



**PESTICIDE APPLICATION PERMIT**

A. To be completed by request Section

Date:	Responsible Department / Section:
Section Supervisor:	Extension:
<b>PESTICIDE INFORMATION</b>	
Product Name:	
Target Pest(s):	
Active ingredient(s):	Agriculture, Fisheries and Conservation Department Registration Number:
Net concentration: (e.g. % weight by volume)	Dilution Rate:
Total amount being applied #:	Total anticipated volume (liters):
<b>PESTICIDE APPLICATION INFORMATION</b>	
Location:	Size of area treated:
Date:	Time:
Expected duration:	MSDS enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of operator(s) :	
Name of work supervisor:	Contact phone no.:
Method of application: <input type="checkbox"/> Granular <input type="checkbox"/> Mist blower <input type="checkbox"/> Spray <input type="checkbox"/> Others (Please specify: _____)	

# The quantity without solvents.

B. To be completed by Health, Safety and Environment Office

<b>Safety requirement</b> (To be followed by operators)	Required	Checked	NA
1. Nearby occupant notification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Area isolated with notice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Personal protective equipment			
<input type="checkbox"/> Respirator equipment <input type="checkbox"/> Goggles <input type="checkbox"/> Safety belt <input type="checkbox"/> Clothing <input type="checkbox"/> Fire protection <input type="checkbox"/> NA			
Area condition and safety precautions checked by : _____			
<b>HSEO Approval</b>			
<input type="checkbox"/> Approve <input type="checkbox"/> Reject Received by: _____ Date: _____			
This permit will expire at _____(Time) on _____(Date).			
Remark: _____			

*The application form is to be completed by user and submitted to HSEO three working days before pesticide application. This permit must be posted at a conspicuous spot near the work site until work is completed.*