

Application Detail for Clomazone

To be filled in by Adama advisor.

Company:	Agronomist name:	
Depot address:	BASIS no:	
Client name:	Agronomist telephone:	
Client telephone:	Home:	
Home:	Mobile: Office:	
Mobile:	Office.	
Office:	Address:	
Field name:	Field Reference (OS Grid or Long/Lat):	
Field name: Cropping:	Field Reference (OS Grid or Long/Lat): Field Size (ha):	
Cropping:	Field Size (ha):	
Cropping: Current:	Field Size (ha):	
Cropping: Current: Previous:	Field Size (ha):	
Cropping: Current: Previous: Following:	Field Size (ha):	
Cropping: Current: Previous:	Field Size (ha):	
Cropping: Current: Previous: Following:	Field Size (ha):	



PTO

To be filled in by Adama advisor and/or spray operator.

Product	Clomazone	Rate	L/KG/HAw
Partner product(s):	Clomazone Rate		
	Partner products and rates		
Date of application:			
Time of application:			
Water volume (L/Ha):			
Nozzle type:			
Pressure:			
Sprayer details:	Manufacturer/Model		
	Boom width		
	Boom Height		
	Forward speed		
	Last MOT (Date)		
Weather Data			
Pre application:	Approximate details of weather conditions in the 7 days before application		
	_		
During application:	Temperature		
	Wind speed		
	Wind direction		
	Soil moisture		
	Cloud cover		
Post application:	Approximate details of weathe	r conditions in the 14 day	s following application
Planting and Emergen	ce		
Cultivations:			
Planting date & emergence date:			
Seed depth:			
Germination stage of application:			
Seedbed condition:	Firm/cobbly/dry/wet/rolled/c	other comments	

