

# Request for Pesticide Use

|  |                                |
|--|--------------------------------|
| Date of request                                    | January 27, 2026               |
| Date of proposed pesticide application             | February 16, 2026              |
| Contingency date                                   | February 17-20, 2026           |
| Time of proposed application                       | 0530                           |
| Area/s pesticides will be applied                  | Barangaroo lawns – all lawns   |
| Full name of pesticide/s                           | Monument/MP Enrich             |
| The pesticide is being used to treat               | Herbicide, Nutrition           |
| Are the pesticides on current pesticides schedule? | Yes                            |
| The pesticide 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<br>Certificate III Horticulture (Turf)<br>Certificate II Horticulture (Parks and Gardens)<br>Chemcert III and Chemcert Gold AQF4 |
| Licences                       | AQF3   |
| Insurances                     | Public liability   |
| Other documentation            |  |
| Key contact on-site – name     | Laurence Timpano   |
| Key contact mobile phone       | 0409 892 169   |

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

### INSW Request for Pesticide Use form

All details must be completed and returned to [barangaroo.operations@infrastructure.nsw.gov.au](mailto: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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|   |
|---|
| <b>WHS Requirements</b><br>Are there any WHS hazards associated with this application? <i>If YES detail below</i><br>Skin irritation. Mild. |
| How will these hazards be addressed? <i>Detail below</i><br>Ealy morning application. Create an exclusion zone.                             |

## APPROVALS REQUIRED *INSW Internal use*

### 1. Facilities Management Representative

|                  |  |              |  |
|------------------|--|--------------|--|
| <b>Name</b>      |  | <b>Title</b> |  |
| <b>Signature</b> |  | <b>Date</b>  |  |

### 2. INSW Representative

|                  |  |              |  |
|------------------|--|--------------|--|
| <b>Name</b>      |  | <b>Title</b> |  |
| <b>Signature</b> |  | <b>Date</b>  |  |

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