

Post-Harvest Treatment Application Record									
FARMER NAME:								FARM LOCATION:	
Batch No								Date	
CROP :				VARIETY:				TECHNICAL AUTHORIZATION GIVEN BY:	
Qty treated									
REGISTRATION NO:				REGISTRATION DATE:					
S.N	Application Date	Type of treatment	Batch No & Date	Product Trade Name with active ingredients	Product Qty applied in weight or volume per litre of water	Operator Name	Common name of the pest or disease to be treated	Justification	Remarks

Prepared by (Name)

Approved by (Name)

Effective Date

Notes

1. Record of post-harvest treatments with identity of the harvested crop, location, application date, type of treatment applied, product trade name, product qty, Name of the operator, justification to be recorded. This applies only if the post harvest treatment is done. Otherwise not applicable.
2. Producer or Producer Group is advised to go through the actual/updated requirements of the Standard Requirements: All Farm Base, Crops Base, F & V Base and Combinable Crops Base etc
3. Source: Control Points and Compliance Criteria
4. Template Record Preparation Date : September 01st 2022