**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