

GUIDELINES & CHECKLIST FOR AERIAL APPLICATION



WESTERN AERIAL P/L

E operations@westernaerial.com.au

Derrinallum

Horsham

Beulah

P 5597 6508

0418 306448

P 5390 2265

F 5597 6773

F 5382 5865

F 5390 2344

GUIDELINES

- A. It is **mandatory** to supply a map of the proposed treatment area (See **Information Request Form**). The map must include a clearly drawn North arrow, show any powerlines passing over or adjacent to the treatment area, and include all information necessary for the pilot to safely locate and carry out the job.
- B. In addition to the above, the following checklist **must** be completed before any aerial application can be carried out using agricultural chemicals. To ensure the accuracy of this information, **all neighbours or persons who may be affected by the proposed aerial application, should be consulted** before answering the following questions.

CHECKLIST

1) Are the agricultural chemicals you intend to use registered for aerial application and are the required application rates in accordance with the label recommendations?

YES NO
(Please circle)

2) Have you shown on the accompanying map the land use and vegetation type on **all** sides of the proposed treatment area?

YES NO
(Please circle)

3) Are there any houses, workplaces or any other inhabited buildings or sensitive areas over or near which the aircraft must not fly?

YES NO
(Please circle)

If Yes, please explain!

ENVIRONMENTAL CONSIDERATIONS

4) Adjacent to the treatment area, are there any of the following items which may be susceptible to, or contaminated by any of the products you intend applying? (Circle appropriate item below)

YES	CROPS	ORGANIC FARMS	BEES	TOWNS	SCHOOLS	NO
	PASTURE	AQUATIC FARMS	CHANNELS	ROADS	FLORA / FAUNA	
	LIVESTOCK	VINES	RIVERS / DAMS	TREES	OTHER	

If you have answered **No** to Q1 or Q2, **Yes** to Q3 or Q4 or have **circled any** of the above items, please provide additional details on the **Information Request Form** or the **Aerial Application Request Form**.

Please Read, Sign and Return these completed forms and your map to our company or to your chemical agent.

FAILURE TO CARRY OUT ANY ITEM ABOVE, OR NON CERTIFICATION BELOW, WILL MEAN THAT YOUR AERIAL APPLICATION PROGRAM WILL NOT PROCEED

I certify that the information provided in this checklist is to the best of my knowledge, complete and correct.

Name..... Signature..... Date.....

Thank you for assisting the Aerial Agricultural Industry to maintain the highest attainable standards.