

A. GENERAL INFORMATION

A1 – How long have you lived at your current address?

 years

A2 – What is your date of birth?

 / /

A3 – What is your place of birth?

In which French *département*?

In which country?

A4 – Are you:

 A man?

 A woman?

A5 – What is your current marital status?

 Single

 Divorced or separated

 Married or living together

 Widow(er)

A6 – What is your highest level of qualification/training (even if you do not have the associated diploma)?

 No qualification

 GCSE D-G

 +2 years higher education, please specify below:

 Self-trained

 GCSE A-C/GNCQ intermediate

 Nat. Curr. Key stage 2

 A Levels

 Youth training (NVQ 1&2)

 BTEC Higher National Diploma

B. PROFESSIONAL EXPERIENCE

B1 – What is your current professional situation (you may tick several boxes, particularly if you have several, simultaneous activities)?

 Professionally active farmer or co-farmer

 Professionally active employee

 Retired

 Unemployed

 On extended sick leave

 On sick leave

 Other (please specify in the space provided opposite):

B2 – Since which year has this been your professional situation?

B3 – Please complete the table for each of the positions you have occupied for over one year. Don't forget to include your current position. If, during certain periods, you occupied more than one position simultaneously, please note them one after another. If you are retired, please note the positions you occupied in the past.

		Start year	End or current year	Name and location of the farm business or company	Position occupied (please be specific)	What where your key responsibilities?
Examples	Job 1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Farm X Le village fleuri 14xxx	Family help	Milking cows
	Job 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Conseil Général du Calvados 14000 Caen	Bus driver	School bus round-driving
	Job 3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Farm Y Le long vallon 14xxx	Farmer	Milking cows Treating Crops Mechanical tasks
	Job 1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>	
	Job 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>	
	Job 3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>	
	Job 4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>	
	Job 5	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>	
	Job 6	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>	
	Job 7	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>	

B4 – Throughout your professional career, have you carried out the following tasks?

	No	Yes	If yes, for how many years?
Mechanical tasks (excluding oil change)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> years
Major repair of pesticide crop sprayers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> years
Maintenance/servicing of pesticide crop sprayers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> <input type="text"/> years

C. HISTORY OF AGRICULTURAL ACTIVITIES ON A FARM

Have you already worked on a farm?

- No (If not, please go directly to paragraph D, page 5)
- Yes, **Please complete the following tables, not forgetting to tick No for each crop or breeding sector in which you have not worked.**

C1 – Breeding activities

Have you worked in the following breeding sectors?	Have you personally carried out the following tasks? (you may tick several boxes)	Start year	End or current year	Number of animals	
				Minimum	Maximum
Cattle:	<input type="checkbox"/> Animal care	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> No	<input type="checkbox"/> Milking	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Yes	<input type="checkbox"/> Insecticide treatment (against warble-flies, flies...)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="checkbox"/> Local disinfection	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	<input type="checkbox"/> Milking equipment disinfection	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Sheep or goats:	<input type="checkbox"/> Animal care	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> No	<input type="checkbox"/> Milking	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Yes	<input type="checkbox"/> Insecticide treatment	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="checkbox"/> Local disinfection	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
	<input type="checkbox"/> Milking equipment disinfection	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Pigs:	<input type="checkbox"/> Animal care	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> No	<input type="checkbox"/> Insecticide treatment	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Yes	<input type="checkbox"/> Local disinfection	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Horses:	<input type="checkbox"/> Animal care	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Insecticide treatment	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Poultry:	<input type="checkbox"/> Animal care	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Insecticide treatment	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Specify	<input type="checkbox"/> Local disinfection	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<input type="checkbox"/> Hens/Chickens					
<input type="checkbox"/> Turkeys/Turkey cocks					
<input type="checkbox"/> Ducks/Geese					

Other breeding types (please specify in the space below): rabbits, guinea-fowl, bees, etc...	Start year	End or current year	Maximum number of animals	Which key tasks did you personally carry out? (please specify in the space provided below)
<input style="width: 100%; height: 50px;" type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input style="width: 100%; height: 50px;" type="text"/>

C2 - Viticulture-Cereals-Grassland-Orchards-Greenhouses-Other crops

Have you worked in the following agricultural sectors?	Have you personally carried out the following tasks? (you may tick several boxes)	Start year	End or current year	Minimum surface area (in ha)	Maximum surface area (in ha)
Grassland: <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Herbicide treatment <input type="checkbox"/> Haymaking	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Vineyard: <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Cultivation chores (cutting and other manual tasks) <input type="checkbox"/> Pesticide or herbicide treatment <input type="checkbox"/> Grape harvesting/picking <input type="checkbox"/> Cellar work <input type="checkbox"/> Park maintenance	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Corn – grain or for silage: <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Seeding treatment on the farm <input type="checkbox"/> Sowing <input type="checkbox"/> Pesticide or herbicide treatment <input type="checkbox"/> Harvesting	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Wheat or barley: <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Seeding treatment on the farm <input type="checkbox"/> Sowing <input type="checkbox"/> Pesticide or herbicide treatment <input type="checkbox"/> Harvesting	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Field pea or horse bean: <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Seeding treatment on the farm <input type="checkbox"/> Sowing <input type="checkbox"/> Pesticide or herbicide treatment <input type="checkbox"/> Harvesting	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Sugar beet or mangel: <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Seeding treatment on the farm <input type="checkbox"/> Sowing or planting <input type="checkbox"/> Pesticide or herbicide treatment <input type="checkbox"/> Harvesting	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Sunflower: <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Seeding treatment on the farm <input type="checkbox"/> Sowing <input type="checkbox"/> Pesticide or herbicide treatment <input type="checkbox"/> Harvesting	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Rape: <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Seeding treatment on the farm <input type="checkbox"/> Sowing <input type="checkbox"/> Pesticide or herbicide treatment <input type="checkbox"/> Harvesting	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Have you worked in the following agricultural sectors?	Have you personally carried out the following tasks? (you may tick several boxes)	Start year	End or current year	Minimum surface area (in ha)	Maximum surface area (in ha)
Tobacco: <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Sowing or planting <input type="checkbox"/> Pesticide or herbicide treatment <input type="checkbox"/> Harvesting/Gathering	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Arboriculture (orchards): Please tick appropriate tree(s): <input type="checkbox"/> None <input type="checkbox"/> Apple <input type="checkbox"/> Pear <input type="checkbox"/> Plum <input type="checkbox"/> Peach <input type="checkbox"/> Cherry <input type="checkbox"/> Other	<input type="checkbox"/> Cutting <input type="checkbox"/> Pesticide or herbicide treatment <input type="checkbox"/> Harvesting/Picking <input type="checkbox"/> Other tasks (please specify in the space provided)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Other crops	Start year	End or current year	Maximum surface area cultivated	Which key tasks did you personally carry out? (please specify in the space provided below)
Potatoes <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> ha	<input type="checkbox"/> Seeding treatment on the farm <input type="checkbox"/> Planting <input type="checkbox"/> Pesticide or herbicide treatment <input type="checkbox"/> Harvesting <input type="checkbox"/> Other tasks
Other field-grown vegetable crops <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> ha	
Greenhouse or tunnel cultivation <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> m ²	
Other (please specify in the space provided) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ha or m ²	

D. FUNGICIDES, INSECTICIDES OR HERBICIDES USED DURING YOUR PROFESSIONAL CAREER

D1 – Have you used fungicides or insecticides or herbicides throughout your professional career? No (go directly to paragraph F) Yes

D2 – Do you remember the names of the fungicides, herbicides or insecticides used during your professional career and on what crops? No Yes
 If yes, please enclose a list of the products used (on a separate sheet of paper)

D3 – Do you still have all or part of your treatment calendars? No Yes

E. PERSONAL PROTECTIVE EQUIPMENT

When using fungicides, insecticides or herbicides during your professional career, do (did) you wear the following personal protective equipment? No Yes (If yes, please complete the table below)

	Waterproof gloves?	A disposable or Tyvek® coverall?	A mask with filter cartridge?
Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Systematically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As from which year?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
During preparation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When cleaning the crop sprayer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F1. - Have you ever used spraying equipment?

(excluding equipment used in the farmyard, on embankments and hedges, which is dealt with in question F2)

No (If no, go directly to question F2)

Yes

If yes, please complete the table below: One line is specifically reserved for backpack sprayers. For other equipment, please complete a different line for each. *For example: if you used a mounted sprayer with a 1,000 litre tank and a tractor without cabin from 1960 to 1980, that would be equipment 1, then if you used the same sprayer but with a closed cabin from 1980 to 1990, that would be equipment 2 and, finally, if, from 1990 to 2005 you used a towed sprayer with a closed cabin, that would be equipment 3. If you concurrently used a backpack sprayer from 1980 to 2005, that would be noted on the backpack sprayer line.*

Type of equipment	Tank volume (in litres)	Crops treated with this equipment	First year used	Last year used	Number of days used per year	Number of tanks prepared per treatment day	Surface area treated per day (in ha)	Equipment cleaning
Have you ever used a backpack sprayer? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/> <input type="text"/> litres	<input type="checkbox"/> Vineyards <input type="checkbox"/> Orchards <input type="checkbox"/> Greenhouses <input type="checkbox"/> Wheat, corn, rape, grassland ...	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Never <input type="checkbox"/> Once yearly <input type="checkbox"/> After each treatment type <input type="checkbox"/> After each use
Equipment 1 <input type="checkbox"/> Mounted tank <input type="checkbox"/> Towed tank <input type="checkbox"/> High clearance or self-propelled tractor <input type="checkbox"/> Between row tractor <input type="checkbox"/> Mist blower <input type="checkbox"/> Other (please specify below):	Volume <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Tractor with cabin? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Vineyards <input type="checkbox"/> Orchards <input type="checkbox"/> Greenhouses <input type="checkbox"/> Wheat, corn, rape, grassland ...	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Never <input type="checkbox"/> Once yearly <input type="checkbox"/> After each treatment type <input type="checkbox"/> After each use
Equipment 2 <input type="checkbox"/> Mounted tank <input type="checkbox"/> Towed tank <input type="checkbox"/> High clearance or self-propelled tractor <input type="checkbox"/> Between row tractor <input type="checkbox"/> Mist blower <input type="checkbox"/> Other (please specify below):	Volume <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Tractor with cabin? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Vineyards <input type="checkbox"/> Orchards <input type="checkbox"/> Greenhouses <input type="checkbox"/> Wheat, corn, rape, grassland ...	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Never <input type="checkbox"/> Once yearly <input type="checkbox"/> After each treatment type <input type="checkbox"/> After each use
Equipment 3 <input type="checkbox"/> Mounted tank <input type="checkbox"/> Towed tank <input type="checkbox"/> High clearance or self-propelled tractor <input type="checkbox"/> Between row tractor <input type="checkbox"/> Mist blower <input type="checkbox"/> Other (please specify below):	Volume <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Tractor with cabin? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Vineyards <input type="checkbox"/> Orchards <input type="checkbox"/> Greenhouses <input type="checkbox"/> Wheat, corn, rape, grassland ...	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Never <input type="checkbox"/> Once yearly <input type="checkbox"/> After each treatment type <input type="checkbox"/> After each use

