

# 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 <b>Psa positive and is in the North Island Recovery region.</b>	<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: \_\_\_\_\_