**Instructions**: The *Pesticides Act 1999* directs that all pesticides applied need to be recorded and records kept for a minimum of 3 years. This form or the appropriate Operator’s form must be used for recording chemicals applied by aircraft contracted to NSW DPI in support of the Aerial Spraying Task Profile.

|  |  |  |  |
| --- | --- | --- | --- |
| LCC/FCP Location  |  | Task Request Number |  |

## Property details

|  |  |
| --- | --- |
| Property owner/manager |  |
| Address |  |
| Home telephone |  | Mobile |  |
| Lat/Long Reference |  S E | Date permission to spray signed |  |

## Spray area details

|  |  |
| --- | --- |
| Area sprayed (ha) |  |
| Pasture (type) |  |
| Crop (type and stage) |  |
| Other (e.g trees for Spur Throated locust) |  |
| Target pest/disease |  |

## Application details

|  |  |  |  |
| --- | --- | --- | --- |
| Date of application |  | Qty chemical used |  |
| Time started |  | Time finished |  |
| Product name *(from label)* |  | Application rate *(as applied)* |  |
| Equipment type |  | Date last calibrated |  |
| Buffer zones (see label) |  | Track spacings |  |
| Wind direction |  | Wind speed |  |
| No. of spray loads |  | No. spray craft used |  |
| No. spotter craft used |  | Target finished? |  |
| Did the weather change during spraying? | [ ]  Yes  | [ ]  No |
| If yes, provide details: | Any other details: |

## Applicator

|  |  |
| --- | --- |
| Name |  |
| Aviation Operator  |  |
| Address |  |
| Telephone |  | Mobile |  |
| Signature |  | Date |  |

## Submitting this form

* Email the form to Local Control Centre, marked to the attention of Local Air Operations Manager
* Provide a copy to the Land owner / manager