

Herd No: _____

Pesticide Application Record

Year _____

SMR 10 - Plant Protection Products (PPPs) & Biocides

Name: _____

To be completed during each inspection in relation to SMR 10 (Plant Protection and Biocidal Products)

1 For application equipment, record

Make	Model	Serial Number	Year of manufacture	Sprayer Test Cert No.	Date sprayer last calibrated	Calibrated by whom

2 How and where does the applicant fill and wash the sprayer(s)?

3 Is the applicant a registered Professional User (PU) Yes No

State PU No. _____

(Attach photo or copy of training certificate/qualification to file for verification by PCD)

4 Is the application of plant protection or biocidal products undertaken by a contractor / third party? Yes No

If Yes – please state name and address; _____

State Contractor PU No. _____

Who provides the chemicals (applicant or contractor); _____

5 Are records indicating the practice of Integrated Pest Management available? Yes No

If No – indicate which IPM practices are carried out, e.g. topping, ploughing, use of disease resistant varieties etc.

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6 Does the herd owner carryout the application of plant protection or biocidal products as a contractor / third party? Yes No

7 Is the applicant the sole owner/user of the designated PPP store? Yes No

If NO – give the name and Herd Number of other owner/user:

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Date applied	Product Name and PCS No.	Crop / Situation <i>(e.g. Spring Barley, Winter wheat, Grassland etc.)</i>	Location / LPIS No.	Area / Tonnage Treated <i>(ha / t)</i>	Application rate <i>(L or kg / ha)</i>	Water Volume <i>(L/ha)</i>	Method of Application <i>(Boom sprayer, Knapsack / Wiper, etc.)</i>	Buffer Zone Applied <i>(metres)</i>	Nozzle type <i>(Only if using STRIPE)</i>	Rationale / Reason for Use	Applied by / PU No.
25/5/17	Doxstar Pro 04202	Grassland	E12345678	4 ha	2.0 l/ha	350	Boom Sprayer	5m		Dock control	PU00001