

**P H Y L L O X E R A S U R V E Y
Q U E S T I O N N A I R E 2 0 0 2**

INTRODUCTION

This questionnaire was developed to gather information on how phylloxera has been managed in your wine region to support an upgrade in Phylloxera quarantine status. It addresses issues such as:

- Contacts to arrange access for ground surveys,
- Location and size of vineyard to survey for planning purposes,
- Sources of planting material, and the methods used to control vineyard access for visitors, workers and contractors to enable the State Department of Agriculture to undertake a desktop risk assessment of the likelihood of phylloxera being present,
- An indication of phylloxera awareness and education within the region.

SURVEY DISTRIBUTION

All vine planting's known to association members should have a separate questionnaire and all questions must be attempted. Supporting documentation and/or certification should be copied and attached. Where the owner is uncooperative or unknown, the questionnaire is to be completed by an association representative, but the declaration should not be signed.

SURVEY RESULTS

Once the questionnaire sheets are returned to the State Department Agriculture, a comprehensive report can be prepared on how phylloxera has been managed in the region based on the data that is collected. The results will provide evidence of the steps that the region has taken to ensure that the risk of phylloxera has been managed. It will also allow the State Department of Agriculture to undertake a risk assessment so that the intensity level of ground surveying can ultimately be determined.

ADDITIONAL INFORMATION

The Vineyard Association will be asked to provide additional information on the history of viticulture in the region. Should you have anything of relevance on the region or your specific vineyard it would be appreciated if you could attach this information and/or a brochure to this questionnaire.

Privacy Notice

The information provided in this questionnaire is being collected for the purpose of Phylloxera. It will be used by the State Department of Agriculture for planning and undertaking vineyard surveys to determine the phylloxera status of the viticultural district and will not be provided to any other agency except in a summary format. This format will not identify the ownership of particular vineyards. The information has been provided voluntarily and will be stored securely within:
(The details contact of the State Coordinator must be added to complete the Privacy Legislation Requirements)

**P H Y L L O X E R A S U R V E Y
Q U E S T I O N N A I R E 2 0 0 2**

ENQUIRIES:
 State Department of Agriculture must enter contact details for:
 The Project Coordinator

OWNER

Name	
Postal address	
Telephone home	
Telephone business	
Telephone mobile	
E-mail Address or Fax Number	

PROPERTY

Site Manager & contact number	
Title detail of block(s) where vines planted	<i>eg. lot/DP or Portion number, Parish and County where vines are planted to allow us to electronically map the district.</i>
Street location of vineyard entrance	

VINEYARD

Total Area of vines (hectares)	
Year vines first planted	
History of previous vine planting's on or near site? If so, when?	

PHYLLOXERA SURVEY
QUESTIONNAIRE 2002

Please insert or draw a map of the location of the vineyard in relation to the nearest township.

A large, empty rectangular box with a thin black border, intended for the respondent to draw a map of the vineyard's location relative to the nearest township.

**P H Y L L O X E R A S U R V E Y
Q U E S T I O N N A I R E 2 0 0 2**

VINEYARD ACCESS FOR VISITORS AND VEHICLES

1. Please tick all the methods you use for vineyard hygiene

- Footbath Restricted access for visitors (eg. fences and locked gates)
- Warning signs for phylloxera Restricted access for vehicles
- None Other, please list

VINEYARD WORKERS AND CONTRACTORS

2. Have you used itinerant, casual or contract staff in the vineyard?

- Yes No

3. Are they employed in vineyards elsewhere?

- Yes No Don't know

Please nominate where if outside region:

4. Please tick the methods you use to manage vineyard hygiene with these staff

- Footbath Inspection of footwear and clothing
- None Other, please list

5. Did you use a contractor to establish the vineyard?

- Yes No

6. If yes, please provide contractor's name and contact details

P H Y L L O X E R A S U R V E Y
Q U E S T I O N N A I R E 2 0 0 2

VINEYARD EQUIPMENT AND INFRASTRUCTURE

7. Have you shared any vineyard equipment (excluding harvesters) with any other vineyard?

Yes No

8. If yes, what methods were used to clean the equipment between vineyards?

Hosed down Steam cleaned None

9. Have you used contract harvesters?

Yes No

10. If yes, what method does the contract harvester use to clean the harvester between vineyards?

Hosed down Steam cleaned Heat treated

11. Have you used any second hand posts in the vineyard?

Yes No

12. If yes, please provide details of where they were purchased/acquired

13. If yes, how were the posts cleaned prior to being used?

14. Have you used any second hand vine guards?

Yes No

15. If yes, please provide details of where they were purchased/acquired

16. If yes, how were the guards cleaned prior to being used?

P H Y L L O X E R A S U R V E Y
 Q U E S T I O N N A I R E 2 0 0 2

PHYLLOXERA AWARENESS/EDUCATION/GENERAL

17. Have you completed any training in phylloxera identification?

Yes No

18. Do you understand what a Phylloxera Infested Zone, Phylloxera Risk Zone and Phylloxera Exclusion Zone mean to your vineyard operation?

Yes No

19. Do you wish to receive more information on Phylloxera?

Yes No

20. Do you suspect that you could have Phylloxera in your vineyard?

Yes No

DECLARATION:

The information contained in this questionnaire is provided in good faith for the purposes stated. The information provided is, to the best of my knowledge, true and correct at the time of completion.

Signature:

Name:

Position:

Date:

OPTIONAL CONSENT:

The Privacy and Personal Information Protection Act 1998 obliges NSW Agriculture to make you aware of the purposes for which we might use the contact details you supply us with. In order to comply with the requirements of the Act, I am obliged to ask you to indicate whether or not you wish to have your name and address include on a mailing list for the purpose of distributing information regarding Phylloxera. The mailing list will remain in use for a period of three years and you may amend, or remove, your contact details from the mailing list at any time by contacting (Name of Program Coordinator), Phylloxera Project Coordinator at, (Postal address of Program Coordinator.) Please indicate your preference with a tick:

Include my personal contact details on the phylloxera mailing list.

Do not include my personal contact details on the phylloxera mailing list.

SIGNATURE:

NAME:

DATE:

P H Y L L O X E R A S U R V E Y
Q U E S T I O N N A I R E 2 0 0 2