately 20 degrees above the horizon. At night, wind speed must remain above 11 km/h for the entire period between sunset & sunrise.
Wind direction			Monitor every load during the day and more frequently during night spraying.
Temperature	Max temp:	Max temp:	List products that have a maximum temperature requirement on their label.
Humidity (or Delta Limits)			Delta T for coarse droplets or larger should be assessed at the target as well as in the air

\*Use *Appendix 2 – Detailed Weather Conditions for Spraying* - a template to record weather parameters for each field.

## 2.1 PRE-SEASON COMMUNICATION - WORKERS

	Yes	No
Workers are informed of fields to be treated with pesticides during the season	<input type="checkbox"/>	<input type="checkbox"/>
Workers are informed of crop re-entry periods into sprayed field	<input type="checkbox"/>	<input type="checkbox"/>
Details of sprayed fields and re-entry periods are clearly displayed at a central location	<input type="checkbox"/>	<input type="checkbox"/>
Safety Data Sheets (SDS) are available to workers for all chemical products used on farm	<input type="checkbox"/>	<input type="checkbox"/>
Personal protective equipment (PPE) is available and used as described on the label for mixing, loading, and applying chemicals	<input type="checkbox"/>	<input type="checkbox"/>

## 2.2 PRE-SEASON COMMUNICATION - CONSULTANTS

<b>Name of consultant:</b>	
<b>Company Name:</b>	
<b>Phone:</b>	
<b>Email/Fax:</b>	
<b>UHF:</b>	
<b>Date of discussion: Signed: (optional)</b>	

	Yes	No
A pre-season discussion is held with consultant and documented	<input type="checkbox"/>	<input type="checkbox"/>
Consultant provided with a current farm map and contact details for the season	<input type="checkbox"/>	<input type="checkbox"/>
Consultant provides all spray recommendations in writing to the grower including: <ul style="list-style-type: none"> <li>In accordance with label requirements – Withholding periods, permits</li> <li>Adherence to industry strategies – Insecticide Resistance Management Strategy, Herbicide Resistance Management Strategy, Bt Resistance Management Strategy</li> <li>Product selection decision based on farms sensitive areas/ hazards and alternative products are given</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Action for in-season needs to be clearly defined and documented:</b> <i>Who makes the final decision on whether the application is to be made and product selection? Name:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Who orders the application? Name:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>What is the procedure if a spray application is delayed?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>How will your consultant be notified on completion of a spray job?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>How will crop re-entry requirements be managed?</i>	<input type="checkbox"/>	<input type="checkbox"/>
Consultant to access <a href="http://www.satacrop.com.au">www.satacrop.com.au</a> and BeeConnected prior to making spray recommendations	<input type="checkbox"/>	<input type="checkbox"/>
Consultant has been provided with a list of neighbour notification requirements and sensitive areas/hazards <i>See Appendix 3 – Neighbours, Sensitive Areas, and Notification - Template.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Agreed communication arrangements between grower and consultant for the previous season were followed for all pesticide applications	<input type="checkbox"/>	<input type="checkbox"/>
Consultants are invited to attend pre-season meeting with neighbours	<input type="checkbox"/>	<input type="checkbox"/>

Consultants are invited to participate in an Area Wide Management Group	<input type="checkbox"/>	<input type="checkbox"/>
If identified, consultant is notified of neighbouring properties intended uses of high-risk chemicals	<input type="checkbox"/>	<input type="checkbox"/>
A copy of the PAMP has been given to the consultant	<input type="checkbox"/>	<input type="checkbox"/>

## 2.3 PRE-SEASON COMMUNICATION – NEIGHBOURS

**Neighbour Contact Checklist** – Appendix 3 is a template to record your neighbours, sensitive areas and notification requirements and ensure the information is communicated to appropriate staff, consultant, ground, and aerial applicators.

	Yes	No
Has a pre-season discussion been made with all neighbours?	<input type="checkbox"/>	<input type="checkbox"/>
Have you made a record of neighbour pre-season communication? <i>Appendix 3 Neighbours, sensitive areas, and notification requirements – Template will allow you to record your contact with neighbours.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a nominated contact person and contact details for you and the neighbour including a backup contact?	<input type="checkbox"/>	<input type="checkbox"/>
Have you identified the neighbours' sensitive areas, hazards and recorded the information? E.g., bee hives, stock routes, farmhouses/building, cropping/grazing, native vegetation <i>See Appendix 3 Neighbours, Sensitive Areas and Notification Template or farm map with sensitive areas identified</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you exchanged current farm maps with your neighbours?	<input type="checkbox"/>	<input type="checkbox"/>
Have you discussed intended cropping program and potential spray application for the season (herbicides/insecticides/ defoliants) and methods of application?	<input type="checkbox"/>	<input type="checkbox"/>
Have you discussed weather conditions (wind speed, direction, temperature) under which an application will or will not proceed?	<input type="checkbox"/>	<input type="checkbox"/>
Is notification of sprays required for neighbours? Check products to see if notification of neighbours is a label requirement. <i>See Appendix 3 - Neighbours, Sensitive areas and Notification Template</i>	<input type="checkbox"/>	<input type="checkbox"/>
Is there an agreed procedure for handling complaints? Refer to section 3.0 <i>Compliant Handling template in PAMP</i>	<input type="checkbox"/>	<input type="checkbox"/>
Were the previous season arrangements reviewed to ensure both parties are satisfied with communication?	<input type="checkbox"/>	<input type="checkbox"/>
A copy of the PAMP has been provided to the neighbours where requested	<input type="checkbox"/>	<input type="checkbox"/>

## 2.4 PRE-SEASON COMMUNICATIONS – AERIAL APPLICATORS

Name of aerial applicator:		
Aerial applicator's Phone / UHF:		
Aerial applicator's Email:		
AAAA accredited <input type="checkbox"/> Yes <input type="checkbox"/> No	AAAA accreditation number:	
Date of discussion: Signed: (optional)		

	Yes	No
A pre-season discussion has been held with your aerial applicator and documented	<input type="checkbox"/>	<input type="checkbox"/>
Aerial applicator is provided with a current farm map and farm contact details	<input type="checkbox"/>	<input type="checkbox"/>
All pesticide spray recommendations are provided in writing to the aerial applicator	<input type="checkbox"/>	<input type="checkbox"/>
<b>Action for in-season needs to be clearly defined and documented:</b> <i>How will spray orders be sent to aerial applicator? (e.g., written job order, emailed)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Who is responsible for ordering the sprays? Name:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Who is responsible for monitoring and recording weather conditions during application? Name:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Who makes the final decision to stop an application? Name:</i> <i>How is this communicated? (e.g., UHF, mobile phone)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A written job completion is provided by the aerial operator</i>	<input type="checkbox"/>	<input type="checkbox"/>
Aerial applicator has been provided with a list of neighbour notification requirements and sensitive areas/hazards. <i>Appendix 3 – Neighbours, Sensitive Areas and Notification - Template</i>	<input type="checkbox"/>	<input type="checkbox"/>
Aerial applicator is provided with a copy of the farms weather parameters for applying pesticides to each field. <i>Appendix 2 - Detailed Weather Conditions for Spraying – Template</i>	<input type="checkbox"/>	<input type="checkbox"/>
Aerial applicator has been advised of the location of bee hives on farm or neighbouring properties	<input type="checkbox"/>	<input type="checkbox"/>
Agreed communication arrangements between aerial applicator and grower were followed in-season for all pesticide applications	<input type="checkbox"/>	<input type="checkbox"/>
Aerial applicator has been provided with adequate information on mandatory no spray zones where required on pesticide labels	<input type="checkbox"/>	<input type="checkbox"/>
A copy of the PAMP has been provided to aerial applicator	<input type="checkbox"/>	<input type="checkbox"/>



## 2.5 PRE- SEASON COMMUNICATION – GROUND RIG CONTRACTORS AND OWNERS

Do you intend to use a ground rig contractor this season	<input type="checkbox"/>	<input type="checkbox"/>
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If no, go to section 2.5B

### 2.5A COMMUNICATIONS – GROUND RIG CONTRACTORS

Name of ground applicator:			
Ground applicator's Phone / Fax / Email address/ UHF:			
Accredited <input type="checkbox"/> Yes <input type="checkbox"/> No	Accreditation number/type:		

	Yes	No
A pre-season discussion has been held with your ground rig applicator and documented	<input type="checkbox"/>	<input type="checkbox"/>
Ground rig applicator is provided with a current farm map and farm contact details	<input type="checkbox"/>	<input type="checkbox"/>
All pesticide spray recommendations are provided in writing to the ground rig applicator	<input type="checkbox"/>	<input type="checkbox"/>
<b>Action for in-season needs to be clearly defined and documented:</b> <i>How will spray orders be sent to ground rig applicator? (e.g., written job order, emailed)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Who is responsible for ordering the sprays? Name:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Who is responsible for monitoring and recording weather conditions during application? Name:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Who makes the final decision to stop an application? Name:</i> <i>How is this communicated? (e.g., UHF, mobile phone)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>A written job completion is provided by the ground rig applicator</i>	<input type="checkbox"/>	<input type="checkbox"/>
Ground rig applicator has been provided with a list of neighbour notification requirements and sensitive areas/hazards. <i>Appendix 3 – Neighbours, Sensitive Areas and Notification - Template</i>	<input type="checkbox"/>	<input type="checkbox"/>
Ground rig applicator is provided with a copy of the farms weather parameters for applying pesticides to each field. <i>Appendix 2 - Detailed Weather Conditions for Spraying – Template</i>	<input type="checkbox"/>	<input type="checkbox"/>
Ground rig applicator has been advised of the location of bee hives on farm or neighbouring properties	<input type="checkbox"/>	<input type="checkbox"/>
Agreed communication arrangements between ground rig applicator and grower were followed in-season for all pesticide applications	<input type="checkbox"/>	<input type="checkbox"/>
Ground rig applicator has been provided with adequate information on mandatory no spray zones where required on pesticide labels	<input type="checkbox"/>	<input type="checkbox"/>
A copy of the PAMP has been provided to ground rig applicator	<input type="checkbox"/>	<input type="checkbox"/>

## 2.5B COMMUNICATIONS – GROUND RIG OWNERS

Farm workers who will be undertaking ground rig spraying:		
Name(s):		Accredited <input type="checkbox"/> Yes <input type="checkbox"/> No
		Accredited <input type="checkbox"/> Yes <input type="checkbox"/> No
		Accredited <input type="checkbox"/> Yes <input type="checkbox"/> No

	Yes	No
A pre-season discussion has been held with workers conducting ground rig applications	<input type="checkbox"/>	<input type="checkbox"/>
All ground rig applications are made as per label instructions	<input type="checkbox"/>	<input type="checkbox"/>
Workers are provided with current farm map outlining sensitive areas (neighbours, houses, native vegetation, bee hives) and hazards	<input type="checkbox"/>	<input type="checkbox"/>
Workers have been provided with a list of neighbour notification requirements and sensitive areas/hazards (Appendix 3)	<input type="checkbox"/>	<input type="checkbox"/>
Workers are provided with a copy of the farms weather parameters for applying pesticides to each field. <i>Appendix 2 – Detailed Weather Conditions for Spraying – template.</i>	<input type="checkbox"/>	<input type="checkbox"/>
For products that require the weather to be measured at the site of application, there is an agreed method and equipment is provided	<input type="checkbox"/>	<input type="checkbox"/>
Workers have been provided with adequate information about mandatory buffer zones where required on pesticide labels	<input type="checkbox"/>	<input type="checkbox"/>
Workers have been advised of the location of any beehives on yours or neighbouring properties	<input type="checkbox"/>	<input type="checkbox"/>
Spray recommendations are provided <b>in writing</b> to the workers conducting applications	<input type="checkbox"/>	<input type="checkbox"/>
Completed application records are supplied <b>in writing</b> to the grower after the completion of a job	<input type="checkbox"/>	<input type="checkbox"/>
Agreed communication arrangements between workers and grower were followed in-season for all applications	<input type="checkbox"/>	<input type="checkbox"/>
A copy of the PAMP has been provided to the workers conducting spray applications	<input type="checkbox"/>	<input type="checkbox"/>

### 3.0 COMPLAINT HANDLING

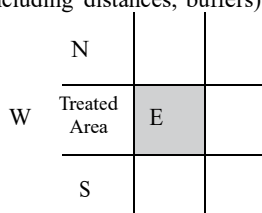
The following information may be useful in handling complaints about chemical applications. This is a guide only.

<b>If a complaint is received during an application:</b>	<b>Yes</b>	<b>No</b>
Suspend operation and discuss the reason for concern	<input type="checkbox"/>	<input type="checkbox"/>
Resume operation if agreed between the grower, complainant, and applicator. All parties must be confident that the operation is occurring within agreed parameters for application	<input type="checkbox"/>	<input type="checkbox"/>
Cancel operation if no agreement can be reached	<input type="checkbox"/>	<input type="checkbox"/>
Where agreement cannot be reached, an independent party should be contacted to mediate and assist in resolving issues/conflict	<input type="checkbox"/>	<input type="checkbox"/>

<b>If a complaint is received after an application has occurred:</b>	<b>Yes</b>	<b>No</b>
Discuss reason for concern with complainant. If required, refer to weather monitoring records and procedures (e.g., someone on site monitoring conditions) in an attempt to determine whether an adverse impact may have occurred	<input type="checkbox"/>	<input type="checkbox"/>
Attempt to identify any actions that can be taken in the future to alleviate the complainant's issue(s) if warranted and practical	<input type="checkbox"/>	<input type="checkbox"/>
Grower to discuss the matter with operator	<input type="checkbox"/>	<input type="checkbox"/>
If a complaint is received by the operator, the grower of concern should be notified	<input type="checkbox"/>	<input type="checkbox"/>
Complaints received by the pesticide regulators will be referred to the grower and operator for resolution	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate authorities to be notified immediately of unresolved complaints are: Cotton Australia, Cotton Growers Association, and your local pesticide control of use authority	<input type="checkbox"/>	<input type="checkbox"/>

**APPENDIX 1: PESTICIDE APPLICATION SPRAY RECORD - TEMPLATE – NSW**

Location, Applicator, Date of Application

Property/Holding: (residential address)					Date:	
Applicator's Full Name:				Owner (if not applicator):		
Address:				Address:		
			Phone:			Phone:
Mobile:	Fax:	Email:	Mobile:	Fax:	Email:	
Sensitive Areas (including distances, buffers):				Comments (including risk control measures for sensitive areas):		
<div style="text-align: center;">  </div>						

Host/Pest

Paddock Number/Name:	Paddock Area:	Order of Paddocks Sprayed:
Crop/Situation:	Type of Animals:	
Crop/Pasture Variety:	Age/Growth Stage:	
Growth Stage:	Mob/Paddock/Shed:	
Pest/Disease/Weed:	Animals — Number Treated:	
	Pest Density/Incidence: Heavy <input type="checkbox"/> Medium <input type="checkbox"/> Light <input type="checkbox"/>	

Application Data

Full Label Product Name:		Rate/Dose:	Water Rate L/ha:	
Permit No.:	Expiry Date:	Additives/Wetters:		
Total L or kg:	WHP:	ESI*:	Date Suitable for Sale:	
Equipment Type:		Nozzle Type:	Nozzle Angle:	Pressure:
Date Last Calibrated:	Water Quality (pH or description):			

Weather

Showers <input type="checkbox"/> Overcast <input type="checkbox"/> Light Cloud <input type="checkbox"/> Clear Sky <input type="checkbox"/>					
Rainfall (24 hours before and after)					
Before: mm		During: mm		After: mm	
Time (show time in this column)	Temperature °C	Relative Humidity (%)	Wind Speed	Direction	Variability (e.g. gusting)
Start					
Finish					
Comments:					

\* When using herbicides in mixtures with fungicides and insecticides, an ESI may apply to the non-herbicide component of the mixture.

## APPENDIX 1: PESTICIDE APPLICATION SPRAY RECORD – TEMPLATE - QLD

### Section 1 – Full Name and Contact Details

a. The person who used the product.

First Name:	Last Name:	
Street Address:		
Suburb/Town:	State:	Postcode:
Phone: ( )	Mobile:	

b. The owner or occupier of the land on which the product was used.

If the same as above, please tick the box ☐ or complete the details below.

First Name:	Last Name:	
Street Address:		
Suburb/Town:	State:	Postcode:
Phone: ( )	Mobile:	

c. Anyone who was responsible for organising, overseeing, or directly supervising the chemical use. If the same as either a. or b. above, please specify ☐ a. or ☐ b. or complete the details below.

First Name:	Last Name:	
Street Address:		
Suburb/Town:	State:	Postcode:
Phone: ( )	Mobile:	

### Section 2 – Qualifications for the chemical use

Qualifications of anyone responsible for organising or directly supervising the chemical use

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Qualifications of the User

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### Section 3 – Details of Products Used

a. Registered Trade Name

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b. Name of Manufacturer

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c. Registration Number and Label Number as assigned by the APVMA

APVMA Approval No.:
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d. Name of Active Constituent


e. Amount of Active Constituent


f. Details specified in product label instructions or permit conditions.

### Section 4 – Exact Details of Land Treated

(Provide details of Real Property Description Numbers as per the Rates Notice, with a farm map detailing the corresponding paddock names or numbers. GPS coordinates may be used in recording the exact location of the land treated. It is sufficient to attach a copy of the rates notice and record below the corresponding paddock names or numbers below).

Paddock Name or Number used to describe the exact land being treated


GPS Coordinators of the land being treated (must be sufficient to describe the area)


Distance from nearest town:	Direction from nearest town:
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## Section 5 – Equipment and methods used to apply the chemical

### a. Application Method

- ☐ Aerial application      ☐ Boom sprayer      ☐ Low volume pressurised backpack  
☐ A hose and handgun pump powered spray unit      ☐ Low volume pressurised Hand sprayer

### b. Nozzle Information

Name of Nozzle: \_\_\_\_\_

Nozzle Type	Droplet Size	Exit Orifice Type
<input type="checkbox"/> Air Induction	<input type="checkbox"/> Fine (F)	<input type="checkbox"/> Single
<input type="checkbox"/> Air Induction – Anvil	<input type="checkbox"/> Medium (M)	<input type="checkbox"/> Twin
<input type="checkbox"/> Anvil	<input type="checkbox"/> Coarse (C)	
<input type="checkbox"/> Flat Fan	<input type="checkbox"/> Very Coarse (VC)	
<input type="checkbox"/> Hollow Cone	<input type="checkbox"/> Extremely Coarse (XC)	
<input type="checkbox"/> Pre-orifice flat fan	<input type="checkbox"/> Ultra Coarse (UC)	

## Section 6 – Date or Dates of the Chemical Application

/ /	/ /	/ /	/ /
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## Section 7 – Weather Conditions (any changes in wind speed and wind direction during the distribution must be recorded including the time of change).

Time of Observation	Temp °C Max	Relative Humidity %	Wind Speed	Wind Direction	Cloud Cover	Amount of Rain (ml)	Changes in conditions
Before:							
During:							
After:							

## Section 8 - Application Details

Rate of Application  kg/ha or  L/ha Reason for application: \_\_\_\_\_

Type of Crop Treated: \_\_\_\_\_ or Situation of use: (e.g., roadside) \_\_\_\_\_

## Section 9 - Additional Requirements for Distribution Contractor Licence Holders

Name of pilot: \_\_\_\_\_ Registration mark of aircraft: VH- \_\_\_\_\_

Total area covered by the chemical application: \_\_\_\_\_

Diluent or additives added to spray mixture.

Description of any dilutant e.g., water or additive added to spray mix (e.g. wetting agents, spreaders)	Amount of any dilutant (e.g., water) or additive added to spray mix (e.g. wetting agents, spreaders)

## Section 10 – Declaration

I certify that all the information contained in this record is true and correct.

Full Name:	
Signature:	Date:

[illegible]

*\*Sensitive Areas may include - on-farm and neighbouring water courses, riparian areas, wetlands, bodies of water, drainage lines, floodway's, areas of remnant or native vegetation and cropping/grazing areas, bee hives, schools, orchards, crops that the product is not registered for use on, etc.*