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](mailto: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://portal.apvma.gov.au>

Non-Performance Reporting Form for Horticultural Pesticides

I am a:

Farmer

Agronomist/Product Reseller

Health Professional

Affected Bystander or neighbour

Product Registrant

Pest Control Operator

Other (please specify)

I am reporting:

An adverse human reaction

An adverse plant or animal reaction (including side effects, toxicity, allergy, crop death/damage, residues)

Lack of effect/poor efficacy

Environmental damage

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> )?  Yes  No

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/Plants 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:  Desexed  Pregnant  Lactating

**Product Treatment Details**

Product treatment/use/exposure First Occasion Enter date here am pm

Last Occasion 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 Time

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       Organisation

Address

Phone       Fax

Email

**Other Contact**

Health Professional  Veterinarian  Affected Person  Other (specify)

Name       Organisation

Address

Phone       Fax

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.