

Client Name:

<b>Address of application:</b>	<b>Applicators Name &amp; address:</b>	<b>Date:</b>	<b>Total Time Taken:</b>  <b>Area Sprayed:</b>
<b>Name of Agrichemicals Used:</b>	<b>HSNO Approval Number:</b> HSR HSR HSR HSR	<b>Amount of Agrichemical Used:</b>	<b>Rate Litres of Water:</b>
<b>Additives Used:</b>	<b>Amount of Additive Used:</b>	<b>Rate/Ha:</b>	<b>Rate/ Litres of Water:</b>
<b>Weather Conditions:</b> (write in relevant details)	Wind speed, wind direction, Rain likely, Relative Humidity,		
<b>Protective Clothing Used:</b> (please circle)	Boots, Cotton Overalls, Nitrile Gloves, eye protection, ½ face respirator, Full face Respirator, Apron		
<b>With Holding Period (REI):</b>	<b>List the Sensitive Areas:</b>		
<b>Restricted Entry Interval Hours</b>	<b>Re-entry period:</b>		