





		<h1>HERBICIDE / FERTILISER OPERATIONS PLAN</h1>			
Situation	Operation Name:	ISIS Code or Site Description:		Radio Communications	
	Cactus Gully	The treatment area is shown on the Operations Map		VHF Radio Ch.: n°. 144 (3) UHF Ch.: 31	
Mission	Party(s) Applying:	Pays Helicopters Pty Ltd, 6540 1850		Objective	Pre-Plant Competition Control
	Application Method:	Mixed Pre-Plant Aerial Broad-Acre & Ground Broad-Acre or Strip Spray			
	Chemical, Equipment Configuration and Application Notes:	Hexazinone 750 @ 3kg/Ha Clopyralid 750 @ 800g/Ha		CP09-3P nozzles, 60L/ha water rate	
Execution	Record Keeping	Collection of chemical from storage sheds or other must be documented as per local procedures. Application records must be made and provided to Forestry Corporation via paper record.			
	Does a Pesticide Control Order Apply to this Operation?	NA			
	Calibration Requirements	Calibration sheets have been sighted before this operation has commenced. The controller of Operations will check that the nozzles are not dripping during the spray program. Recalibration is to occur if any of the following is changed: nozzle type, application rate or chemical mix.			
	Water sampling risk rating	Low	Water sampling regime (or NA)	NA	
	Weather Restrictions	Wind & Temperature	Delta T and Inversion	Rainfall	
	The most conservative weather restrictions labeled for within a mix must be obeyed. If no weather restrictions are given use those in grey to the left.	Wind speed >3 and <12 km/hr. Steady direction.  Max temp 25 degrees Celsius	ΔT >2 < 8 when using CP nozzles  Do not spray where there is an inversion	Do not spray when it is raining or there is a risk of chemical entering running water	
	<b>Buffering Requirements for Sensitive Areas (details for buffers displayed on the Operations Map):</b>				
Known drainage lines and soaks		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Refer to Op map		
Drainage Line Buffering Requirements		Drainage lines are to be buffered as per the Operations Map Provided and <b>table attached to the green light checklist.</b>			
	For broad acre operations, are road drains impacting sensitive places?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Refer to Op map and Green Light Checklist		
	Unique or Special Wildlife Values (USWVs) or Environmental Exclusion Zones?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Refer to Op map		
	Are any Biosecurity Controls Required?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
	Does the Spray Area contain any heritage Points?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N			

	Neighbours and Other Stakeholders		
	Are there any stakeholder management actions that are required (including for noise management)?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Contact details for all stakeholders and permittees are held within the due diligence for this Plan. Neighbours have been contacted via a letter and newspaper advertisement.
	Are there any residences or sensitive places (schools, school bus routes, daycare centers, hospitals, clinics, nursing homes)?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	No pesticide may be applied via ground application within 20m of a neighbour. Click to enter text.
	Are there any known registered rights of way?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Safety	<b>Known Safety Hazards (to have controls incorporated within Site Safety Plan):</b>		
	Nearest FCNSW EMP	Refer to attached EMP document	
	Overhead & Underground Hazards	Known overhead hazards have been marked on the Operations Map. Operators should confirm these hazards and inspect the site for more as part of an independent site inspection.	
	Naturally Occuring Asbestos	NA	
	Signage Requirements	Weed spraying in progress, forest establishment/operations, helicopter landing site and no entry (if applicable) signs must be used during operations at each site. Chemical application signs must be securely fastened to site entries and remain present for the duration of the withholding period.	
	Notifications Given	Neighbours and Stakeholders have been notified of this Operation as per the FCNSW Pesticide Use Notification Plan.	
	Specific PPE Requirements	As per SDS	
	Hunting Exclusion	A hunting exclusion zone is in place for this Operation.	
	Controls for high use roads	Internal or perimeter roads are to be closed to public for aerial operations	
	Other Hazards of Note:	Refer to Op map	
Operations Plan Attachments (tick as required)	<input checked="" type="checkbox"/> Operations Map <input type="checkbox"/> Site Safety Plan (if FCNSW Operation) <input checked="" type="checkbox"/> Medical Emergency Evacuation Plan <input checked="" type="checkbox"/> Chemical Safety Data Sheets <input checked="" type="checkbox"/> Chemical Labels <input type="checkbox"/> Relevant Pesticide Control Order <input type="checkbox"/> Relevant Flora & Fauna Profiles		



**Forestry Corporation Approval**

Name	Date	Position	Signature
Claire Kirby		Establishment Coordinator	

### Forestry Corporation Staff Acknowledgement

I have been briefed and understand the requirements of this operation plan:

Name	Date	Position	Signature
Lawrence Ranson		FCNSW Supervisor	
William Klower		Ground Controllers (if not already signed in)	
Dael O'Neill		Ground Controllers (if not already signed in)	
Matthew Heckenberg		Ground Controllers (if not already signed in)	
Dave Hoad		Ground Controllers (if not already signed in)	
Michael Gafa		Ground Controllers (if not already signed in)	

### Contractor Acknowledgement

I, as the principle or delegated representative of the same, have received a copy of the Operations and;

- I understand the conditions in the Plan and take responsibility for them as they apply.
- I verify that I have been inducted and consulted on this Operations Plan by FCNSW.
- I undertake responsibility to induct all relevant personnel to this Operations Plan as required for Operations relevant to my business.

Name	Date	Company Name	Signature

I, an employee of the contractor, have received a copy of the Operations and;

- I understand the conditions in the Plan and take responsibility for them as they apply.
- I verify that I have been inducted and consulted on this Operations Plan by the principle or delegated representative of the contractor.

Name	Date	Company Name	Signature

### Execution Notes

[illegible]