Riverina Crop Care Pty Ltd

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Mark Brear - Proprietor

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AERIAL APPLICATION WORK ORDER FORM

Client:.....
Order Number:.....
Date Required:.....
Phone Number:.....
Mobile Number:.....

Farm Number / Property Name:.....
Ordered By: .....
Order Received:.....
Fax Number:.....
UHF Number:.....

Field Number	Ha	Product Type	Rate	Total Volume

Product Supplier:.....
Location of Product:.....
Crop:.....
AIRSTRIP:.....

Name of Agent:.....
Total Water Vol /ha:.....
Variety:.....

To ensure the accuracy of this information, all neighbours with land adjoining or in proximity to the proposed treatment area must be consulted before answering the following questions.

Please tick the appropriate box:	Yes	No
1. Will field workers and neighbouring workers be present?.....	☐	☐
2. Have all neighbours been notified?.....	☐	☐
3. Has a map showing the fields and **surrounding areas** been provided.....	☐	☐
4. Is the product registered by Air on label?.....	☐	☐
5. Are there any special considerations for any of the following:		
a. Susceptible crops (**including your neighbours crops**).....	☐	☐
b. Dairies / bees.....	☐	☐
c. Pastures and Grasslands **(including your neighbour's property**).....	☐	☐
d. Houses.....	☐	☐
e. Roads and stock Routes.....	☐	☐
f. Rivers/Dams/Waterways (including drainage channels).....	☐	☐
g. Power Wires.....	☐	☐
h. Other Environmental / Safety Considerations	☐	☐
i. School Buses & Times ...am.....pm.....	☐	☐

6. Water Lock up time:.....
7. If you answered "YES" to any of the above please give details:.....
.....
8. Are there any other environmental considerations or special instructions? (e.g. water shut off).....
.....

Signature:.....

(Please phone to confirm receipt of your fax) Date...../...../.....