

Request for Herbicide Use

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|--|---|
| Date of request | 8 th of November 2024 |
| Date of proposed Herbicide application | 27 th of November |
| Contingency date | 28/11 – 4/12 |
| Time of proposed application | 7am |
| Area/s pesticides will be applied | Barangaroo Reserve |
| Full name of pesticide/s | Monument and Poa Chek – Wintergrass herbicides MP Brilliance – liquid fertiliser |
| The Herbicide is being used to treat | Control of winter grass Balanced N:K with biology |
| Are the pesticides on current pesticides schedule? | Yes |
| The Herbicide is being applied by | Toro pedestrian sprayers. X 2 |
| Re-entry period | Once product has dried on leaf |

CONTRACTOR DETAILS

| | |
|--------------------------------|---|
| Contractor applying pesticides | Living Turf |
| Qualifications | Manager – Myles Payne Certificate III Horticulture (Turf) Diploma of Management Certificate II Horticulture (Parks and Gardens) Chemcert III and Chemcert Gold AQF4 |
| Licences | AQF3 |
| Insurances | Public liability |
| Other documentation | |
| Key contact on-site – name | Laurence Timpano |
| Key contact mobile phone | 0438 30451 997 125 |

Ensure PDF copies of all required documents are attached to this request form

INSW Request for Herbicide Use form

All details must be completed and returned to barangaroo.operations@infrastructure.nsw.gov.au with PDF copies of all required licences, insurances and other documents. Forms must be submitted at least five (5) working days before requested application date.

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WHS Requirements

Are there any WHS hazards associated with this application? *If YES detail below*

Skin irritation. Mild.

How will these hazards be addressed? *Detail below*

Ealy morning application. Create an exclusion zone.

APPROVALS REQUIRED *INSW Internal use*

1. *Facilities Management Representative*

| Name | Title |
|-----------|-------|
| Signature | Date |

2. *INSW Representative*

| Name | Title |
|-----------|-------|
| Signature | Date |

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