

Spray application job order + risk assessment record



To be filled out and signed off for each separate job or treated area.

One (1) copy to spray operator/contractor. One (1) copy to property owner/manager

Contractors are responsible for informing his/her staff of the following information where relevant.

JOB DETAILS

Job no.:

Job date:

DETAILS OF OWNER/MANAGER OF AREA TO BE SPRAYED

Name:

Address:

Telephone:

Email:

DETAILS OF SPRAY APPLICATOR/CONTRACTOR

Name:

Telephone:

Email:

JOB OVERVIEW

What is the nature and scope of the work required

(target pest/s, spray target, size of spray job (Ha), crop/situation, type of terrain, type of spray rig required):

Detailed location of spray area (attach a map if needed)

(paddock/area to spray, access points, site access times, security arrangements):

Known hazards and issues at work site and precautions required (obstacles, waterways, biosecurity/quarantine, bee hives, livestock, neighbouring crops, people/public areas, protected sensitive areas, noise):

How will spray/vapour drift and off-target chemical movement be managed:

Spray application job order + risk assessment record continued

DETAILS OF CHEMICALS TO BE USED

Who will supply the chemicals:

Trade name/s of product/s to be applied: Active constituent/s: Concentration: Chemical rate to use:

Arrangements for accessing the chemical on the day of the job:

RISK ASSESSMENTS

Water supply at site of application (accessibility to operator, is water quality suitable for the job):

Suitable spray window conditions to apply the pesticide (time [pest, crop, bees neighbours, dew, rain], temperature range, wind speed and direction, Delta T):

Required sprayer settings for efficacy and drift management

Spray quality: Spray volumes to use: Nozzles: Pressure: Speed:

Sprayer washdown (proximity to sensitive areas [e.g. waterway, public areas], suitable location, water available):

Location of emergency facilities:

Emergency contact telephone/s:

Location of amenities / toilet:

Applicator has authority to cease spraying if any unfavourable conditions or circumstances arise during application?

Yes No

Contractor/applicator has provided evidence of:	Public Liability Insurance	Yes	No	N/A
	Appropriate licence/s	Yes	No	N/A
	WorkCover Registration	Yes	No	N/A

Applicator name:

Owner/ manager:

Signature:

Signature:

Date:

Date: