**Instructions:** Use form to determine whether engagement of a contractor is required. Assessment to be made by an independent LLS Officer.

**Property Details**

|  |  |
| --- | --- |
| Owner/Manager name |  |
| Property name |  |
| Address |  |
| Contact numbers |  |
| Email address |  |
| LLS region |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Assessment** |  | | Yes | No |
| Locust information | Date LLS notified |  |  |  |
| Area affected (Ha) |  |  |  |
| Density (number/m2) |  |  |  |
| Terrain suitable for ground control | |  |  |
| Chemical History | Chemical supplied by LLS/DPI | |  |  |
| Chemical supplied by other | |  |  |
| Already engaged contractor | |  |  |
| Application method appropriate | |  |  |
| Application method limiting | |  |  |
| Amount of chemical matches area | |  |  |
| Evidence of effective treatment (dead insects)  (Refer to completed Post Control Check form) | |  |  |
| Equipment | Available (Type ) | |  |  |
| Size appropriate | |  |  |
| Continue to use equipment if contractor engaged | |  |  |
| Manpower | Available (Number ) | |  |  |
| Willingness to assist | |  |  |
| Risk | Locusts marching into neighbours | |  |  |
| Environmental sensitivities  (Refer to completed Landholder Consultation Record) | |  |  |
| Completed permission to spray on Landholder Consultation Record | |  |  |
| Locusts about to fly | |  |  |
| Stage (circle) | Instar: 1 2 3 4 5 | | |
| Urgency of treatment (circle) | low medium high | | |

**Action**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Recommendation (LLS Officer who undertook the inspection) | | | | | |
| Name |  | Signature |  | Date |  |
| Approval / Denial of Recommendation (OIC FCP or LCC Operations Manager) | | | | | |
| Name |  | Signature |  | Date |  |
| Approval of Action and Financial Delegation (Controller or LCC Operations Manager) | | | | | |
| Name |  | Signature |  | Date |  |

**Submit to**: Registry