

# FAO SPRAY MONITORING FORM

Attach this form to the DL Survey and Control Form and submit both to the National Locust Unit in your country whenever control operations are carried out

( indicate appropriate information as required )

1	CONTROL LOCATION	1		2		3		4		5		6														
1-1	date																									
1-2	name (from DL Survey Form)																									
2	<b>VEGETATION DATA</b>																									
2-1	vegetation type (Grass, Bushes, Trees, Crop)	G	B	T	C	G	B	T	C	G	B	T	C	G	B	T	C									
2-2	height (m)																									
2-3	crop names and damage (%)																									
3	<b>INSECTICIDE DATA</b>																									
3-1	trade name																									
3-2	concentration (g a.i./l or %)																									
3-3	formulation (EC, ULV, Dust)	E	U	D	E	U	D	E	U	D	E	U	D	E	U	D										
3-4	expiry date																									
3-5	is insecticide mixed with water or solvent?	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N									
3-6	if yes, what solvent and mixing ratio																									
4	<b>WEATHER CONDITIONS</b>																									
	start and end of control operations:	start	end	start	end	start	end	start	end	start	end	start	end	start	end	start	end									
4-1	time																									
4-2	temperature (°C)																									
4-3	relative humidity (%)																									
4-4	wind speed (m/s)																									
4-5	wind direction (degrees from N)																									
4-6	spray direction (degrees from N)																									
5	<b>SPRAY APPLICATION</b>																									
5-1	sprayer type (Rotary, Airblast, ENS, Hydraulic, Other)	R	A	E	H	O	R	A	E	H	O	R	A	E	H	O	R	A	E	H	O					
5-2	sprayer operator (Pilot, Driver, Locust officer, Hired, Other)	P	D	L	H	O	P	D	L	H	O	P	D	L	H	O	P	D	L	H	O					
5-3	sprayer manufacturer																									
5-4	sprayer model																									
5-5	sprayer platform (Aerial, Vehicle, Handheld)	A	V	H	A	V	H	A	V	H	A	V	H	A	V	H	A	V	H							
5-6	date of last calibration																									
5-7	atomizer height above ground (m)																									
5-8	ROTARY SPRAYERS: speed setting (blade angle, pulley setting, no. batteries)																									
5-9	speed of atomizer (rpm)																									
5-10	flow rate setting (which nozzle or restrictor used)																									
5-11	flow rate/atomizer (l/min)																									
5-12	number of atomizers																									
5-13	track spacing (m)																									
5-14	BARRIERS ONLY: width and spacing (m)																									
5-15	forward speed (km/h)																									
5-16	AERIAL SPRAYING: support supplied	GP = ground party available RC = radio communication with aircraft TG = DGPS track guidance																								
		GP	RC	TG	GP	RC	TG	GP	RC	TG	GP	RC	TG	GP	RC	TG	GP	RC	TG							
5-17	ground marking (GPS, Flag, Mirror, Smoke, Vehicle, None)	G	F	M	S	V	N	G	F	M	S	V	N	G	F	M	S	V	N	G	F	M	S	V	N	
6	<b>CONTROL EFFICACY</b>																									
6-1	locust mortality (% dead)																									
6-2	time after treatment (hours)																									
6-3	method of mortality estimation (Quadrats, Target size, Visual, Cages, Other)	Q	T	V	C	O	Q	T	V	C	O	Q	T	V	C	O	Q	T	V	C	O	Q	T	V	C	O
7	<b>SAFETY AND ENVIRONMENT</b>																									
7-1	protective clothing: what did the operator wear?	G = goggles M = mask L = gloves O = overalls B = boots																								
		G	M	L	O	B	G	M	L	O	B	G	M	L	O	B	G	M	L	O	B	G	M	L	O	B
7-2	was soap and water available?	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N							
7-3	who was informed of spraying? (Farmer, Nomad, Villager, Official, Beekeeper)	F	N	V	O	B	F	N	V	O	B	F	N	V	O	B	F	N	V	O	B	F	N	V	O	B
7-4	effect on non-target organisms	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N							
7-5	if yes, what																									
7-6	details of anyone who felt unwell or if other problems were encountered:																									