

HT.b – Post Harvest PPP Application Record

Sheet number _____

Owner of produce _____

Address _____

Type of produce _____

Tonnage _____ Store capacity, if applicable _____

Location of produce _____

Date of application	Lot / store identification	Justification/ target for application	Quantity of product treated	Pesticide applied		Rate and volume	Comments, e.g. storage conditions	Application details		Operator
				Product name	Active ingredient			Utilisation interval (days)	Actual movement date	

Audited, checked and approved by:

Name _____ Signature _____ Date _____