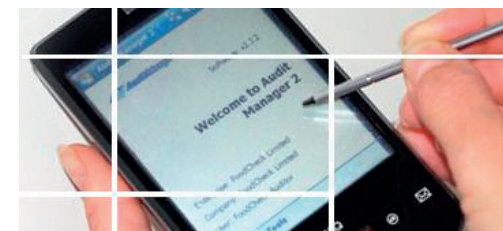
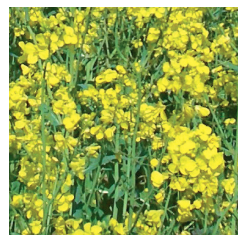


Combinable Crops Farm Record Book



Combinable Crops Record Book

Harvest 2009

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SECTION 1: GENERAL RECORDS

Name _____

FABBL Membership No. _____

Address _____

Tel No. _____ Fax No. _____

Email _____

SPRAYER / SEED TREATMENT / GRANULAR DUST OPERATORS CERTIFICATES OF COMPETENCE

| Name | Certificate No. | Name | Certificate No. | Name | Certificate No. |
|------|-----------------|------|-----------------|------|-----------------|
| | | | | | |
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CONSULTANTS BASIS / FACTS DETAILS

| Name | Basis No. | Facts No. | Address |
|------|-----------|-----------|---------|
| | | | |
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CONTRACTORS DETAILS

| Name | Certificate details | Name | Certificate details | Name | Certificate details |
|------|---------------------|------|---------------------|------|---------------------|
| | | | | | |
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SPRAY OPERATORS NRoSO DETAILS

| Name | NRoSO No. |
|------|-----------|
| | |

SPRAYER NSTS DETAILS

| Make | NSTS No. | Date last test |
|------|----------|----------------|
| | | |

CONTRACTORS SPRAYER NSTS DETAILS

| Make | NSTS No. | Date last test |
|------|----------|----------------|
| | | |

LOCAL BEEKEEPERS LIAISON OFFICER

| Name | Tel No. |
|------|---------|
| | |

SECTION 2: GRAIN STORAGE

Store Name/No. _____

Bin/Bulk/Bay _____

PRE-HARVEST TREATMENTS

| | | | | | | | | |
|-----------------------|------------------------------|-----------------------------|--------------|--|------|--|------|--|
| Cleaning | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Product used | | Rate | | Date | |
| Insect baiting | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Product used | | Rate | | Date | |
| Insecticide treatment | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Product used | | Rate | | Date | |

CROP INVENTORY

| Date in | Field's ID | Tonnes | Variety/Varieties | Date out |
|---------|------------|--------|-------------------|----------|
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POST-HARVEST TREATMENTS

| | | | | | | | | |
|----------------------|------------------------------|-----------------------------|--------------|--|-----------------|--|------|--|
| Pesticide treatment | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Product used | | Rate | | Date | |
| Reason for treatment | | | | | Operator's name | | | |

IN-STORE MONITORING

| Date | MC% | Temp °C | Monitor and Record Activity | | | Inspected by | Comments | Action |
|------|-----|---------|-----------------------------|---------|---------|--------------|----------|--------|
| | | | Birds | Rodents | Insects | | | |
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GRAIN STORAGE continued

Store Name/No. _____

Bin/Bulk/Bay _____

PRE-HARVEST TREATMENTS

| | | | | | | | | |
|-----------------------|------------------------------|-----------------------------|--------------|--|------|--|------|--|
| Cleaning | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Product used | | Rate | | Date | |
| Insect baiting | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Product used | | Rate | | Date | |
| Insecticide treatment | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Product used | | Rate | | Date | |

CROP INVENTORY

| Date in | Field's ID | Tonnes | Variety/Varieties | Date out |
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POST-HARVEST TREATMENTS

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|----------------------|------------------------------|-----------------------------|--------------|--|-----------------|--|------|--|
| Pesticide treatment | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Product used | | Rate | | Date | |
| Reason for treatment | | | | | Operator's name | | | |

IN-STORE MONITORING

| Date | MC% | Temp °C | Monitor and Record Activity | | | Inspected by | Comments | Action |
|------|-----|---------|-----------------------------|---------|---------|--------------|----------|--------|
| | | | Birds | Rodents | Insects | | | |
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GRAIN STORAGE continued

Store Name/No. _____

Bin/Bulk/Bay _____

PRE-HARVEST TREATMENTS

| | | | | | | | | |
|-----------------------|------------------------------|-----------------------------|--------------|--|------|--|------|--|
| Cleaning | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Product used | | Rate | | Date | |
| Insect baiting | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Product used | | Rate | | Date | |
| Insecticide treatment | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Product used | | Rate | | Date | |

CROP INVENTORY

| Date in | Field's ID | Tonnes | Variety/Varieties | Date out |
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POST-HARVEST TREATMENTS

| | | | | | | | | |
|----------------------|------------------------------|-----------------------------|--------------|--|-----------------|--|------|--|
| Pesticide treatment | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Product used | | Rate | | Date | |
| Reason for treatment | | | | | Operator's name | | | |

IN-STORE MONITORING

| Date | MC% | Temp °C | Monitor and Record Activity | | | Inspected by | Comments | Action |
|------|-----|---------|-----------------------------|---------|---------|--------------|----------|--------|
| | | | Birds | Rodents | Insects | | | |
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SECTION 3: CHEMICAL, FERTILIZER AND GRANULAR DUST APPLICATION EQUIPMENT

| Equipment type and make | Date calibrated | Checked by | Comments | Date maintained | Checked by | Comments |
|-------------------------|-----------------|------------|----------|-----------------|------------|----------|
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SECTION 4: GRAIN HANDLING EQUIPMENT Combines, Trailers, Grain Driers, Elevators, Cleaners, Loader Buckets, etc.

| Equipment type and make | Date cleaned/ sanitised | Date maintained | Cleaned by | Action/Notes |
|-------------------------|-------------------------|-----------------|------------|--------------|
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SECTION 5: MOISTURE METERS/TEMPERATURE PROBES

| Equipment type and make | Date calibrated | Checked by | Action/Notes |
|-------------------------|-----------------|------------|--------------|
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SECTION 6: RODENT CONTROL

| Date checked | Bait type | Station 1 location | Station 2 location | Station 3 location | Station 4 location | Station 5 location | Station 6 location | Station 7 location | Observations | Initials |
|--------------|-----------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------|----------|
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SECTION 7: FIELD RECORD

Field name/number _____

Area _____

Soil type _____

Sowing date _____

Cultivations _____

Seed rate _____

Seed treatment _____

| Date | Reason for treatment (eg. weed, pest disease, growth regulation) | Product(s)* | Dose rate | Water volume | Product quantity | Spray time | | Total hours | No. of tanks | Area sprayed | Crop GS |
|------|---|-------------|-----------|--------------|------------------|------------|-----|-------------|--------------|--------------|---------|
| | | | | | | Start | End | | | | |
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* including sewage sludge if applicable. Show all products where a tank mix is used.

FIELD RECORD continued

Previous crop _____

Yield _____

Crop _____

Variety _____

Fertilizer use: _____

| | | |
|------------|------------|-------------|
| Date _____ | Rate _____ | N:P:K _____ |
| Date _____ | Rate _____ | N:P:K _____ |
| Date _____ | Rate _____ | N:P:K _____ |

| Wind speed direction | Other relevant information (eg. weather, soil conditions, incidents, harvest interval, re-entry period) | Operator's name | COSHH assessment | Date of LERAP | Completed by | Product category | ** Product dose | Low drift star rating | *** Size of watercourse | Buffer zone used (m) |
|----------------------|---|-----------------|------------------|---------------|--------------|------------------|-----------------|-----------------------|-------------------------|----------------------|
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** full; 3/4; 1/2; 1/4; of permitted maximum dose for intended use
 *** <3m; 3-6m; >6m; dry ditch

SECTION 7: FIELD RECORD

Field name/number _____
 Soil type _____
 Cultivations _____

Area _____
 Sowing date _____
 Seed rate _____
 Seed treatment _____

| Date | Reason for treatment (eg. weed, pest disease, growth regulation) | Product(s)* | Dose rate | Water volume | Product quantity | Spray time | | Total hours | No. of tanks | Area sprayed | Crop GS |
|------|---|-------------|-----------|--------------|------------------|------------|-----|-------------|--------------|--------------|---------|
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* including sewage sludge if applicable. Show all products where a tank mix is used.

FIELD RECORD continued

Previous crop _____

Yield _____

Crop _____

Variety _____

Fertilizer use: _____

Date _____ Rate _____ N:P:K _____

Date _____ Rate _____ N:P:K _____

Date _____ Rate _____ N:P:K _____

| Wind speed direction | Other relevant information (eg. weather, soil conditions, incidents, harvest interval, re-entry period) | Operator's name | COSHH assessment | Date of LERAP | Completed by | Product category | ** Product dose | Low drift star rating | *** Size of watercourse | Buffer zone used (m) |
|----------------------|---|-----------------|------------------|---------------|--------------|------------------|-----------------|-----------------------|-------------------------|----------------------|
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** full; 3/4; 1/2; 1/4; of permitted maximum dose for intended use
 *** <3m; 3-6m; >6m; dry ditch

SECTION 7: FIELD RECORD

Field name/number _____

Area _____

Soil type _____

Sowing date _____

Cultivations _____

Seed rate _____

Seed treatment _____

| Date | Reason for treatment (eg. weed, pest disease, growth regulation) | Product(s)* | Dose rate | Water volume | Product quantity | Spray time | | Total hours | No. of tanks | Area sprayed | Crop GS |
|------|---|-------------|-----------|-----------------|---------------------|------------|-----|----------------|-----------------|-----------------|---------|
| | | | | | | Start | End | | | | |
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* including sewage sludge if applicable. Show all products where a tank mix is used.

FIELD RECORD continued

Previous crop _____

Yield _____

Crop _____

Variety _____

Fertilizer use: _____

Date _____ Rate _____ N:P:K _____

Date _____ Rate _____ N:P:K _____

Date _____ Rate _____ N:P:K _____

| Wind speed direction | Other relevant information (eg. weather, soil conditions, incidents, harvest interval, re-entry period) | Operator's name | COSHH assessment | Date of LERAP | Completed by | Product category | ** Product dose | Low drift star rating | *** Size of watercourse | Buffer zone used (m) |
|----------------------|---|-----------------|------------------|---------------|--------------|------------------|-----------------|-----------------------|-------------------------|----------------------|
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** full; 3/4; 1/2; 1/4; of permitted maximum dose for intended use
 *** <3m; 3-6m; >6m; dry ditch

FIELD RECORD continued

Field name/number _____

Area _____

Soil type _____

Sowing date _____

Cultivations _____

Seed rate _____

Seed treatment _____

| Date | Reason for treatment (eg. weed, pest disease, growth regulation) | Product(s)* | Dose rate | Water volume | Product quantity | Spray time | | Total hours | No. of tanks | Area sprayed | Crop GS |
|------|---|-------------|-----------|-----------------|---------------------|------------|-----|----------------|-----------------|-----------------|---------|
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* including sewage sludge if applicable. Show all products where a tank mix is used.

FIELD RECORD continued

Previous crop _____

Yield _____

Crop _____

Variety _____

Fertilizer use: _____

Date _____ Rate _____ N:P:K _____

Date _____ Rate _____ N:P:K _____

Date _____ Rate _____ N:P:K _____

| Wind speed direction | Other relevant information (eg. weather, soil conditions, incidents, harvest interval, re-entry period) | Operator's name | COSHH assessment | Date of LERAP | Completed by | Product category | ** Product dose | Low drift star rating | *** Size of watercourse | Buffer zone used (m) |
|----------------------|---|-----------------|------------------|---------------|--------------|------------------|-----------------|-----------------------|-------------------------|----------------------|
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** full; 3/4; 1/2; 1/4; of permitted maximum dose for intended use
*** <3m; 3-6m; >6m; dry ditch

FIELD RECORD continued

Field name/number _____

Area _____

Soil type _____

Sowing date _____

Cultivations _____

Seed rate _____

Seed treatment _____

| Date | Reason for treatment (eg. weed, pest disease, growth regulation) | Product(s)* | Dose rate | Water volume | Product quantity | Spray time | | Total hours | No. of tanks | Area sprayed | Crop GS |
|------|---|-------------|-----------|--------------|------------------|------------|-----|-------------|--------------|--------------|---------|
| | | | | | | Start | End | | | | |
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* including sewage sludge if applicable. Show all products where a tank mix is used.

FIELD RECORD continued

Previous crop _____

Fertilizer use: _____

Yield _____

Date _____ Rate _____ N:P:K _____

Crop _____

Date _____ Rate _____ N:P:K _____

Variety _____

Date _____ Rate _____ N:P:K _____

| Wind speed direction | Other relevant information (eg. weather, soil conditions, incidents, harvest interval, re-entry period) | Operator's name | COSHH assessment | Date of LERAP | Completed by | Product category | ** Product dose | Low drift star rating | *** Size of watercourse | Buffer zone used (m) |
|----------------------|---|-----------------|------------------|---------------|--------------|------------------|-----------------|-----------------------|-------------------------|----------------------|
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** full; 3/4; 1/2; 1/4; of permitted maximum dose for intended use
 *** <3m; 3-6m; >6m; dry ditch

FIELD RECORD continued

Field name/number _____

Area _____

Soil type _____

Sowing date _____

Cultivations _____

Seed rate _____

Seed treatment _____

| Date | Reason for treatment (eg. weed, pest disease, growth regulation) | Product(s)* | Dose rate | Water volume | Product quantity | Spray time | | Total hours | No. of tanks | Area sprayed | Crop GS |
|------|---|-------------|-----------|--------------|------------------|------------|-----|-------------|--------------|--------------|---------|
| | | | | | | Start | End | | | | |
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* including sewage sludge if applicable. Show all products where a tank mix is used.

FIELD RECORD continued

Previous crop _____
 Yield _____
 Crop _____
 Variety _____

Fertiliser use: _____
 Date _____ Rate _____ N:P:K _____
 Date _____ Rate _____ N:P:K _____
 Date _____ Rate _____ N:P:K _____

| Wind speed direction | Other relevant information (eg. weather, soil conditions, incidents, harvest interval, re-entry period) | Operator's name | COSHH assessment | Date of LERAP | Completed by | Product category | ** Product dose | Low drift star rating | *** Size of watercourse | Buffer zone used (m) |
|----------------------|---|-----------------|------------------|---------------|--------------|------------------|-----------------|-----------------------|-------------------------|----------------------|
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** full; 3/4; 1/2; 1/4; of permitted maximum dose for intended use
 *** <3m; 3-6m; >6m; dry ditch

SECTION 8: EMERGENCY PHONE NUMBERS USE MOBILE/LANDLINE TO PHONE HELP – PHONE LOCATION: _____

DO NOT PUT YOURSELF AT RISK – RAISE THE ALARM – INFORM OTHERS OF INCIDENT – CALL IMMEDIATE AND APPROPRIATE HELP

| FIRE OR EMERGENCY | FIRE OR EMERGENCY | OTHER IMPORTANT PHONE NUMBERS |
|---|---|--|
| DIAL 999 and give the following details: | Location of Fire Extinguishers | DOCTOR |
| Farm Address | Location of Washing Facilities | LOCAL POLICE |
| | Location of Gas/Electricity Isolation Points | ELECTRICITY CO |
| | | GAS CO |
| Postcode | Location of Water Supply | WATER CO |
| Farm Contact | Location Surface and Foul Water Drains/Access Points | FARM WATCH |
| Farm Telephone | | EMERGENCY WASTE DISPOSAL COMPANIES |
| Farm Map Reference | POLLUTION RISKS AND SPILLAGES | |
| Sheet No. EAST: NORTH: | <ul style="list-style-type: none"> Protect any water (surface/ground) soil or air at risk Contain spillages wherever possible BUT maintain safety Call Environment Agency 0800 80 70 60, pass on details. Dial 999 if severe | |
| <ul style="list-style-type: none"> Describe nature of incident and include any remaining safety hazards Safely move staff, livestock, machinery away from the danger area Inform Fire Brigade of locations of Gas cylinders, Chemicals/Substances that may be highly flammable, explosive, corrosive, poisonous, oxidising agents or give off noxious fumes If appropriate ensure premises are registered under the Dangerous Substances (Notification and Marketing of Sites) Regulations and Radioactive Substances Act | Absorbant to contain liquids? | |
| | Divert from drains how? | LOCAL AUTHORITY / ENVIRONMENTAL HEALTH |
| | Location of spillage kit? | |
| | Brush Solids and contain in bags | |
| | Use appropriate PPEs; keep safe | DO NOT TAKE RISKS! |
| HAZARDOUS SUBSTANCES & LOCATIONS | Call relevant authority | <ul style="list-style-type: none"> Signpost your premises from the road |
| | ACCIDENTS | <ul style="list-style-type: none"> Ensure staff are trained in safe operations and emergency procedures |
| | <ul style="list-style-type: none"> If severe, DIAL 999 and pass on details as above | |
| | TRAINED FIRST AIDER (name) | <ul style="list-style-type: none"> Ensure machinery and equipment is regularly maintained and safeguarded |
| | Location of First Aid Box | |
| Manufacturer/Supplier Emergency Contact No's | | <ul style="list-style-type: none"> Ensure all emergency standby equipment & environment systems are maintained, with important spares available |
| | Nearest Casualty Department is at | <ul style="list-style-type: none"> Regularly service and test alarms |
| | HSE Telephone | Display copies of this form in all working areas and offices |

SECTION 9: PESTICIDE INVENTORY

| Date | | | Current | Date | | | Current |
|---------|------|----------|----------|---------|------|----------|----------|
| Product | Pack | Quantity | Approval | Product | Pack | Quantity | Approval |
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SECTION 9: PESTICIDE INVENTORY continued

| Date | Pack | Quantity | Current Approval | Date | Notes |
|---------|------|----------|------------------|------------------------|-------|
| Product | | | | Product | |
| | | | | FERTILIZERS | |
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SECTION 10: COMPLAINTS RECORD

| Date | Complaints name | Nature of complaint | Action taken | Outcome |
|-------------|------------------------|----------------------------|---------------------|----------------|
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SECTION 11: SECURE STORAGE OF FERTILIZER SELF ASSESSMENT CHECKLIST FOR FARMERS

Mineral [or Manufactured] fertilizer is a valuable product for farmers and growers but is potentially dangerous in the wrong hands. The storage and security of fertilizer in your possession is therefore of paramount importance and the purpose of this self assessment is to help you to ensure that basic storage and security is maintained.

You must not sell fertilizer unless the purchaser is known by you to be a bona-fide user and if you re-sell ammonium nitrate fertilizer with a high nitrogen content, (i.e. a nitrogen content of more than 28% of its weight), you must be in possession of a valid detonation resistance certificate for that batch.

| | | YES | NO |
|-----|--|-----|----|
| 1. | Did you obtain your fertilizer from a Fertilizer Industry Assurance Scheme (FIAS) approved supplier? | | |
| 2. | Is your fertilizer stored away from areas where there is public access? | | |
| 3. | Have you ensured that your fertilizer is not stored or left unattended within sight of a public highway? | | |
| 4. | Do you have a current inventory of your fertilizer stock? | | |
| 5. | Does your inventory detail the type and brand of fertilizer delivered, stored and used? | | |
| 6. | Do you have a record of the manufacturers' code numbers | | |
| 7. | Is your fertilizer stored in a secure building or compound? Or Is your fertilizer stored fully sheeted with tamper evident precautions? | | |
| 8. | Do you have a protocol, which is known to all staff, detailing what action must be taken if stored fertilizer is tampered with or unaccountably goes missing (i.e. theft)? | | |
| 9. | How often do you check your fertilizer stock to ensure that any discrepancy is noticed as soon as possible? (Tick as appropriate) Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> | | |
| 10. | If you store 25 tonnes or more of fertilizer, have you notified your local fire officer and Health and Safety Executive (HSE)? For further advise please refer to SI 1990 No. 304 – The Dangerous Substances (Notification and Marking of Sites) Regulations 1990. | | |
| 11. | If you are storing 150 tonnes or more of ammonium nitrate or ammonium nitrate based fertilisers which contain more than 15.75% nitrogen by weight, have you notified the Health and Safety Executive? | | |

If you have answered 'NO' to any of the above questions record what steps you are taking to make it 'YES'.

SECTION 12: GRAIN STORE RISK ASSESSMENT

This assessment can be aided by the guidance in appendix 7, page 41, of the SAI Global/FABBL Assured Combinable Crops Scheme Standards Book

| Location | Hazards | Risk | Action | Recommendations if risk exists |
|------------------------|----------------|-------------|---------------|---------------------------------------|
| Ceiling | | | | |
| Ceiling | | | | |
| Roof | | | | |
| Ceilings/walls | | | | |
| Walls | | | | |
| All areas | | | | |
| In-take pit | | | | |
| All areas | | | | |
| Floor/ loading area | | | | |
| Grain dryers | | | | |
| All areas | | | | |
| All areas | | | | |
| All areas | | | | |
| All areas | | | | |
| All areas | | | | |

SECTION 13: 2011 HGCA MYCOTOXIN RISK ASSESSMENT TOOL

Risk Assessment for Fusarium mycotoxins Instructions

To assess the risk of fusarium mycotoxins in wheat (for single or multiple fields) enter data into the yellow cells of the risk assessment sheet.

Below the address enter details of the store (Store name) into which wheat from a single or multiple fields has been placed. Then enter individual field names (Field name). Fields can be grouped if grown with the same agronomy.

For each field enter the appropriate risk score for the factors stated.

Cultivation. Crop debris is an important source of fusarium. Complete burial by ploughing reduces risk to the greatest extent while risk is highest with direct drilling. Intensive non-inversion tillage (3 or more cultivations with discs, tines or chisel plough) is more effective at reducing risk than standard non-inversion tillage (1 or 2 cultivations). Note that several cultivations may be achieved in a single pass using appropriate machinery.

Wheat variety. Enter according to HGCA Recommended List rating for fusarium ear blight. If score is not known, assume susceptible and allocate score of 1. Spring wheat varieties should be given a score of 0.

T3 fungicide. Using an appropriate dose rate of a T3 ear fungicide recommended against fusarium and/or mycotoxin production reduces the risk. Current approved fungicides are products containing dimoxystrobin, metconazole, prothioconazole, epoxiconazole, tebuconazole, bromuconazole or thiophanate methyl.

Rainfall at flowering. Wet weather promotes fusarium development. The score is based on total rainfall during flowering (GS59-69 – full ear emergence to end of flowering)

Rainfall pre-harvest. Based on total rainfall from crop starting to ripen (GS87 – hard dough) to harvest.

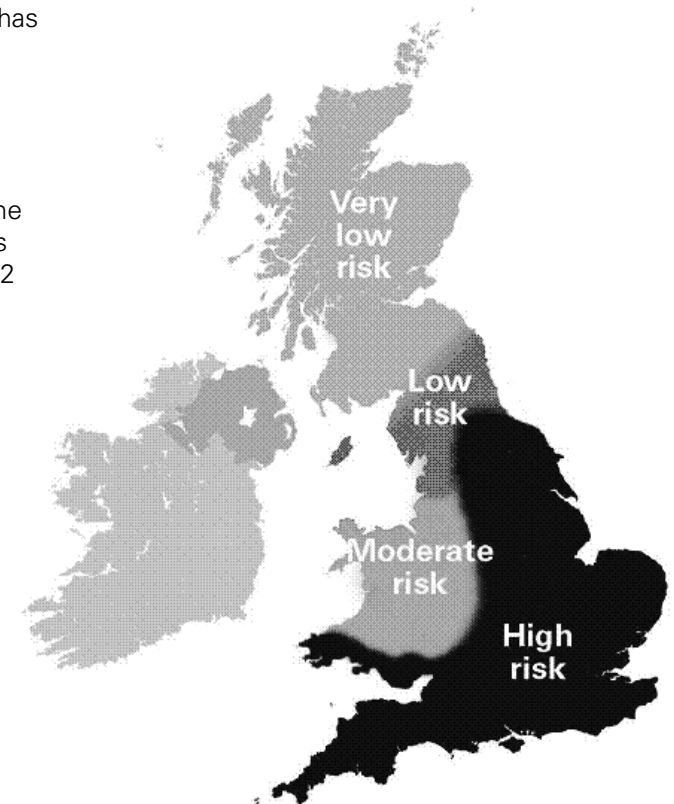
Map of risk areas. The high risk area now includes all parts of Southern Welsh counties, Gloucestershire, Leicestershire, Derbyshire, Nottinghamshire, Warwickshire, Northamptonshire and Yorkshire.

The overall risk score is then calculated automatically.

Below the risk assessment table you can also record the date on which the assessment(s) was completed. You can sign the record as proof of when the assessment was made.

For more information on minimising the risk to fusarium mycotoxins refer to the HGCA guidelines.

Revised May 2011



SECTION 13: 2011 HGCA MYCOTOXIN RISK ASSESSMENT TOOL

| | | | <<field name>> | <<field name>> | <<field name>> | <<field name>> | <<field name>> | <<field name>> |
|--|--|------|----------------------------|---------------------------------|----------------|----------------|----------------|----------------|
| Factor | Details | Risk | Score | Score | Score | Score | Score | Score |
| Region (see map below) | High | 4 | | | | | | |
| | Moderate | 2 | | | | | | |
| | Low | -2 | | | | | | |
| | Very low | -4 | | | | | | |
| Previous Crop | Maize | 6 | | | | | | |
| | Other | 0 | | | | | | |
| Cultivation | Direct drilled | 4 | | | | | | |
| | Standard Minimum tillage | 3 | | | | | | |
| | Intensive Minimum tillage | 2 | | | | | | |
| | Plough (soil inversion) | 0 | | | | | | |
| Wheat variety | RL Resistance rating 1-5 | 1 | | | | | | |
| | RL Resistance rating 6-9 | 0 | | | | | | |
| | Your pre-flowering score | | 0 | 0 | 0 | 0 | 0 | 0 |
| T3 fungicide | Under 50% rate of recommended product | 0 | | | | | | |
| | 50-74% rate of recommended product | -2 | | | | | | |
| | 75% or above rate of recommended product | -3 | | | | | | |
| Rainfall at flowering (GS 59-69) | More than 80 mm | 9 | | | | | | |
| | 40-80 mm | 6 | | | | | | |
| | 10-40 mm | 3 | | | | | | |
| | Less than 10mm | 0 | | | | | | |
| Rainfall pre-harvest (GS87 to harvest) | More than 120mm | 12 | | | | | | |
| | 80-120 mm | 9 | | | | | | |
| | 40-80 mm | 6 | | | | | | |
| | 20-40 mm | 3 | | | | | | |
| | Less than 20 mm | 0 | | | | | | |
| | Your final score | | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | Date: <input type="text"/> | Signature: <input type="text"/> | | | | |

Final risk scores must be reported on the grain passport, and lots with scores greater than 15 should be tested and the result reported. Additionally, growers should check end-user requirement (e.g. for breakfast cereals) if for mycotoxin testing is required at lower risk score values. NB: Please use the HGCA Mycotoxin Risk Assessment Tool at www.hgca.com for full detailed up to date forms and information.

APPENDIX: How to calculate the LERAP buffer zone applicable to the proposed spray operation

You will have considered the three key elements required to establish what reduction in the buffer zone, if any, is applicable or the proposed spray operation: the dose to be applied; the LERAP-Low Drift rating (star rating) of spray equipment being used; and the size of the watercourse. In order to calculate the reduction applicable you will need to refer to the tables overleaf.

- A** Identify which is the appropriate table. This will depend upon the star rating of the sprayer being used.
- B** From the first row of the table, identify which column contains the application rate that you have chosen.
- C** From the first column of the table, identify which row contains the range within which the size of the associated watercourse falls.

The box at which the column and row intersect contains the buffer zone requirement which is applicable to the proposed application.

Make a record of the conclusions reached as a result of the LERAP

It is a legal requirement of the LERAP scheme that a written record be kept of each LERAP conducted. Even if users simply decide instead to apply the standard five metre buffer zone, that decision will still need to be recorded.

All records of LERAPs that have been conducted must be available for inspection for a period of three years following the spray operation.

Tank Mixes

- If a tank mix contains a Category 'A' product then the standard 5m (or 1m for a dry ditch) buffer zone *always* applies – i.e. the worst case scenario applies.
- Where two or more Category 'B' products are tank mixed, the qualifying dose (i.e. that used in the LERAP to calculate the required buffer zone) is that of the product which is being applied at the greatest dose relative to the maximum permitted for the use. For example, if product 'X' at 3/4 dose is to be tank mixed with product 'Y' at 1/4 dose, then only the 3/4 dose is used for the LERAP.
- If only one of the products being mixed has a buffer zone requirement, the dose at which that product is applied will be the qualifying dose rate. For example, if product 'X' (Category B) at 1/4 dose is mixed with a 3/4 dose of product 'Z' (no buffer zone requirement), then the former (i.e. 1/4) dose is the qualifying dose used in the LERAP.

1: Standard reference sprayer

| Size of watercourse | Dose of application | | | |
|--|---------------------|----------|----------|----------|
| | Full Dose | 3/4 Dose | 1/2 Dose | 1/4 Dose |
| All watercourses less than 3 metres | 5m | 4m | 2m | 1m |
| All watercourses 3-6 metres | 3m | 2m | 1m | 1m |
| All watercourses greater than 6 metres | 2m | 1m | 1m | 1m |
| Dry ditch | 1m | 1m | 1m | 1m |

2: LERAP – low drift* sprayer

| Size of watercourse | Dose of application | | | |
|--|---------------------|----------|----------|----------|
| | Full Dose | 3/4 Dose | 1/2 Dose | 1/4 Dose |
| All watercourses less than 3 metres | 4m | 2m | 1m | 1m |
| All watercourses 3-6 metres | 2m | 1m | 1m | 1m |
| All watercourses greater than 6 metres | 1m | 1m | 1m | 1m |
| Dry ditch | 1m | 1m | 1m | 1m |

3: LERAP – low drift sprayer**

| Size of watercourse | Dose of application | | | |
|--|---------------------|----------|----------|----------|
| | Full Dose | 3/4 Dose | 1/2 Dose | 1/4 Dose |
| All watercourses less than 3 metres | 2m | 2m | 1m | 1m |
| All watercourses 3-6 metres | 1m | 1m | 1m | 1m |
| All watercourses greater than 6 metres | 1m | 1m | 1m | 1m |
| Dry ditch | 1m | 1m | 1m | 1m |

4: LERAP – low drift* sprayer**

| Size of watercourse | Dose of application | | | |
|--|---------------------|----------|----------|----------|
| | Full Dose | 3/4 Dose | 1/2 Dose | 1/4 Dose |
| All watercourses less than 3 metres | 1m | 1m | 1m | 1m |
| All watercourses 3-6 metres | 1m | 1m | 1m | 1m |
| All watercourses greater than 6 metres | 1m | 1m | 1m | 1m |
| Dry ditch | 1m | 1m | 1m | 1m |

N.B. Dose of application – where the actual dose being applied falls between those given above, the dose should be rounded up to the nearest stated dose category.



SAI Global Assurance Services Ltd

PO Box 165, Winterhill House, Milton Keynes, MK6 1PB

Tel: 01908 249973 Fax: 01908 249965 Email: agrifood@saiglobal.com www.saiglobal.com