

# **Endosulfan Spray Record**

# Endosulfan Spray Record

(Required for all endosulfan uses on all crops)

All growers using endosulfan are required to keep a record of each application for 2 years from application date. It is the responsibility of the grower to collect (either directly or from a person acting on his or her behalf) and record all of the information required. This form has been approved by the National Registration Authority as a suitable endosulfan spray record.

## GENERAL INFORMATION

<p><b>Farm Owner Details</b> <i>(or grower if grower is not owner)</i></p> <p><b>Name:</b> _____</p> <p><b>Address:</b> _____ _____</p>	<p><b>Details of the person applying endosulfan</b> <i>(if same, indicate same)</i></p> <p><b>Name:</b> _____</p> <p><b>Address:</b> _____ _____</p>
<p><b>Applicator's training (spray contractor's licence, ChemCert certification or other NRA approved certification):</b> _____</p>	
<p><b>Date of application:</b> _____ <b>Time of application:</b> _____</p>	
<p><b>Field name or identification number:</b> _____</p>	
<p><b>Area of field (ha) treated with endosulfan (if band spray also show percentage of coverage):</b> _____</p>	<p><b>Number of endosulfan applications (including this one) to field so far this season (add in all band sprays as the appropriate proportion):</b> _____</p>
<p><b>Have neighbours been notified? Yes <input type="checkbox"/> No <input type="checkbox"/> Method:</b> _____ <b>Date notified:</b> _____</p>	

\* Note: You must attach a map of your farm to this record with treated field or paddock outlined on map and field number or name indicated

## CROP AND PEST DETAILS

<b>Crop:</b> _____		
<b>Stage of crop growth (height) or age if tree or perennial crop:</b> _____		
<b>Health of crop (whether stressed and type of stress):</b> _____		
<b>Major types of pests present</b>	<b>Pest numbers for each type</b>	<b>Pest stage of growth</b>
1		
2		
<p><b>Length of time since last irrigation:</b> _____</p>		<p><b>Was standing water in furrows at time of application? Yes <input type="checkbox"/> No <input type="checkbox"/></b></p>

## WEATHER CONDITIONS AT SITE OF APPLICATION

<p><b>Was rain officially forecast for the next 48 hours (at beginning of application)? Yes <input type="checkbox"/> No <input type="checkbox"/></b></p>	
<p><b>How much rain fell in previous 24 hours?</b> _____</p>	
<p><b>Conditions at time of application (please tick)</b></p> <p>Showers <input type="checkbox"/> Overcast <input type="checkbox"/> Partly cloudy <input type="checkbox"/> Clear sky <input type="checkbox"/> Inversion conditions <input type="checkbox"/></p>	
<p><b>Temperature at time of application:</b> _____</p>	<p><b>Humidity at time of application:</b> _____</p>
<p><b>Wind speed at beginning of application:</b> _____</p>	<p><b>Wind direction at beginning of application:</b> _____</p>
<p><b>Wind consistency (please tick)</b></p> <p>Speed ..... Gusty <input type="checkbox"/> Steady <input type="checkbox"/> Direction ..... Variable <input type="checkbox"/> Steady <input type="checkbox"/></p>	
<p><b>Were smoke wind direction indicators used? Yes <input type="checkbox"/> No <input type="checkbox"/></b></p>	
<p><b>Did wind direction change during application? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, to which direction? _____</b></p>	
<p><b>Did wind speed change during application? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, to which speed? _____</b></p>	

## APPLICATION DETAILS

**Method of application:** Aircraft  Ground equipment

**Equipment and type of nozzles used:** \_\_\_\_\_

**Speed of aircraft or ground application equipment:** \_\_\_\_\_ **Sprayer pressure used:** \_\_\_\_\_

**Formulation used:** ..... EC  ULV  **Total amount (in litres) of product concentrate used in spray operation:** \_\_\_\_\_

**Name of endosulfan product used or unique NRA approval number:** \_\_\_\_\_

**Amount of active ingredient applied per hectare:** \_\_\_\_\_ **Total volume of spray mixture applied per hectare:** \_\_\_\_\_

**Any additives used in mixture and rate of use:** \_\_\_\_\_ **Were closed mixing and loading equipment used?** ..... Yes  No

**Operator protection used (type of protective clothing, enclosed cab, etc):** \_\_\_\_\_

**Time at beginning of application:** \_\_\_\_\_ **Time at end of application:** \_\_\_\_\_

**Description of any problems with the application caused by equipment.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Description of any problems with the application caused by weather.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR AERIAL APPLICATIONS ONLY**

**Was GPS used?** ..... Yes  No  **What was the angle of the nozzles?** \_\_\_\_\_

**What was the length of the boom as percentage of wingspan?** \_\_\_\_\_

### FOR ALL ENDOSULFAN APPLICATIONS TO COTTON

\* **Has the downwind neighbour consented to waive the downwind no-spray zone?** ..... Yes  No

**Is the farm registered with the cotton industry as using Best Management Practices?** ..... Yes  No

**Does the farm have a cotton industry Spray and Drift Management Plan in place?** ..... Yes  No

### FOR ENDOSULFAN ULV APPLICATIONS TO CROPS OTHER THAN COTTON

\* **Has the downwind neighbour consented to waive the downwind no-spray zone?** ..... Yes  No

\* *Note: Sketch the downwind no-spray zone on the attached map*

I, \_\_\_\_\_, attest that the information in this record is accurate.  
(Print full name of grower)

\_\_\_\_\_  
(Signature of grower)

\_\_\_\_\_  
(Date)



# Notice to Neighbour for Endosulfan Spraying

Required in the following situations; • Endosulfan EC applications to cotton,  
• Endosulfan ULV applications to all crops.

<b>To:</b>	_____
	(neighbour's name)
<b>At:</b>	_____
	_____
	_____
	(neighbour's address)

**You are hereby notified that endosulfan will be sprayed on a crop near your property. The spraying will take place as follows:**

**Grower of the crop to be sprayed:**

\_\_\_\_\_

(name)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(address)

**Grower's telephone number(s):**

\_\_\_\_\_

**Planned date of spraying:**

\_\_\_\_\_

**Estimated time of spraying:**

**Start: am/pm** \_\_\_\_\_ **Finish: am/pm** \_\_\_\_\_

**Formulation of endosulfan to be sprayed:** ..... **EC**  **ULV**

**Intended method of application:** ..... **Ground**  **Aerial**

**Location of spraying:\***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(address)

**\*Note: Grower must attach a map of farm showing the location, size and outline of the area of crop to be sprayed. The map must also show the full extent to which the neighbour notification zone extends onto the neighbour's property or residence.**

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## NEIGHBOUR'S ACKNOWLEDGEMENT

(For hand delivery)

I, the person named at the top of this notice, acknowledge that I have received a copy of this notice.

Date of receipt: \_\_\_\_\_ Time of receipt: \_\_\_\_\_ am/pm

Signature: \_\_\_\_\_