



Confidential

Pre-program Questionnaire

This questionnaire is to assist SprayPASS to continually improve and evaluate the impact of the program.

Contact the SprayPASS Coordinator (peter@spraypass.org.au) if you have any questions.

Please complete and return it to the SprayPASS Secretariat by email (as an attachment) or by post.

Secretariat email: admin@spraypass.org.au **Ph:** 0419 126 019 **Postal Address:** PO Box 301. Young. NSW 2594

Name:	Date:		
Address/Location of business where ground spray application is undertaken.			
What SprayPASS Certification are you undertaking? Provisional: Full: Business:			
Are you a member of a Groundsprayers Association?	Yes: Which one? No:		
Describe your spray operation: Contract business: Farm: Other:			
What types of spray operations do you do? Farm: Broadacre Horticulture Vineyards/orchards Urban/amenity: Parks & gardens Roadsides Environmental: Forestry Waterways			
Number and type of spray rigs used:			
Who does the spraying? Self Employees Other family members			
Approximate number of hectares sprayed each year.			
Do you hold a current basic level 3 Chemical user Accreditation?		Yes: No: Unsure:	
What advanced spray application or chemical management training have you undertaken? When? Who with?			
Please rate your overall level of knowledge and skill of spray application and chemical management.		Rating 1 (very poor) to 10 (excellent)	
Please rate the overall quality of your spray application chemical management operations.		Rating 1 (very poor) to 10 (excellent)	
Why are you undertaking SprayPASS Certification?			

Thankyou