December 20, 1991

TO: Mac
    Doug
    Gary

FROM: Dan

RE: Policy on Aerial Spraying

Attached is a copy of the approved "A.R.D. Policy on Aerial Application of Pesticides."

We will need designated bulletin boards in the office, Farm Shop, and Utility Shops. I suggest one board in a centrally located area for the Utility Crew.

The advisory committee would like us to make and maintain the needed signage on a check-out basis. Any comments on performing this service?

Other comments?
MEMORANDUM

December 18, 1991

TO:  Prof Robert Fritsch
     Dr. Charles Stonecipher
     Mr. Dan Duncan
     Dr. Gary Hergenrader
     Dr. Glenn Hoffman
     Dr. John Foster
     Mr. Ron Helsing
     Dr. Anne Vidaver

     Dr. Lavon Sumption
     Dr. Don Hudman
     Dr. Robert Shearman
     Dr. Blaine Blad
     Dr. Elton Aberle
     Dr. Jack Schmitz
     Dr. Paul Read
     Dr. Ed Vitzthum

FROM:  Darrell W. Nelson, Dean and Director

SUBJECT:  Policy on Aerial Application of Pesticides

Attached is the final version of the policy document dealing with procedures for aerial application of pesticides. The policy will become effective on January 1, 1992. Please disseminate the policy to appropriate personnel in your unit. I realize that this a bureaucratic document that will require some extra time by faculty or staff in requesting aerial application of pesticides. However, most people who reviewed the document believe that the provisions are appropriate to protect UNL employees and visitors from inadvertent exposures to pesticides. During the past year, our lack of a policy placed two graduate students at significant risk.

The Environmental Health and Safety Office and IANR Environmental Programs strongly recommended to ARD that an effective policy be developed. Dr. Alice Jones played a major role in writing the document and the policy was reviewed by many people including the addressees. I wish to thank Alice and all of the reviewers for their efforts in developing the policy.

xc:  Vice Chancellor Irv Omtvedt
     Dr. Alice Jones
     Mr. Del Weed

Enclosure
ARD POLICY ON AERIAL APPLICATION OF PESTICIDES

* This policy applies to all research and bulk acres including cropland, range, pasture, forestland, etc. The designated supervisory person may be a faculty member or manager having jurisdiction over a research area or bulk acres.

1. A written notice for each aerial application of a chemical is required. The form must include information on the area to be sprayed, chemical to be used, rate of application, field re-entry time to prevent exposure, and date and time of requested application. The application must be signed for approval by the appropriate supervisory person of the area.

2. The written notice must be submitted to the REC Director/ARDC Superintendent with copies sent concurrently to all units bordering the treated area. This should be accomplished at least two (2) days in advance whenever possible. In addition, a map clearly identifying the area to be sprayed should be attached to the notice.

3. Arrangements for scheduling aerial spraying will be the responsibility of the supervisory person (or a designated research associate or graduate student). A map of the area clearly indicating the field to be sprayed will be provided to the applicator prior to spraying.

4. The written notice sent to the units must be posted on a bulletin board which is specifically set aside for such notices. All workers (permanent, temporary, students) must be alerted to the posting location and encouraged to keep informed of upcoming spray applications. Employees may also be notified in writing.

5. A member of the unit requesting the aerial spraying should be available to identify the appropriate field for spraying. Use of 2-way radio communication between the aerial applicator and the ground observer is encouraged. In addition, the field will be marked with colored flagging to assist the applicator with field identification. If visual observation is not possible, the applicator should be contacted to verify chemicals used, rate of application, field sprayed and time of spraying. Signs must be posted at field entrances denoting time of spraying and time for safe reentry. If spraying time is changed, the sign must be updated immediately.

6. Upon completion of aerial spraying, the supervisory person will sign a statement indicating that the proposed work was completed as ordered. If any changes were made, they should be noted on the statement. A signed copy of the statement will be forwarded to the REC Director or ARDC Superintendent and a copy held in the unit.

7. If the wrong field is sprayed, or a wrong chemical used, or an incorrect rate applied, the supervisory person will immediately contact, via telephone, supervisory persons of adjacent and nearby fields, the aerial applicator and the REC Director or ARDC Superintendent that an error occurred.
8. An in-depth written document of the error must be submitted to the REC Director or ARDC Superintendent, aerial applicator and to the Unit Administrator and supervisory person having jurisdiction of the research area where the error occurred.

9. Employees, students, or other persons suspecting possible pesticide exposure should immediately report to their supervisor. Medical care must be provided immediately.

10. The records relative to each aerial application will become a permanent record and maintained in the REC Director or ARDC Superintendent files.

APPROVED:

________________________________________
Darrell W. Nelson
Dean and Director

January 1, 1992
NOTICE OF AERIAL SPRAYING

Requested Date of Spraying ____________________________

Requested Time of Spraying __________________________________________

Description of Area to be Sprayed (Legal description, field number or other reference; ATTACH MAP TO REQUEST)

________________________________________________________________________

________________________________________________________________________

Reason for Spraying ________________________________________________

Chemical(s) to be Applied and Rate __________________________________________________

Field Re-entry Time ______________________________________________

Aerial Applicator Company Name ______________________________________

Aerial Applicator Company Supervisor and Telephone Number

________________________________________________________________________

________________________________________________________________________

Supervisor Name ________________________________________________

Supervisor's Department __________________________________________

Supervisory Telephone Number(s) __________________________________---------

Emergency Telephone Number ____________________________________________

Requested on ______________________________________________________

Supervisor Signature _______________________________________________

Acknowledgement of Receipt by Director/Superintendent on _________

Director/Superintendent Signature _______________________________________
ACKNOWLEDGEMENT OF AERIAL SPRAYING

☐ I verify that the aerial spraying described above was completed as proposed with the following exceptions (indicate N/A if no changes were made).

☐ I verify that an error(s) occurred during the aerial spraying described above. Supervisory persons and workers associated with the affected area were notified immediately. A full statement describing the incident is attached.

Name of supervisor of affected area ____________________________

Date and time of notification ____________________________

Description of incident:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Name of observer who verified the aerial spraying ____________________________

Date ____________________________

Supervisory Person Signature ____________________________