Non-Performance Reporting Form for Horticultural Pesticides

Do you use agricultural chemicals available under a minor use permit for horticulture?

Have you had a non-performance or adverse experience with products for uses covered by a minor use permit?

An adverse experience is an unintended or unexpected effect on plants, plant products, animals, human beings or the environment, including injury, sensitivity reactions or lack of efficacy associated with the use of an agricultural chemical product(s) when used according to label (or permit) directions.

Hort Innovation facilitates the management of a number of minor use permits for horticultural industries.

You can view the permits available for your horticultural industry at the following Australian Pesticides & Veterinary Medicines Authority (APVMA) website: https://portal.apvma.gov.au/permits

If you believe you have had a non-performance or an adverse experience following use under a minor use permit, please complete the below "Non-Performance form for Horticulture Pesticides" and return it to Hort Innovation: jodie.pedrana@horticulture.com.au

This information will be forwarded onto the APVMA. This mechanism will assist the APVMA to receive and consider horticultural industry feedback on non-performance or adverse experiences relating to the use of agricultural chemicals under minor use permits. This information may also assist in making informed decisions on the suitability of pesticides for the future needs of your horticultural industry.

Further details about the APVMA's Adverse Experience Reporting Program for Agricultural Chemicals may be found at: http://apvma.gov.au/node/311 or https://apvma.gov.au/node/311 or https://apvma.gov.au/node/311 or https://apvma.gov.au/node/apvma.gov.au/node/apvma.gov.au/node/apvma.gov.au/node/apvma.gov.au/node/apvma.gov.au/node/apvma.gov.au/node/apvma.gov.au/node/apvma.gov.au/node/apvma.gov.au/node/apvm

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I am a:	I a	in reporting.		
Farmer		An adverse human reaction		
Agronomist/Product Reseller		An adverse plant or animal reaction (including side effects, toxicity, allergy, crop death/damage, residues)		
Health Professional	en			
Affected Bystander or neighbour		Lack of effect/poor efficacy		
☐ Product Registrant		Environmental damage		
Pest Control Operator		Other (please specify)		
Other (please specify)				
Please note: To check a box, double click on the box and select "checked" in the default value section. To type in information in the grey shaded area, click on the shaded area and begin typing. To enter a date, highlight the grey shaded area containing "Enter date" and type the appropriate date in.				
Product Details				
Product Name (if known)				
Active Ingredient (if known)				
Details of Manufacturer/Registrant (if known)				
As listed on label NRA/APVMA No. Batch No. Expiry Date Enter date here				
Storage details (<30°C); (<25°C); (4°C) etc				
Was the product used according to the label instructions as listed on the APVMA website (http://www.apvma.gov.au/permits/search.php)?				
Were other product(s) used at the same time as this product, eg. adjuvants, wetting agents, tankmix with other pesticides? Yes No				
If yes, please provide the details (including dose/rate, mode of application, etc)				
Affected Crop/Plant, Animal or Human				
Crop/Plant				
Exposure Type: Target Crop/Pla	ants Spray Drift	☐ Other		
Crop Type Variety				
Area Affected	Area Exposed	Growth Stage		
Animal or Human				
☐ Animal ☐ Human (please select	one)			
No. Treated/Affected	Species (animals only			

No. Dead	Age	Breed		
Sex: Male	Female	Approximate Weight		
Physiology: De	sexed	nt 🗌 Lactating		
Product Treatment Details				
Product treatment/use/e	xposure First Occas	sion Enter date here am pm		
	Last Occas	ion Enter date here am pm		
Dose/Application (eg. frequency, rate, duration of use, mode of application, etc)				
Who applied the product: Self Contractor Unknown Other (specify)				
Purpose of Product use (if known)				
Adverse Experience – Tell Us What Happened				
First noticed: Date	Enter date here Tii	me		
Time between exposure & onset				
If you applied the chemical did you seek any professional advice prior to application of the chemical? Yes No				
What occurred and what signs/effects were observed?				
Other factors which may have influenced the outcome (ie. weather, feed, water and/or pre-existing conditions, etc)				
Outcome: Recovery	Ongoing	Death/Destroyed/Euthanised		
Date of Outcome: Enter date here				
Reporting Person/Entity				
Name	Oı	ganisation		
Address				
Phone	Fa	x		
Email				
Other Contact				
☐ Health Professional	☐ Veterinarian [Affected Person Other (specify)		
Name	Or	ganisation		
Address				
Phone	Fa	x		
Email				

PLEASE NOTE: The information provided by you in this form will be retained by Horticulture Innovation Australia (Hort Innovation) in hardcopy and/or electronically. It will also be forwarded to the Australian Pesticide and Veterinary Medicines Authority (APVMA) to allow them to assess whether the adverse effect is associated with the use of an agriculture chemical.

In conducting an assessment of this report, Hort Innovation may need to forward your report to other Australian Commonwealth, State or Territory government agencies, the person or business responsible for distributing this product in Australia, or any relevant third party required to provide advice to Hort Innovation on this matter. In filling in

this form with your contact details and forwarding it to Hort Innovation, you are consenting to the sharing of the information presented in this document as indicated above.