

# FAO CHECK LIST FOR GENERAL MONITORING OF DESERT LOCUST CONTROL OPERATIONS

Fill out this check list for each monitoring exercise; use field notebook or specific forms for more detailed descriptions

<b>1</b>	<b>DATE &amp; LOCATION OF MONITORING EXERCISE</b>		
1-1	date:	1-2	location (name; latitude/longitude):
<b>2</b>	<b>INSECTICIDE DATA (of product involved in monitoring)</b>		
2-1	trade name:	2-2	common name:
2-3	concentration (g a.i./l or %):	2-4	formulation type:
<b>3</b>	<b>SPRAY MONITORING</b>		
3-1	spray monitoring form filled in (tick one box; if yes, write reference to relevant form/page number): <input type="checkbox"/> yes <input type="checkbox"/> no		form/page reference:
3-2	same area sprayed for locust control before	<input type="checkbox"/> no, not recently <input type="checkbox"/> yes, this campaign <input type="checkbox"/> yes, last year	
<b>4</b>	<b>EFFICACY MONITORING</b>		
4-1	efficacy monitoring carried out:	<input type="checkbox"/> yes <input type="checkbox"/> no	
4-2	mortality/survival how assessed:	<input type="checkbox"/> visual estimates <input type="checkbox"/> cages <input type="checkbox"/> pre- and post-spray counts	
4-3	provide details on methodology, replicates, results, etc. in field notebook		notebook page reference:
<b>5</b>	<b>OCCUPATIONAL POISONING INCIDENTS</b>		
5-1	case(s) of occupational poisoning observed:	<input type="checkbox"/> yes <input type="checkbox"/> no	
5-2	occupational poisoning incident form filled in (tick one box; if yes, write reference to relevant form/page number): <input type="checkbox"/> yes <input type="checkbox"/> no		form/page reference:
<b>6</b>	<b>RISK ASSESSMENT FOR GENERAL POPULATION</b>		
6-1	human habitations nearby (within 5 km of spray site, air strip or camp):	<input type="checkbox"/> yes <input type="checkbox"/> no	
6-2	name(s) of nearest human habitations and distance(s) to spray sites; were they informed about control operations:		
		habitation 1	habitation 2                      habitation 3
	name:		
	distance (km):		
	informed about spraying:	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
6-3	open drinking water sources nearby (e.g. wells, rivers, within 2 km of spray site):	<input type="checkbox"/> yes <input type="checkbox"/> no	
6-4	buffer zones applied:	i - between human habitations and spray site: <input type="checkbox"/> yes <input type="checkbox"/> no	buffer distance used (m):
		ii - between water sources and spray site: <input type="checkbox"/> yes <input type="checkbox"/> no	buffer distance used (m):
6-5	populations informed about re-entry interval into sprayed sites:	<input type="checkbox"/> yes <input type="checkbox"/> no	
6-6	any crops sprayed: <input type="checkbox"/> yes <input type="checkbox"/> no	if yes, specify which crops:	
		if yes, farmers informed about pre-harvest interval: <input type="checkbox"/> yes <input type="checkbox"/> no	
<b>7</b>	<b>ENVIRONMENTAL RISK ASSESSMENT</b>		
7-1	ecologically sensitive areas nearby (< 2 km of spray site) (e.g. protected areas, biocontrol sites):		<input type="checkbox"/> yes <input type="checkbox"/> no
	if yes, specify what type of areas:		
	if yes, buffer zones applied between such areas and spray site:		<input type="checkbox"/> yes <input type="checkbox"/> no                      buffer distance used (m):
7-2	aquatic ecosystems nearby (e.g rivers, lakes, ponds)		<input type="checkbox"/> yes <input type="checkbox"/> no
	if yes, buffer zones applied between aquatic ecosystems and spray site:		<input type="checkbox"/> yes <input type="checkbox"/> no                      buffer distance used (m):
7-3	beekeeping areas nearby (within 5 km of spray site)		<input type="checkbox"/> yes <input type="checkbox"/> no
	if yes, what measures taken to reduce risk of bee kills:		
7-4	any grazing land sprayed: <input type="checkbox"/> yes <input type="checkbox"/> no	if yes, herders informed about livestock withholding period: <input type="checkbox"/> yes <input type="checkbox"/> no	
7-5	mortality or abnormal behaviour observed after treatment, in:		if yes, which groups (also note details of observations, e.g. mortality, behavioural changes, etc.):
	i - terrestrial non-target arthropods:	<input type="checkbox"/> yes <input type="checkbox"/> no	
	ii - mammals:	<input type="checkbox"/> yes <input type="checkbox"/> no	
	iii - birds:	<input type="checkbox"/> yes <input type="checkbox"/> no	
	iv - fish:	<input type="checkbox"/> yes <input type="checkbox"/> no	
	v - aquatic arthropods:	<input type="checkbox"/> yes <input type="checkbox"/> no	
7-6	experiments or more detailed observations carried out		<input type="checkbox"/> yes <input type="checkbox"/> no
	if yes, which ones (describe):		
	provide details on methodology, results, etc. in field notebook		notebook page reference:
<b>8</b>	<b>RESIDUE SAMPLING</b>		
8-1	residue samples taken (tick one box; if yes, write reference to relevant form/page number):		<input type="checkbox"/> yes <input type="checkbox"/> no
	if yes, provide details on type, number, methodology, etc. in field notebook		notebook page reference:
<b>9</b>	<b>REPORTING</b>		
9-1	name of person who filled out this form:		