

Client :			
Address:			
Phone:			
Reason for Treatment:			
Product Supplied by:			

Date Completed :

Pre-Flight Inspection Checklist

All Application Product Loaded and unloaded as per manufacturer instructions	
Application Equipment operated as per manufacturers instructions	
SDS for chemicals accessible during operations	

Equipment:		Nozzle		Speed(km/hr):	
REG:		Type:		Height:	

Full Product Name	Active Ingredient	Chem No#	Rate	Batch Number
		1		
		2		
		3		
		4		
		5		
		6		

Date	Rec No#	Plot No / Crop	Chem No#	Water Rate L/ha	Area Treated (ha)	Spray Times	Wind Speed Km/hr			Wind Direction	Temp (*C)	Humidity %	Delta T
						S							
						F							
						S							
						F							
						S							
						F							
						S							
						F							
						S							
						F							
						S							
						F							

Total Ha: