

PATTERN DEPOSITION ANALYSIS

Run#/Day _____

Operation S.A.F.E. Clinic

Business Name: _____

Business Address: _____ Town: _____

State: _____ Postal Code: _____ Phone: _____ FAX: _____

Pilot Name: _____ Pilot or Business email : _____

Aircraft Reg. Nbr: _____ Make, Model _____

Nozzle (CP, Flat Fan, etc.) _____ Orifice (CP072, FF 8006, etc.) _____ Def. Ang. (Deg) _____ # Nozzles (Each size) _____

Boom Pressure Setting _____ (PSI, kPa) Target Application Rate _____ (GPA, LPA) Target Swath _____ (FT., m)

Total Number of Passes per Series _____ (Normally 3)

Test Series Number _____

Test Series Number _____

| <i>Passes >>>></i> | A | B | C | D | E | | A | B | C | D | E |
|--------------------------------|---|---|---|---|---|--|---|---|---|---|---|
| Flight Direction (Deg.) | | | | | | | | | | | |
| Ground Speed (MPH) | | | | | | | | | | | |
| Spray Height (Ft., m) | | | | | | | | | | | |
| Wind Direction (Deg.) | | | | | | | | | | | |
| Wind Speed (MPH, KPH) | | | | | | | | | | | |
| Temperature (°F, °C) | | | | | | | | | | | |
| Relative Humidity (%) | | | | | | | | | | | |

Analyst comments: