

KEYSTREPTO™ SITE INSPECTION & APPLICATION RECORD

The completion of this form is a requirement of the ACVM Group of MPI and Part A must be completed by the person responsible for the orchard or nursery before each KeyStrepto™ application.

A record of this application must be retained for four years and may be audited by MPI. Zespri growers should retain this as part of their GAP records.

PART A - SITE INSPECTION RECORD

To be completed by the person responsible for the orchard or nursery before each application.

The site where the product is to be used is Psa positive and is in the North Island Recovery region.	<input type="checkbox"/>
I have read and understood the KeyStrepto™ User Guide and agree to adhere to the ACVM conditions outlined for the area being sprayed including:	<input type="checkbox"/>
1. No livestock access possible.	<input type="checkbox"/>
2. No non-target crops are within the spray block (or nearby if exposure to drift is a risk).	<input type="checkbox"/>
3. Neighbours and beekeepers with hives on the property being treated will be/have been notified at least 12 hours prior to application (neighbours with hives should notify their beekeepers of your intention to spray).	<input type="checkbox"/>
4. Beehives are removed or covered until after the spray has dried.	<input type="checkbox"/>
5. All practical steps have been taken to remove flowers from the shelter and sward including (please tick applicable): No action required <input type="checkbox"/> Weed strip mowed <input type="checkbox"/> Herbicide sprayed <input type="checkbox"/> If herbicide, please record name of herbicide and date of application: Herbicide name: _____ Date of application: _____	<input type="checkbox"/>
6. No open male or female kiwifruit flowers are present.	<input type="checkbox"/>
7. Spray applications are managed to ensure no spray drift outside the block	<input type="checkbox"/>

Signed: _____ Name: _____ Date: _____

PART B - APPLICATION RECORD

To be completed by the person responsible for the orchard or nursery after each application.

Note: Zespri growers to also record application in Zespri Spray Diary.

Orchard name: _____ KPIN: _____

Orchard address: _____ Block(s): _____

Applicator name: _____ Contractor name: _____

Address: _____

Batch number of product used: _____

Date of application: _____ Time of application: _____

Product rate: _____ Water rate: _____

Details on measures taken to mitigate spray drift: _____

Please record any accidental misuse/non-compliances on the other side of the form (including who you contacted to advise)

Signed: _____ Name: _____ Date: _____