



2,4-D SPRAY RECORD
for use with suspended products
 (Required for All 2,4-D high volatile ester products uses in all situations)

Record Keeping Requirements

Within 24 hours of completing a 2,4-D ethyl, butyl or isobutyl ester application all users **must** make and keep a record of each application. The details required in a 2,4-D ester spray record must contain at least the information set out below. It is recommended and considered good practice, that the grower collects from any person acting on his or her behalf a copy of the 2,4-D ester spray record.

General Information

Farm Owner Details (or grower if grower is not owner)		Details of the applicator, that is, the person applying 2,4-D suspended esters (if same, indicate same)	
Name:	_____	Name:	_____
Address	_____	Address	_____
	_____		_____
	_____		_____
	_____		_____
Applicator's training (spray contractor's license, chemical user certification or other APVMA approved certification): <i>Not mandatory</i>		_____	
Date of applicator	_____	Time of application:	_____
Field name or Identification number:		_____	
Area of field (ha) treated with 2,4-D (if band spray, also show percentage of coverage):		_____	
Have neighbours been notified? <i>Not mandatory</i>		YES / NO (<i>circle choice</i>)	
Date of notification:	_____	Method of notification:	_____

Note: You must attach a map of your farm to this record showing treated field or paddock outlined on map and field number or name indicated.



Crop/situation and Pest Details

Name of crop/situation:	
Major types of pests present	Pest stage of growth
1	
2	

Weather Conditions at Application Site

Conditions at time of application (please tick)

Showers Overcast Partly cloudy Clear sky Inversion conditions

Temperature at time of application: _____ Humidity at time of application: _____

Wind speed at beginning of application: _____ Wind direction at beginning of application: _____

Wind consistency _____ (circle choice) Were smoke wind direction indicators used? YES / NO
 Speed _____ Gusty / Steady Not mandatory
 Direction _____ Variable / Steady

Description of any problems with the application caused by weather:

Did wind direction change during application? YES / NO If yes, to which direction? _____

Did wind speed change during application? YES / NO If yes, to what speed? _____

Application Details

Equipment and type of nozzles used:	_____
Speed of ground application equipment:	Sprayer pressure used: _____
Name of 2,4-D product used or unique APVMA approval number:	Total amount (in litres) of product concentrate used in spray operation: _____
Amount of active ingredient applied per hectare:	Total volume of spray mixture applied per hectare: _____



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Any additives used in mixture and rate of use:	Were closed mixing and loading equipment used?	YES / NO
Operator protection used (type of protective clothing, enclosed cab, etc.):		
Time at beginning of application:	Time at end of application:	
Description of any problems with the application caused by equipment.		

I, _____, attest that the information in this record is accurate and correct. *(Print full name of grower)*

(Signature)

(Date)