

AERIAL APPLICATION ORDER

Ph: 0427 571 681
 Ph:0429 658 545
 E :admin@quirindiair.com
 www.quirindiair.com



Trading Name : _____ Property : _____
 Postal Address: _____ Location : _____
 Email: _____

Date ordered: _____ Date required: _____ Ordered by: _____
 Time req: _____ Ph: _____ Mob : _____
 UHF: _____ Chem supplier: _____ Purchase Order #: _____

(ONLY COMPLETE TABLE IF NO SPRAY RECOMMENDATION SUPPLIED)

Field Name/No.	Crop	Ha's	Chemical	Rate	App Vol.	Chem req'd


1. Are the chemicals registered for aerial application in the intended crop? Yes No
2. Is the application rate according to label recommendation? Yes No
3. Have you contacted each of your neighbours and advised them of your intended spray application and the chemicals to be used? Yes No
4. Did you receive any objection to the intended spray application? Yes No
5. Are there any houses, workplaces or other inhabited buildings which the aircraft should not fly over in the vicinity of the application? Yes No
6. Are there any DWELLINGS WITHIN 200 METRES of the fields to be sprayed (if yes please complete consent to spray near dwellings form) Yes No
7. Are there any special considerations for any of the following?

Susceptible crops/livestock	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Rivers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Works/contractors	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Dams	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Roads	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Waterways	Yes <input type="checkbox"/>	No <input type="checkbox"/>
School buses	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fences	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Organic farms	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Power lines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stock routes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Beehives	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have answered 'YES' to any of the items in Qu 7 above please mark areas on map and give further details

8. Please supply farm map with North and treatment area clearly marked. Also include power lines, houses, sheds, adjoining crops, paddock identification, road names, landing area and other landmarks.
9. I hereby declare that all information provided in this aerial application order is complete, true, and correct.

Signature _____ Date: _____

	Document: 5.3 Aerial Application order V2.1.docx	Source: LKBISMS	Effective: 26/6/23 Next Review: June 2024	Version: 1.0
	Location: /Users/quirindiadmin/Dropbox/LKB ISMS/5 Operation- Project Delivery/5.3 Aerial Application order V2.1.docx			Page: 1