

# SPRAY RECORD TEMPLATE

**Company name:**

Growing region (County/ Subcounty/ Ward)		Date of application	
Farm name & code			
Location of land treated (Block number)			
Does the treated block have a buffer zone		Yes	No

If no above, please ensure there is a buffer zone (The buffer crop should not be used for human/ animal consumption without observing the PHI)

Name of operator	
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## a. Tank Mix

1. Chemical trade name and Active Ingredient and adjuvant used	2. Target insect/ disease & crop	3. Approval for use by PCPB in the spraying crop (Yes/ No)	4. Expected export market/ destination of grown crop	5. Approve d for use in the export market (Yes/No)	6. Total volume of active ingredie nt	7. Recomm ended dilution rate (Per Litre)

If no in selection a3 or/and a5 above, please choose an alternative spray chemical.

## b. Application

1.Pests/ disease treated and sprayed crop	2. Density/ m <sup>2</sup> (From scouting report)	3. Application Rate (per acre)	4. Area treated (Acres)	5. PHI in Days and expected safe harvesting date


You are required to observe the PHI as an additional guide to harvesting decisions. Additionally, note that you should rotate the active ingredient of spray chemical which are of different action modes

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### c. Spraying Conditions

1. Time	2. Wind speed (Calm/ moderate/ severe) No spraying for speeds above 15km/h	3. Moisture (Dry/ rainy/ foggy) It is advisable to spray on dry conditions	4. Temperature (No spraying for temperatures above 30°C)

Notes:

This is a true and accurate record of the application.

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