

STRUCTURAL - BRANCH 1
USE MONITORING INSPECTION

PR-ENF-107 (EST. 2/02)

FOR CAC USE

ACTION REFERENCE:
INVESTIGATION #
DPR/WH/OTHER
(Circle One)

DRAFT

INSPECTING COUNTY

FIRM / PERSON INSPECTED TELEPHONE NUMBER PEST
FIRM MAILING ADDRESS TREATMENT SITE WIND VELOCITY
Direction _____ to _____
BUSINESS LICENSE NUMBER INDIVIDUAL LICENSE # EQUIPMENT TYPE VEHICLE LICENSE PLATE
APPLICATION SITE ADDRESS METHYL BROMIDE METHOD REQ. DISTANCE MAINTAINED
YES NO

APPLICATOR'S NAME ACTIVITY PERSONAL PROTECTIVE EQUIPMENT WORN

Table with 4 columns: PESTICIDE NAME / MANUFACTURER, LABEL REGISTRATION NUMBER, SIGNAL WORD, FORMULATION, RATE

FUMIGATION - BRANCH 1 APPLICATION TARP REMOVAL AERATION CERTIFICATION

Table with 4 columns: REQUIREMENTS, Section, COMPLIANCE (YES, NO, N/A), REQUIREMENTS (Continued), Section, COMPLIANCE (YES, NO, N/A)

COMPLIANCE ACTIONS
Follow-up required YES NO
Cease and Desist Order 11897/13102 YES NO
Correct Noncompliances by:
County Follow up Inspection Date:

VIOLATION NOTICE #
VIOLATION NOTICE #
YES NO
YES NO

Remarks: Include a detailed description of noncompliances.

Blank lines for detailed remarks.

INSPECTOR Print Name Signature TIME AND DATE INSPECTED
INSPECTION ACKNOWLEDGED BY Employee Owner Print Name Signature