

Quik Spray Unit Hire Agreement

Hirer Details			
Name:			
Address:			
Phone:	Email:		
A copy of the applicant's driver's licence has been attached to this form			
The Somerset Regional Council is collecting your personal information to process your application to obtain hire of the Quik Spray unit for pest management purposes. The collection of this information is authorised under the Local Government Act 2009. This information can not be provided to any other person or agency unless your consent is provided or as required by law. Details may be used to update Council records.			
Unit and Hire Details			
☐ Kilcoy plant number: 904	Esk plant number: 947		
2 metres long and 1.1 metres wide	2.2 metres long and 1.2 metres wide		

Agreement

I acknowledge that the herbicide spray equipment called "the equipment" mentioned below is to be used by me personally and entirely at my own risk, and agree I will not hold Somerset Regional Council ("the Council") liable on any account in respect of any damage or injury I may sustain as a result of any use of the equipment, whether in accordance with proper direction for its use or otherwise.

- 1. I warrant that I hold all necessary skill and competence to use the equipment and will only use it on land owned or occupied by me or land owned or occupied by a relative of mine.
- 2. I confirm that the manufacturers' manual relevant to the equipment has been provided to me.
- 3. Should I suffer any damage of injury as a result of use or handling of the equipment, or should any other person use or handle the equipment and suffer any injury in connection with its use or handling, or suffer any damage or injury as a result of my use of the equipment I will indemnify the Council against any claim being made against it in respect of such damage or injury.
- 4. Subject to what appears below in clause five the acknowledgement and indemnities in this form apply irrespective of whether:
 - a. the equipment was in proper working order or not;
 - b. the council has given any instruction or direction to me in the use of the equipment;
 - c. any instructions or directions given by council were insufficient, misleading, false or incomplete;
 - d. The council drew to my attention all or any manufacturer's safety advices, notices or recommendations in the use of the equipment.
- 5. The acknowledgment and indemnities in this form do not apply where at the time of delivery to me:
 - a. The equipment has any patent, obvious and readily discernible fault or damage; or
 - b. The equipment (or any part of it) comes with manufacturer's written safety or use or handling directions and such directions or instructions are not given to me.
 - c. The acknowledgements, agreements and indemnities in this form bind my estate.
- 6. I confirm that my vehicle has an unimpeded floor pan of 1240mm x 2200 mm for the transport of the unit.

Phone: (07) 5424 4000

Quik Spray Unit Hire Agreement



ABN 50 138 958 249 PO Box 117, ESK QLD 4312

Authorisation					
Hirer	Name:				
	Signature:	Date:			
SRC officer	Name:				
	Signature:	Date:			

Office use only					
Unit hire GL code: 7815-1000-000		Holding deposit GL code: 2086-5000-000			
Receipt number:	Return date:		Return time:		

Phone: (07) 5424 4000



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Quik Spray Hire Checklist						
I have been provided with an induction on the operating controls of the Quik Spray herbicide unit by a Somerset Regional Council competent person:						
☐ I have been a	advised that the Quik Spray unit MUST NOT be used for fire fight	ing				
☐ I have been a of this equipment	I have been advised that petroleum products MUST NOT be added for any reason into the spray tank					
	stand that during transport/use of the Quik Spray unit, I must secure the unit to my vehicle -down straps supplied with the unit (three supplied)					
☐ Tie-down stra	aps are to be returned with the unit to Somerset Regional Council	on hire completion				
	been issued with the instruction manual for the Quik Spray unit. This <i>Instruction Manual</i> is to to Somerset Regional Council with the Quik Spray unit					
I have been shown the physical location of the various components of the unit as supplied. These locations are shown on pages five and six of the <i>Instruction Manual</i> . I have been shown the valve operation, control operation, timer adjustment, chemical tank and starting procedure						
The need to conduct a pre-operational check before any operation of the unit was conducted, and I was shown where this pre-operational check is documented on page seven in the <i>Instruction Manual</i>						
☐ I have been shown how to fill the spray tank (page seven in the <i>Instruction Manual</i>)						
☐ I understand that the spray tank must be empty of any chemical/liquid before returning it to Somerset Regional Council						
☐ I understand that the spray tank must be empty of any chemical/liquid before returning it to Somerset Regional Council						
The tank must undergo a triple rinse process using water to remove any chemical residues. This triple rinse is to be undertaken on my property						
☐ The items in	the Safety First section of the Instruction Manual on page eight w	vere discussed				
☐ The basic op Instruction Manua	eration of the Quik Spray unit was demonstrated with the 13 step al discussed	s on page nine of the				
☐ I was shown in the <i>Instruction Manual</i> where I could source troubleshooting information referring to this unit. Troubleshooting is also provided by Somerset Regional Council (in some cases) by phoning (07) 5424 4000						
I have been shown the location of the two transmitter remote controls that operate the hose reels on the unit and understand that both transmitters must be returned with the unit to Somerset Regional Council after hire completion						
I have been advised to wear PPE as per the Quik Spray unit <i>Instruction Manual</i> and the chemical manufacturer's instructions						
☐ I have been instructed to follow the manufacturer's instructions for mixing chemicals and for the use within a tank such as that of the Quik Spray unit						
Authorisation						
Hirer	Name:					
_	Signature:	Date:				
+	Name:					
_	Signature:	Date:				

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