

APPLICATION FOR A HEALTH PERMISSION FOR THE USE OF VERTEBRATE TOXIC AGENT(S) (VTAs) AND OTHER HAZARDOUS SUBSTANCE(S)

Hazardous Substances and New Organisms Act 1996 (HSNO)

This application is to be used when applying for a Health permission to use a vertebrate toxic agent or any other **hazardous substance**¹ approved under the HSNO Act, for which a Health permission is required under section 95A of the HSNO Act.

A Health permission is issued by a person acting under powers delegated by the Environmental Protection Authority (“the delegated person”).

Guidance

The applicant is required to provide information to assess possible exposure pathways to enable HSNO enforcement officers to assess public health risk. The form has suggested prompts to ensure that potential routes of exposures are identified and subsequently public health risks are managed. Complete all of the sections. If a section is not relevant, return the section as part of the completed application form and write “not applicable” across it.

Prepared by: [writer’s name and contact details]

Signature:

Date:

Return this application to the contact person below.

LOCAL PUBLIC HEALTH CONTACT:

Brett Munro, Health Protection Officer
Public Health Service
MidCentral DHB
Private Bag 11 036
Manawatu Mail Centre
PALMERSTON NORTH 4442

Phone: 06 350 9110 Email: brett.munro@midcentraldhb.govt.nz

¹ Hazardous substances requiring Health permissions refer to substances listed in Schedule 1 of the Environmental Protection Authority’s Instrument of Delegation. These are: sodium fluoroacetate (1080), sodium cyanide, potassium cyanide, yellow phosphorous, 3-chloro-p-toluidine-hydrochloride, microencapsulated zinc phosphate paste, Advion® fire ant bait, Amdro® fire ant bait, Campaign® ant bait.

Guidance for Applicants

Hazardous Substances and New Organisms (HSNO) Act and Health and Safety at Work (HSW) (Hazardous Substances) Regulations 2017 Requirements for VTAs and Other Hazardous Substances

The requirements specified under the HSNO Act, its regulations, EPA notices, and approvals for hazardous substances granted under the HSNO Act and HSW (Hazardous Substances) Regulations are requirements which must be met. Where a Health permission for VTAs and other hazardous substances use is granted by a person acting under a delegation from the Authority, they may impose additional conditions to address local circumstances.

The current HSNO Approvals for hazardous substances can be found by searching the register on the Environmental Protection Authority (EPA) website, at:

<http://www.epa.govt.nz/search-databases/pages/controls-search.aspx>

Consultation Required in Managing Public Health Risk Prior to Aerial Application of Sodium Fluoroacetate (1080)

Consultation is a key risk mitigation tool for aerial 1080 operations. You need to provide sufficient evidence to satisfy the HSNO enforcement officer that your consultation has met the requirements of ERMA New Zealand's (now EPA) Communication Guidelines for Aerial 1080 Operations before a permission can be issued.

The Communication Guidelines for Aerial 1080 Operations can be found on the EPA website at:

<http://old.epa.govt.nz/Publications/ERMA-1080-Guidelines.pdf>

Note:

- 1) You can provide copies of communication logs as evidence of consultation, rather than repeating this evidence in this application.
- 2) The evidence needs to be sufficient to satisfy the HSNO enforcement officer that potential risks to public health have been identified and can be avoided, remedied or mitigated.

If you are uncertain about the level of consultation required, or the evidence required of such consultation **in managing public health risk**, discuss this with your local Public Health Unit (PHU).

Food Safety Considerations

The Ministry of Primary Industries (MPI) is the regulatory agency concerning food safety. Discuss with MPI if there are food safety risks relating to a particular substance that are not being adequately managed through the food safety system.

Other Relevant Legislation

It is the responsibility of the applicant to ensure compliance with all relevant legislation including, but not limited to, Food Act 2014, Animal Products Act 1999, Agriculture Compounds and Veterinary Medicines Act 1997, Resource Management Act 1991, Land Transport Act 1998, Biosecurity Act 1993, and the Conservation Act 1987.

APPLICATION FOR A HEALTH PERMISSION TO USE A VERTEBRATE TOXIC AGENT (VTA) AND OTHER HAZARDOUS SUBSTANCES

(Pursuant to section 95A of the Hazardous Substances and New Organisms Act 1996)

Explanatory Note: An application is submitted by a “person”, for example a corporation, company, incorporated societies, trusts, principal agency, contractor or subcontractor as well as named individual. It also includes the Crown (e.g. the Department of Conservation). An applicant for a Health permission does not need to hold a Controlled Substance Licence (CSL). Note that you must be a CSL holder to be able to possess Vertebrate Toxic Agents (VTAs) as required under the Health and Safety at Work (Hazardous Substances) Regulations 2017.

Note: Complete Section D if field operations are to be subcontracted to another individual/organisation.

Full Name of Applicant: <i>(This is the ‘person’ to whom the permission will be issued)</i>	
Contact Person (if applicable):	
Applicant Contact Details: <i>(Physical and postal address, telephone, cell phone, fax, e-mail)</i>	
Controlled Substances Licence/s (CSL) <i>Provide CSL details of either the applicant, or at least one person employed by the applicant to undertake the operation:</i>	
CSL No:	
Name on CSL:	
Expiry Date:	
CSL covers VTA(s) relevant to application:	
Operational Period <i>Note: A Health permission will be issued to the applicant for a maximum period of 12 months. Where an operation extends past 12 months, the applicant must apply for a new permission.</i>	
Start date:	Finish date:
Operation	
Operation name:	
Operation locality:	
Territorial local authority ²:	
Total operation size (ha):	
Previous operations: <i>If the applicant has carried out an earlier operation, provide date of operation and</i>	

² District council, city council or unitary authority

application identification code.

VTA or Hazardous Substance Information

VTA or Hazardous substance e.g. <i>potassium cyanide</i>	Strength e.g. 475 g/kg _____ g/kg	Form e.g. <i>pellets</i>	Application rate (for aerial operations) _____ kg/Ha	Purpose e.g. <i>for possum control</i>
--------------------------------------------------------------------	------------------------------------------------	------------------------------------	-------------------------------------------------------------------	--------------------------------------------------

HSNO Approval Number (e.g. HSR002424):

Start Date of Application:

Last Date of Application:

Specify all application methods to be used for the hazardous substance:

Treatment area size (ha):

Methods to be used (tick applicable box):

- | | Yes | No |
|-------------------------------|--------------------------|--------------------------|
| • Aerial | <input type="checkbox"/> | <input type="checkbox"/> |
| • Hand broadcast | <input type="checkbox"/> | <input type="checkbox"/> |
| • Turf spits/direct to ground | <input type="checkbox"/> | <input type="checkbox"/> |
| • Other control methods: | <input type="checkbox"/> | <input type="checkbox"/> |

Describe briefly below:

- | | Yes | No |
|--------------------------------------|--------------------------|--------------------------|
| • Bait stations and bags: | <input type="checkbox"/> | <input type="checkbox"/> |
| State heights of bait stations/bags: | | |
| Types of bait stations/bags used: | | |

VTA or Hazardous Substance Information (Continued)

Print additional copies of this page if more than two hazardous substances are to be used

VTA or Hazardous substance e.g. <i>potassium cyanide</i>	Strength e.g. 475 g/kg _____ g/kg	Form e.g. <i>pellets</i>	Application rate (for aerial operations) _____ kg/Ha	Purpose e.g. <i>for possum control</i>
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HSNO Approval Number (e.g. HSR002424):

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Specify all application methods to be used for the hazardous substance:

Treatment area size (ha):

Methods to be used (tick applicable box):

- | | Yes | No |
|-------------------------------|--------------------------|--------------------------|
| • Aerial | <input type="checkbox"/> | <input type="checkbox"/> |
| • Hand broadcast | <input type="checkbox"/> | <input type="checkbox"/> |
| • Turf spits/direct to ground | <input type="checkbox"/> | <input type="checkbox"/> |
| • Other control methods: | <input type="checkbox"/> | <input type="checkbox"/> |

Describe briefly below:

- | | Yes | No |
|--------------------------------------|--------------------------|--------------------------|
| • Bait stations and bags: | <input type="checkbox"/> | <input type="checkbox"/> |
| State heights of bait stations/bags: | | |
| Types of bait stations/bags used: | | |

SECTIONS A TO M

Complete all relevant sections that apply to this application. Tick the “yes/no” or not applicable (N/A) boxes below. Ensure you return all sections with this application. If a section is not relevant, write “not applicable” across it.

Note that different hazardous substances may require varying levels of detail to be provided with the section. Similarly, aerial and ground operations will have different information requirements.

Page No.	Section: Reference A to M	Information attached			Office use only
		YES	NO	N/A	
General					
6	A Operational Maps/Lists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	B Community Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	C Consultation with Maori	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	D Operation Delivered by Subcontractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For Aerial 1080 operations: Does the consultation described in sections B & C meet the requirements of the Communication Guidelines for Aerial 1080 Operations?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excluded Areas					
11	E Drinking Water Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	F Dwellings, Adjacent Landowners/Residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	G Areas Easily Accessible or Used by the Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	H Publicly Accessible Roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	I Walking/Biking/Off-Road Tracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	J Areas to be Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk Communication					
19	K Schools and Early Childhood Education Centres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	L Notifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	M Notice Boards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For Aerial 1080 operations: Does the consultation described in sections F, K, L & M meet the requirements of the Communication Guidelines for Aerial 1080 Operations?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION A: OPERATIONAL MAPS/LISTS

The use of the maps is to provide sufficient specific information for this operation.

- **Provide a description of the operational area.** Include here the name of the area/reserve, and the name(s) of the landowner(s) (if no more than 10), clearly noting public and private land ownership.
- Operational maps (hardcopy or electronic) should provide an adequate level of detail. A number of map options are available e.g. topographical (e.g. NZS 260 series or Topo 50 Series), GIS (geographic information systems), and electronic shape file if the relevant public health unit has facilities to use these.
- **Include:**
 - total area of ground control _____ha
 - total area of aerial control _____ha
 - territorial local authority(s)
 - direction and distance to nearest town
- If using more than one hazardous substance, show on the map where each hazardous substance will be applied. The use of different colours or a colour code for different hazardous substances may help.
- **Attach 2 copies of operational maps:** More than one map may be needed to include all the information. Use maps of different scales if necessary. A copy of the map (including any necessary changes) will be returned to you and form part of the Health permission conditions. A copy will be kept as a record by the public health unit (hard copy or electronically). The PHU may choose to produce their own maps to go with the Health permission. Check with the relevant PHU if unsure.
- **Identify** the following on your map(s) by using a colour code, a number code or similar:

REFER TO SECTIONS (letters in brackets refer to corresponding sections in form)

- Community halls & churches G
- Marae G
- Drinking water catchments and intakes E
- Dwellings, adjacent landowners/residents F

(Note: a list, including name and addresses, is acceptable if more than 10)

- Huts, bivvies/shelters G
- Camping sites and picnic areas G
- Public roads and lay-bys G
- Watercraft landing points G
- Helicopter landing pads G
- Popular swimming and fishing access points G
- School bus shelters G
- Historical/memorial tourist sites G
- Urupa/cemeteries G
- Recreational & amenity facilities (e.g. golf course, wedding or sporting venues) G
- Other outdoor activities gathering sites (e.g. caving, orienteering etc.) G
- Walking/biking/off-road tracks I
- Schools and Early Childhood Education Centres K
- Notice boards M

PHU: Operational maps attached and meet requirements (2 copies unless PHU advised otherwise)

(For official use)

SECTION B: COMMUNITY CONSULTATION

Consultation is the process of extending a genuine invitation to interested and affected parties to express their views, and provides a means of addressing their concerns.

Do you expect any public concern about this operation?

Yes

No

If yes, describe the nature of the concern:

If no, on what is this assessment based?

What is the source of your information?

Consultation with Community Groups

What community groups did you consult with in relation to this application?

Name the individuals/groups consulted:

Detail what, if any, concerns these individuals/groups identified:

How are you planning to avoid, mitigate or remedy any adverse effects identified by these individuals/groups?

Attach any evidence of the consultation (correspondence, minutes of meetings, record of phone calls, etc):

If you have not consulted any community groups about this application, ask the resource consent planner at your local council to help identify the appropriate groups to contact.

Aerial 1080 Operations

You must provide sufficient evidence to demonstrate that consultation **in managing public health risk prior to aerial 1080 operations have met the requirements of ERMA NZ's (now EPA) Communication Guidelines for Aerial 1080 Operations.**

You can provide copies of communication logs as evidence, rather than repeating this evidence here.

Have you provided evidence to demonstrate compliance with the requirements of ERMA NZ's (now EPA) Communication Guidelines for Aerial 1080 Operations?

Yes

No

If you have not followed these guidelines, please explain in detail your justification for not meeting these requirements:

SECTION C: CONSULTATION WITH MAORI

When consulting with Maori, you need to take into account Section 6(d) of the HSNO Act: “The relationship of Maori and their culture and traditions with their ancestral lands, water, sites, waahi tapu, valued flora and fauna, mahinga kai, and other taonga”.

List Maori groups (iwi/hapu/marae/whanau) and individuals did you consult with in relation to this application?

Identify what, if any, concerns these individuals and groups identified:

How are you planning to avoid, mitigate or remedy any adverse effects identified by these individuals/groups?

Have you marked any Marae inside, or within 3km (aerial) or 200m (ground) of the operational area on your Section A map?

Attach evidence of the consultation (correspondence, minutes of meetings, record of phone calls, etc):

If you have not consulted the Maori community about this application, ask the resource consent planner at your local council to help identify the appropriate groups to contact.

Aerial 1080 Operations

You must provide sufficient evidence to demonstrate that consultation **in managing public health risk prior to aerial 1080 operations have met the requirements of ERMA NZ’s (now EPA) Communication Guidelines for Aerial 1080 Operations.**

You can provide copies of communication logs as evidence, rather than repeating this evidence here.

Have you provided evidence to demonstrate compliance with the requirements of ERMA NZ’s (now EPA) Communication Guidelines for Aerial 1080 Operations?

Yes

No

If you have not followed these guidelines, please explain in detail your justification for not meeting these requirements:

SECTION D: OPERATION DELIVERED BY SUBCONTRACTOR

Full name of subcontractor: Company (legal entity title) /Organisation:	Controlled Substance Licence #: Date of Expiry: Does the licence cover the hazardous substance they intend to use? Yes <input type="checkbox"/> No <input type="checkbox"/>								
List the work experience the subcontractor has with the hazardous substances to be used:									
Contact details of the subcontractor (address, postal address, telephone, cell phone, facsimile, e-mail): Signature of applicant: _____									
Chain of responsibility – Complete as applicable to this operation Note: It is now common practice for pesticide operations to be subcontracted to other agencies. All agencies involved have responsibilities to ensure the safe use of hazardous substances. Any subcontracting arrangements must be documented. Example: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><u>Agency/Authority</u></td> <td style="width: 50%; border: none;"><u>Area of Responsibility</u></td> </tr> <tr> <td style="border: none;"><i>Principal Agency (TBFree/OSPRI, DoC)</i></td> <td style="border: none;"><i>e.g. Control of Bovine TB, Conservation, etc.</i></td> </tr> <tr> <td style="border: none;"><i>Contractor (Local Authority)</i></td> <td style="border: none;"><i>e.g. Contracted by TBFree/OSPRI</i></td> </tr> <tr> <td style="border: none;"><i>Subcontractor (Name of approved operator)</i></td> <td style="border: none;"><i>e.g. Field operations</i></td> </tr> </table>		<u>Agency/Authority</u>	<u>Area of Responsibility</u>	<i>Principal Agency (TBFree/OSPRI, DoC)</i>	<i>e.g. Control of Bovine TB, Conservation, etc.</i>	<i>Contractor (Local Authority)</i>	<i>e.g. Contracted by TBFree/OSPRI</i>	<i>Subcontractor (Name of approved operator)</i>	<i>e.g. Field operations</i>
<u>Agency/Authority</u>	<u>Area of Responsibility</u>								
<i>Principal Agency (TBFree/OSPRI, DoC)</i>	<i>e.g. Control of Bovine TB, Conservation, etc.</i>								
<i>Contractor (Local Authority)</i>	<i>e.g. Contracted by TBFree/OSPRI</i>								
<i>Subcontractor (Name of approved operator)</i>	<i>e.g. Field operations</i>								
Agency/Authority	Area of Responsibility								
Principal Agency									
Contractor:									
Subcontractor:									
Have you attached a copy of the documentation confirming subcontracting arrangements?	<input type="checkbox"/> Yes <input type="checkbox"/> No								

PHU: Documentation showing subcontracting arrangements attached.

(For official use)

SECTION E: DRINKING WATER SUPPLIES

The intent of this section is to minimise the risk of people drinking water contaminated with hazardous substances.

A **drinking water supply**³ includes the area from which water is likely to be taken for use as drinking water for human consumption. This includes surface water and ground water extraction points as well as water supply reservoirs, treatment plants and storage facilities. The nature and size of water supplies can vary significantly from large networked supplies through to smaller individual supplies serving a varying number of people.

Drinking water supplies may include schools, early childhood education centres, community halls, Marae, publically accessible huts/shelters, camping sites, cities/towns/villages, individual households, etc.

Information on many drinking water supplies in your proposed area of operation can be found from the Drinking-water Register for New Zealand: <http://www.esr.cri.nz/water-science/our-services/drinking-water/register-of-suppliers/>; local authority water abstraction consent information, online district maps, and other of information.

Note: Map References

Provide topographical NZMS grid references below. Provide references for all water supply intakes you have marked on your attached operational map (Section A). All locations shall be obtained using at least a GPS unit set up for use in New Zealand and using projection NZTM 2000 (New Zealand Transverse Mercator).

Locations of intakes of drinking water for hazardous substance operations:

Aerial 1080 Operations

List drinking water supply intakes **within the operational area** or **within 3 kilometres of the boundary** of the operational area for where the source water has arisen within the operational area (add new entries for each supply as required):

Name of supply (1):	
Intake (insert your map code):	Grid ref. of intake: E N
Type of supply (e.g. roof, bore, spring, river, lake, etc.):	
Have you made contact with the owner/operator of this supply?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide any mitigation measures requested by the owner/operator, e.g. testing, exclusions, etc.:	
If the supply has storage, how many days of storage is held if the intake was to be disconnected temporarily:	
Is the supply made up of more than one intake source?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes', does the other source/s have catchments outside the operational area that could supply sufficient water to the consumers until the subject source is deemed safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No

³ This broad definition allows for the identification of drinking water supplies covered by the proposed operation.

<i>If 'yes' provide details:</i>	
Name of supply (2):	
Intake (<i>insert your map code</i>):	Grid ref. of intake: E N
Type of supply (<i>e.g. roof, bore, spring, river, lake, etc.</i>):	
Have you made contact with the owner/operator of this supply? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Provide any mitigation measures requested by the owner/operator, e.g. testing, exclusions, etc.:	
If the supply has storage, how many days of storage is held if the intake was to be disconnected temporarily:	
Is the supply made up of more than one intake source? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'yes', does the other source/s have catchments outside the operational area that could supply sufficient water to the consumers until the subject source is deemed safe? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If 'yes' provide details:</i>	

Name of supply (3):	
Intake (<i>insert your map code</i>):	Grid ref. of intake: E N
Type of supply (<i>e.g. roof, bore, spring, river, lake, etc.</i>):	
Have you made contact with the owner/operator of this supply? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Provide any mitigation measures requested by the owner/operator, e.g. testing, exclusions, etc.:	
If the supply has storage, how many days of storage is held if the intake was to be disconnected temporarily:	
Is the supply made up of more than one intake source? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'yes', does the other source/s have catchments outside the operational area that could supply sufficient water to the consumers until the subject source is deemed safe? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If 'yes' provide details:</i>	

Ground Operations (all VTAs and other Hazardous Substances)

List drinking water supply intakes **within 200 metres** of the boundary of operational area where the source water has arisen within the operational area (add new entries for each supply as required):

Name of supply (1):

Intake (insert your map code):

Grid ref. of intake: E

N

Type of supply (e.g. roof, bore, spring, river, lake, etc.):

Have you made contact with the owner/operator of this supply?

 Yes No

Provide any mitigation measures requested by the owner/operator, e.g. testing, exclusions, etc.:

Name of supply (2):

Intake (insert your map code):

Grid ref. of intake: E

N

Type of supply (e.g. roof, bore, spring, river, lake, etc.):

Have you made contact with the owner/operator of this supply?

 Yes No

Provide any mitigation measures requested by the owner/operator, e.g. testing, exclusions, etc.:

Name of supply (3):

Intake (insert your map code):

Grid ref. of intake: E

N

Type of supply (e.g. roof, bore, spring, river, lake, etc.):

Have you made contact with the owner/operator of this supply?

 Yes No

Provide any mitigation measures requested by the owner/operator, e.g. testing, exclusions, etc.:

Name of supply (4):

Intake (insert your map code):

Grid ref. of intake: E

W

Type of supply (e.g. roof, bore, spring, river, lake, etc.):

Have you made contact with the owner/operator of this supply?

 Yes No

Provide any mitigation measures requested by the owner/operator, e.g. testing, exclusions, etc.:

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Are all listed drinking water supply intakes marked on the topographical map (Section A)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you physically inspected all drinking water supply intake locations with the owner/drinking water supplier to ensure that location of the supply as detailed in this application form is correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Note: For all other non VTA aerial and ground hazardous substances covered by this application form, it is at the discretion of the HSNO enforcement officer what appropriate exclusion distance is to be set. The distance will depend on the officer's risk assessment.

SECTION F: DWELLINGS, ADJACENT LANDOWNERS/RESIDENTS

Have you attached an up-to-date list (or identified on the Section A map if no more than 10 in total of each) of all dwellings, adjacent landowners/residents associated with the operational area? Yes No

Have you attached a copy of the information provided to dwellings inside the operational area, and adjacent landowners/residents of the operational area? Yes No

How will you ensure that VTA and /or other hazardous substance baits are not applied near occupied dwellings?

Have there been any public concerns raised from the consultation? Yes No

If 'yes', how are you planning to mitigate this concern?

**PHU: List of all dwellings, adjacent landowners/residents provided or identified on map.
Copy of information provided attached.**

(For official use)

SECTION G: AREAS EASILY ACCESSIBLE OR USED BY THE PUBLIC

The intent of this section is to cover those places where the public may be gathered temporarily. Consider privately-used facilities as well – some of the organisations identified in Sections B and C may be relevant here.

Within the operational area, or within 150 m of the operational area, are there any:		
• Huts, bivvies/shelters	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Camping sites	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Picnic areas	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Public roads and lay-bys	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Logging truck turn-around points	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Watercraft landing points	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Helicopter landing pads	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Popular swimming and fishing access points	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• School bus shelters	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Historical/memorial/tourist sites	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Urupa/cemeteries	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Recreational & amenity facilities (e.g. golf course, wedding or sporting venues)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Other outdoor activities gathering sites (e.g. caving, orienteering etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Community churches/halls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Marae	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'yes' to any above, list below and ensure they are clearly identified on Section A map(s):		
Give the source(s) of your information for the location of these features:		
Describe the baiting plans around these areas:		
Estimate the number of people visiting the operational area. In particular, is it a high use area or will the number of people using it during the operation, increase for specific events or according to the season or holiday periods (particularly think of tourists and children):		
<input type="checkbox"/> HIGH USE (more than 50 people per day)	<input type="checkbox"/> MODERATE USE (between 10 and 50 people per day)	<input type="checkbox"/> LOW USE (fewer 10 people per day)
List any areas to be closed to the public:		

List private land which has a high public use (or identify on operational map; Section A):

List high use areas which will receive a mid-week baiting strategy (or identify on operational map Section A):

Give the source(s) of your information:

Name of the person who provided the information: _____

Signature: _____

SECTION H: PUBLICLY ACCESSIBLE VEHICLE ROADS

The intent of this Section is to identify publicly accessible vehicle roads. Such roads include all formed public roads primarily for use by the public in licenced vehicles, but can also include other roads that are not identified by signage and/or barriers as not being open to the general public (a common example of this are private forestry roads coming off formed public roads that are not sign-posted and/or have barriers up advising of no public access).

List all publicly accessible roads used by the public within the area according the criteria listed to assess the level of use of the road:

HIGH USE <i>(more than 50 vehicles per day)</i>	MEDIUM USE <i>(between 10 and 50 vehicles per day)</i>	LOW USE <i>(fewer than 10 vehicles per day)</i>

Give the source(s) of your information:

Name of the person who provided the information: _____

Signature: _____

SECTION I: WALKING/BIKING/OFF-ROAD TRACKS

The intent of this Section is to identify walking/biking/off road tracks used by the public within the operational area according to the level of use. Such tracks include those that, although not “official” tracks on maps/signs and web-sites etc., are known to be often used by the public for walking/biking/off-road activities. Examples include unofficial river access tracks; tracks through private land to access DoC reserves, tracks through DoC reserves that otherwise have no officially identified tracks; historic forestry logging truck turn-around tracks where logs were loaded onto them, etc. It may also be appropriate to consult and/or notify schools in a wider area that are known to or are likely to use the area for recreation, education, camps, etc.

List all publicly accessible walking/biking/off-road tracks used by the public within the operational area (and identify on the operational map, Section A) according to the criteria listed to assess the level of use of the walking/biking/off-road tracks:

HIGH USE <i>(more than 50 people per day)</i>	MEDIUM USE <i>(between 10 and 50 people per day)</i>	LOW USE <i>(fewer than 10 people per day)</i>

Give the source(s) of your information:

Name of the person who provided the information: _____

Signature: _____

SECTION J: AREAS TO BE INSPECTED

The intent of this section is to identify places where the use of VTAs and/or other hazardous substances may directly or indirectly harm human health.

List any other excluded areas not recorded elsewhere in the application (or identify on operational map, Section A):

Describe the control methods for this area:

SECTION K: SCHOOLS, EARLY CHILDHOOD EDUCATION CENTRES (including Te Kohanga Reo's, Kindergartens, Playcentres, etc.)

The intent of this section is to help to protect young children from the risk of contact with VTA and/or other hazardous substance. For example young children walking or cycling to school may visit friends, explore or take short cuts through operational areas (therefore their parents/caregivers need to receive warnings of the whereabouts of hazardous substances in the area). It may also be appropriate to consult and/or notify schools in a wider area that are known to or are likely to use the area for recreation, educational purposes, camps, etc.

Explanatory Note - "Appropriate Distance"

This applies to the size of a buffer around an operational area in which schools and early childhood education centres (ECEC) may be found. Urban schools are likely to have pupils coming from shorter distances than those in rural areas. For example, a 2 km-radius circle area around an operational area may be suitable in an urban setting, but a 10 km radius may be more suitable in a rural area. The appropriate distance should be identified after consultation with school staff and with the delegated person.

List all schools and ECEC located within an "appropriate distance" of the operational area:	
Name of educational facility:	Distance from operational area:
Have you sent information, and requested feed-back for any concerns, to these schools and ECEC? <input type="checkbox"/> Yes <input type="checkbox"/> No 	
Detail what, if any, concerns these schools and ECEC identified:	
How are you planning to avoid, mitigate or remedy any adverse effects identified by these schools and ECEC?	
Have you attached a copy of the information that will be supplied to these schools and ECEC: <input type="checkbox"/> Yes <input type="checkbox"/> No 	

PHU: Copy of information provided attached.

(For official use)

SECTION L: NOTIFICATIONS

Notification is required to ensure that the general public are aware of any VTA and/or other hazardous substance operation scheduled to take place to inform affected parties of times, dates, locations and other required operational matters. This takes place after a decision has been made on the poisoning operation and consultation is completed.

Hunting permits for Department of Conservation (DoC) (and many private forests) are required to carry a warning to hunters that poisoning is planned for certain localities.

The appropriate authorities (DoC, WorkSafe NZ, Regional and Local Councils or Forest Managers) must be notified in advance of the operation.

A record or list of names and addresses of contacts is to be maintained by the applicant. This record is to be kept by the applicant for 12 months from the date of expiry of the Permission and shall be made available to the delegated person on request.

Please list notifications made to the following agencies and groups:

Local health/medical services/police:

Outdoor pursuit clubs/organisations such as: tramping, walking, biking, caving, rafting, boating, conservation, nature, mountain climbing, fishing, hunting, orienteering clubs and other organisations. Also public events, such as road races, BMX, triathlon, marathons, agricultural field days, A&P shows, dog trails, etc.:

Any other known groups that are likely to have access to the area, eg beekeepers:

Attach a copy of the information that will be supplied to groups and agencies.

PHU: Copy of information provided attached.

(For official use)

SECTION M: NOTICE BOARDS, PUBLIC INFORMATION CENTRES, KIOSKS, etc.

The intent of this section is to ensure that a clear message is given to people of the presence and danger of the VTA and/or other hazardous substance. Where foreign tourists are known to frequently visit an area, it may be useful to provide message in the appropriate language.

Explanatory Note - Signage controls are covered by the Health and Safety at Work (Hazardous Substances) Regulations 2017 and do not form part of this permission process.

Please list locations of notice boards, etc (or identify on operational map; Section A):

Have you attached a copy of information with this application?

Yes

No

PHU: Copy of information provided attached.

(For official use)