

Spray Record/LERAP Assessment

Field Name/No. _____	Area: _____
Soil Type: _____	Sowing Date: _____
Cultivations: _____	Seed rate: _____
_____	Seed treatment: _____
_____	Previous crop: _____
_____	Harvest date: _____
_____	Yield: _____

Crop: _____ Variety: _____

Fertiliser use: _____

Date: _____	Rate: _____	N:P:K: _____
Date: _____	Rate: _____	N:P:K: _____
Date: _____	Rate: _____	N:P:K: _____

LERAP assessment/record

Draw a map showing watercourse location(s) relative to the field (always check size/status of watercourse at time of spraying)



Date	Product(s) applied	Dose rate	Water volume	Start/finish time	Wind speed/direction	Crop GS	Operator	COSHH Assessment	Other information/reason for treatment	Date of LERAP	Completed by	Product category (A, B, or C)	Product dose*	Low drift star rating	Size of watercourse (m)**	Buffer zone used (m)

* full; ¾, ½, ¼, of permitted maximum dose for intended use ** <3m; 3-6m; >6m; dry ditch

