

Client Name:

Date:	Applicators Name: Applicators address:	Area Sprayed:	Total Time Taken:
Name of Agrichemicals Used:	HSNO Approval Number	Amount of Agrichemical Used:	Application Rate/100ℓ
	HSR		
Additives Used:	Amount of Additive Used:	Application Rate/100ℓ	Number of tanks
Weather Conditions: (write in relevant details)	Wind direction, wind speed, Showers light/heavy,		
Protective Clothing Used: (please circle)	Nitrile gloves, Cotton overalls, boots, eye protection, ½ face Respirator		
Sensitive areas listed:			
Container Triple Rinsed	What did you do with the rinsate?		
Disposal Method:	(please circle) Agrecovery, Returned to supplier, Plasback or Left with client		