

Application Detail for Clomazone

Application Detail (To be filled in by advisor)

Company		Agronomist Name	
Region & Depot Address		Agron Tel.	
		Home	
		Mobile	
		Office	
Client Name		Address	
Telephone			
Home			
Mobile			
Office			
Field Name		Field OS Number	
		Home	
		Mobile	
		Office	
Field Location		Field Size (ha)	
Cropping		Variety	
Current			
Previous			
Following			
Main weed problems/Spectrum			
Soil Type			

Application detail

Application Detail (To be filled in by advisor and/or spray operator)

Product	Clomazone	Rate	L/KG/HA
Partner product(s)			
Date of application			
Time of application			
Volume of spray			
Nozzle type			
Pressure			
Droplet sprayer	Type Boom width Boom height Forward Speed		
Weather Data			
Pre application	Give approx of weather week prior to application		
During application	Temperature		
	Wind speed		
	Wind direction		
	Soil moisture		
	Cloud cover		
Post application	Give details of weather up to 2 weeks after application		
Planting and emergence			
Cultivation			
Planting date & emergence date			
Seed depth			
Germination stage of application			
Seedbed condition	Firm/ cobbly/ dry/ wet/ rolled/ other comments		