

Appendix 8

Inspection Forms

Introduction Inspections are the primary tools used to determine compliance with pesticide laws and regulations and to assess their effectiveness as they relate to attaining VOC emission reductions and meeting mandates under the federal Clean Air Act; improved respiratory protection for workers; and reduced pesticide levels and subsequent impacts on surface and ground water supplies.

The following inspection forms have been revised to capture new regulatory requirements implemented since 2003.

Submitting inspection forms to DPR Counties should submit all inspections beginning in January 2010 with the Pesticide Regulatory Activity Monthly Report (PRAMR). This includes partial, follow-up, others (rice holding, etc.), and unattended tarp/aeration inspections. The **only exception** to this requirement to submit inspections is the Pesticide Pre-Application Site Evaluation inspections (PR-ENF-102, Rev. 01/10). See the January 1, 2010 PRAMR instructions for more information.

Effective date Use of the revised inspection forms begins January 1, 2010.

In this appendix This appendix contains the following forms:

Form Number & Name
PR-ENF-101 (Rev. 01/10) -- Violation Notice
PR-ENF-102 (Rev. 01/10) -- Pesticide Pre-Application Site Evaluation
PR-ENF-103 (Rev. 01/10) -- Field Worker Safety Inspection
PR-ENF-104 (Rev. 01/10) -- Pesticide Use Monitoring Inspection
PR-ENF-105 (Rev. 01/10) -- Commodity Fumigation Use Monitoring Inspection
PR-ENF-106 (Rev. 01/10) -- Field Fumigation Use Monitoring Inspection
PR-ENF-107 (Rev. 01/10) -- Structural Fumigation Use Monitoring Inspection
PR-ENF-108 (Rev. 01/10) -- Structural Use Monitoring Inspection
PR-ENF-109 (Rev. 01/10) -- Pest Control Headquarter Inspections
PR-ENF-110 (Rev. 01/10) -- Pest Control Business Headquarter Inspections
PR-ENF-111 (Rev. 01/10) -- Inspection Report/Violation Notice Supplement

**FIELD WORKER SAFETY
INSPECTION REPORT**

- COMPLETE
- PARTIAL
- FOLLOW-UP INSPECTION

PR-ENF-103 (REV. 01/10) Page 1 of 1

ORIGINAL INSP. # _____

INSPECTING COUNTY _____

FIRM / PERSON INSPECTED (Check one) <input type="checkbox"/> FLC <input type="checkbox"/> GROWER <input type="checkbox"/> OTHER		TELEPHONE NUMBER	SITE ID NUMBER
FIRM MAILING ADDRESS		PERMIT / OPERATOR ID NUMBER	COMMODITY / SITE
PROPERTY OPERATOR		ADJACENT ENVIRONMENT	N
PROPERTY LOCATION		W	TREATMENT AREA
SUPERVISOR			
DATE OF APPLICATION		INTERVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO	
APPROX. # OF FIELD WORKERS		REI EXPIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	
APPROXIMATE FIELD SIZE		FIELD WORKERS ACTIVITY	

PESTICIDE NAME / MANUFACTURER	LABEL REGISTRATION NUMBER	SIGNAL WORD	REI

N/A **Early Entry Personal Protective Equipment Worn**

- | | | | |
|---|--|--|--|
| DERMAL
<input type="checkbox"/> Work Clothing
<input type="checkbox"/> Chemical Resistant Clothes
<input type="checkbox"/> Chemical Resistant Boots
<input type="checkbox"/> Head Covering
<input type="checkbox"/> Shoes and Socks
<input type="checkbox"/> Other _____ | HANDS
<input type="checkbox"/> Cloth/Leather Gloves
<input type="checkbox"/> Chemical Resistant Gloves
<input type="checkbox"/> Other _____
<input type="checkbox"/> None | EYES
<input type="checkbox"/> Safety Glasses
<input type="checkbox"/> Goggles
<input type="checkbox"/> Faceshield
<input type="checkbox"/> None | INHALATION
<input type="checkbox"/> Dust Mask
<input type="checkbox"/> 1/2 Face Respirator
<input type="checkbox"/> Full Face Respirator
<input type="checkbox"/> SCBA
<input type="checkbox"/> None |
|---|--|--|--|

REQUIREMENTS	Section	COMPLIANCE			REQUIREMENTS, (Continued)	Section	COMPLIANCE		
		YES	NO	N/A			YES	NO	N/A
1. FLC Registered #	1695 LC				9. Field Entry After Pesticide Application	6770			
2. Notice of Application Within 1/4 Mile	6618(a)				10. Early Entry Requirements	6771			
3. Decontamination Facility	6768				11. Posting Compliance	6776			
4. Hazard Communication A-9 Complete	6761				12. Greenhouse Ventilation Criteria	6769			
5. Emergency Medical Care Knowledge	6766				13. Labeling - PPE	12973			
6. Field Worker Training	6764								
7. Application Specific Information Display	6761.1								
8. Field Work During Pesticide Application	6762				TOTAL	TOTAL			

COMPLIANCE ACTIONS:		COMPLIANCE ACTIONS, (Continued):	
Cease and Desist Order 11897 / 13102 <input type="checkbox"/> YES <input type="checkbox"/> NO	Follow-up Required <input type="checkbox"/> YES <input type="checkbox"/> NO	Correct Noncompliances By: _____	
Hazardous Area 6706 <input type="checkbox"/> YES <input type="checkbox"/> NO			

Remarks - Include a detailed description of noncompliances. When additional space is required, continue on Inspection Report / VN Supplement, PR-ENF-111.

INSPECTOR (Print Name)	Signature	TIME AND DATE INSPECTED
INSPECTION ACKNOWLEDGED BY (Print Name)	Signature	DATE ACKNOWLEDGED

VIOLATION NOTICE <input type="checkbox"/> YES <input type="checkbox"/> NO # _____ (FARM LABOR CONTRACTOR)	VIOLATION NOTICE <input type="checkbox"/> YES <input type="checkbox"/> NO # _____ (PROPERTY OPERATOR)
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**PESTICIDE USE
MONITORING INSPECTION REPORT**

- COMPLETE
- PARTIAL
- FOLLOW-UP INSPECTION

PR-ENF-104 (REV. 01/10) Page 1 of 1

ORIGINAL INSP. # _____

INSPECTING COUNTY _____

FIRM / PERSON INSPECTED			FIRM MAILING ADDRESS		
PROPERTY OPERATOR	SUPERVISOR	INTERVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO	BUSINESS TYPE	PERMIT / OPERATOR ID #	
PROPERTY LOCATION / SITE ID			<input type="checkbox"/> Property Operator	BUSINESS LICENSE # _____ or <input type="checkbox"/> N/R	
ADJACENT ENVIRONMENT			<input type="checkbox"/> Pest Control Business	TELEPHONE NUMBER _____	
W _____ N _____ E _____ S _____			<input type="checkbox"/> Maintenance Gardener	COMMODITY / SITE _____ <input type="checkbox"/> PROD AG	
			<input type="checkbox"/> Other	<input type="checkbox"/> OTHER	
			LICENSE NUMBER _____ <input type="checkbox"/> N/R	WIND VELOCITY _____	
			<input type="checkbox"/> QAL <input type="checkbox"/> QAC <input type="checkbox"/> PAC <input type="checkbox"/> JPC <input type="checkbox"/> APC <input type="checkbox"/> UNL	DIRECTION _____ to _____	
			METHOD OF APPLICATION (CHECK ONE):		
			<input type="checkbox"/> 1. AERIAL		
			<input type="checkbox"/> 2. CHEMIGATION		
			<input type="checkbox"/> 3. HAND HELD		
			<input type="checkbox"/> 4. GROUND RIG		
			<input type="checkbox"/> 5. OTHER		

HANDLER'S NAME / # INTERVIEWED	ACTIVITY	PERSONAL PROTECTIVE EQUIPMENT WORN

PESTICIDE NAME / MANUFACTURER	LABEL REGISTRATION NUMBER	SIGNAL WORD	FORMULATION	RATE	DILUTION

A. APPLICATION				B. MIX/LOAD			A. APPLICATION				B. MIX/LOAD				
COMPLIANCE			REQUIREMENTS	Section	COMPLIANCE			COMPLIANCE			REQUIREMENTS, (Continued)	Section	COMPLIANCE		
YES	NO	N/A			YES	NO	N/A	YES	NO	N/A			YES	NO	N/A
			1. PCB Licensed	11701							19. Closed Sys. Used /Criteria - "Danger"	6746			
			2. PCB Registered in County	11732							20. Protect. of Persons/Animals/Property	6614			
			3. Labeling Available at Use Site	6602							21. Equipment Registered - PCB	11732			
			4. Notice of Intent Submitted	6434							22. Equipment Identified - PCB	6630			
			5. Certified Applicator Sup RM	6406							23. Backflow Prevention - Airgap	6610			
			6. Complies w/Permit Conditions	12973							24. Containers Secured / Attended	6670			
			7. Labeling - Site/Rate/Other	12973							25. Containers Labeled / Closures	6676			
			8. Labeling - PPE	12973							26. Service Container Labeling	6678			
			9. Regulations - PPE	6738							27. Proper Containers	6680			
			10. Respiratory Protection	6739							28. Proper Pesticide Transport	6682			
			11. Coveralls, "Warning / Danger"	6736							29. Containers Properly Rinsed	6684			
			12. Handler(s) Trained	6724							30. Accurate Measurement	6604			
			13. Emergency Med. Care Posting	6726							31. Ground Water Protection	6487.1-5			
			14. Employee Working Alone, "Danger"	6730							32. Wellhead Protection	6609			
			15. Decontamination Facility	6734							33. Dormant Insecticides	6960			
			16. Eyewash Immed. Available - Prod. Ag.	6734(c)											
			17. Field Postings	6776											
			18. Safe Equipment	6742											
											TOTAL	TOTAL			

COMPLIANCE ACTIONS:				COMPLIANCE ACTIONS, (Continued):			
Cease and Desist Order 11737 / 11897 / 13102 <input type="checkbox"/> YES <input type="checkbox"/> NO				Correct Noncompliances By: _____			
Follow-up Required <input type="checkbox"/> YES <input type="checkbox"/> NO							

Remarks - include a detailed description of noncompliances. When additional space is required, continue on Inspection Report / VN Supplement, PR-ENF-111.

INSPECTOR (Print Name)	Signature	TIME AND DATE INSPECTED
INSPECTION ACKNOWLEDGED BY (Print Name)	Signature	DATE ACKNOWLEDGED

VIOLATION NOTICE YES NO # _____

**COMMODITY FUMIGATION USE
MONITORING INSPECTION REPORT**

- COMPLETE
- PARTIAL
- FOLLOW-UP INSPECTION

PR-ENF-105 (REV. 01/10) Page 1 of 1

ORIGINAL INSP. # _____

INSPECTING COUNTY _____

FIRM INSPECTED _____	BUSINESS TYPE <input type="checkbox"/> Property Operator	PERMIT / OPERATOR ID # _____
FIRM MAILING ADDRESS _____	<input type="checkbox"/> Pest Control Business	BUSINESS LICENSE / REG # _____ or <input type="checkbox"/> N/R <input type="checkbox"/> UNL
PERSON INSPECTED _____	LICENSE NUMBER _____ <input type="checkbox"/> N/R <input type="checkbox"/> QAL <input type="checkbox"/> QAC <input type="checkbox"/> PAC <input type="checkbox"/> Other <input type="checkbox"/> UNL	TELEPHONE NUMBER _____
PROPERTY OPERATOR _____	SUPERVISOR _____	COMMODITY / SITE <input type="checkbox"/> PROD AG <input type="checkbox"/> OTHER
PROPERTY LOCATION _____	SUPERVISOR INTERVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO	SITE ID NUMBER _____
ADJACENT ENVIRONMENT (N) _____ (S) _____	BUFFER ZONES <input type="checkbox"/> TREATMENT <input type="checkbox"/> AERATION	WIND VELOCITY _____
(E) _____ (W) _____	DISTANCE _____	DIRECTION _____ to _____
FUMIGATION METHOD _____		

HANDLER'S NAME / # INTERVIEWED	ACTIVITY	PERSONAL PROTECTIVE EQUIPMENT WORN

PESTICIDE NAME / MANUFACTURER	LABEL REGISTRATION NUMBER	SIGNAL WORD	FORM	RATE

REQUIREMENTS	Section	COMPLIANCE			REQUIREMENTS, (Continued)	Section	COMPLIANCE		
		YES	NO	N/A			YES	NO	N/A
1. PCB Licensed	11701				16. Accident Response Plan at Worksite	6780(d)			
2. PCB Registered in County	11732				17. Two Trained Employees	6782(a)			
3. Labeling Available at Use Site	6602				18. Warning Signs Posted, Required Info	6782(c)			
4. Notice of Intent Submitted	6434				19. Treated Area / Products Managed	6782(f)			
5. Certified Applicator Supervision	6406				20. MB and/or Pic - Properly Sealed Space	6453(a)			
6. Complies with Permit Conditions	12973				21. Accurate Measurement	6604			
7. Labeling - Aeration / Reentry	12973				22. Protection of Persons / Animals / Property	6614			
8. Labeling - Site / Rate / Buffers / Other	12973				23. Equipment Registered - PCB	11732			
9. Labeling - PPE	12973				24. Equipment Identified - PCB	6630			
10. Regulations - PPE	6738				25. Containers Secured / Attended	6670			
11. Respiratory Protection	6739				26. Containers Labeled / Closures	6676			
12. Handler(s) Trained	6724				27. Proper Pesticide Transport	6682			
13. Emergency Medical Care, Posting	6726								
14. Decontamination Facility	6734								
15. SCBA Worn / Cont. Monitoring / Plan Followed	6780(b)				TOTAL				

COMPLIANCE ACTIONS: Cease and Desist Order 11737 / 11897 / 13102 <input type="checkbox"/> YES <input type="checkbox"/> NO Follow-up Required <input type="checkbox"/> YES <input type="checkbox"/> NO	COMPLIANCE ACTIONS, Continued: Correct Noncompliances By: _____
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Remarks - Include a detailed description of noncompliances. When additional space is required, continue on Inspection Report / VN Supplement, PR-ENF-111.

INSPECTOR (Print Name) _____	Signature _____	TIME AND DATE INSPECTED _____
INSPECTION ACKNOWLEDGED BY (Print Name) _____	Signature _____	DATE ACKNOWLEDGED _____

VIOLATION NOTICE <input type="checkbox"/> YES <input type="checkbox"/> NO # _____ (PEST CONTROL BUSINESS)	VIOLATION NOTICE <input type="checkbox"/> YES <input type="checkbox"/> NO # _____ (PROPERTY OPERATOR)
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**FIELD FUMIGATION USE
MONITORING INSPECTION REPORT**

- COMPLETE
- PARTIAL
- FOLLOW-UP INSPECTION

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ORIGINAL INSP. # _____

INSPECTING COUNTY _____

FIRM / PERSON INSPECTED			FIRM MAILING ADDRESS		
PROPERTY OPERATOR	SUPERVISOR	INTERVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO	BUSINESS TYPE	PERMIT / OPERATOR ID #	
PROPERTY LOCATION			<input type="checkbox"/> Property Operator	BUSINESS LICENSE #	or <input type="checkbox"/> N/R <input type="checkbox"/> UNL
ADJACENT ENVIRONMENT			<input type="checkbox"/> Pest Control Business LICENSE NUMBER <input type="checkbox"/> N/R <input type="checkbox"/> QAL <input type="checkbox"/> QAC <input type="checkbox"/> PAC <input type="checkbox"/> UNL		TELEPHONE NUMBER
W	TREATMENT AREA	E	4-DIGIT FUMIGATION METHOD CODE		COMMODITY/SITE <input type="checkbox"/> PROD AG <input type="checkbox"/> OTHER
			BUFFER ZONES		SITE ID NUMBER
			INNER		WIND VELOCITY _____
			OUTER		DIRECTION _____ to _____

HANDLER'S NAME / # INTERVIEWED	ACTIVITY	PERSONAL PROTECTIVE EQUIPMENT WORN

PESTICIDE NAME / MANUFACTURER	LABEL REGISTRATION NUMBER	SIGNAL WORD	FORMULATION	RATE	DILUTION

REQUIREMENTS	Section	COMPLIANCE			REQUIREMENTS, (Continued)	Section	COMPLIANCE		
		YES	NO	N/A			YES	NO	N/A
1. PCB Licensed	11701				23. MB - Two Trained Employees / Work Hours	6784(b)			
2. PCB Registered in County	11732				24. MB - Worksite Plan	6447			
3. Licensed in Proper Category	6536				25. MB - Notification	6447.1			
4. NAA Emission Allowance (May - October)	6452.3				26. MB - Buffer Zone Requirements	6447.2			
5. Labeling Available at Use Site	6602				27. MB - Fumigation Methods	6447.3			
6. Notice of Intent Submitted	6434				28. 1,3-D - Fumigation Methods	6448.1			
7. Certified Applicator Supervision	6406				29. Chloropicrin - Fumigation Methods	6449.1			
8. Complies with Permit Conditions	12973				30. Metam - Fumigation Methods	6450.1			
9. Labeling - Aeration / Reentry	12973				31. Dazomet - Fumigation Methods	6450.2			
10. Labeling - Site / Rate / Buffers / Other	12973				32. NaTetrathiocarbonate - Fumigation Methods	6451.1			
11. Labeling - PPE	12973				33. Wellhead Protection	6609			
12. Regulations - PPE	6738				34. Accurate Measurement	6604			
13. Respiratory Protection	6739				35. Protection of Persons / Animals / Property	6614			
14. Handler(s) Trained	6724				36. Equipment Registered - PCB	11732			
15. Emergency Medical Care, Posting	6726				37. Equipment Identified - PCB	6630			
16. Employee - Working Alone, "Danger"	6730				38. Backflow Prevention - Airgap	6610			
17. Decon. Facility / Eyewash Available	6734				39. Containers Secured / Attended	6670			
18. Field Posting	6776				40. Containers Labeled / Closures	6676			
19. Posting - Aeration Complete	6784(a)				41. Proper Pesticide Transport	6682			
20. Accident Response Plan at Worksite	6780(d)								
21. Safe Equipment	6742								
22. Closed Sys. Used / Meets Criteria - "Danger"	6746				TOTAL	TOTAL			

COMPLIANCE ACTIONS:		COMPLIANCE ACTIONS, Continued:	
Cease and Desist Order 11737 / 11897 / 13102	<input type="checkbox"/> YES <input type="checkbox"/> NO	Correct Noncompliances By:	
Follow-up Required	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Remarks - Include a detailed description of noncompliances. When additional space is required, continue on Inspection Report / VN Supplement, PR-ENF-111.

INSPECTOR (Print Name)	Signature	TIME AND DATE INSPECTED
INSPECTION ACKNOWLEDGED BY (Print Name)	Signature	DATE ACKNOWLEDGED

VIOLATION NOTICE <input type="checkbox"/> YES <input type="checkbox"/> NO # _____	VIOLATION NOTICE <input type="checkbox"/> YES <input type="checkbox"/> NO # _____
(PEST CONTROL BUSINESS)	(PROPERTY OPERATOR)

**STRUCTURAL FUMIGATION USE
MONITORING INSPECTION REPORT**

- COMPLETE
- PARTIAL
- FOLLOW-UP INSPECTION

PR-ENF-107 (REV. 01/10) Page 1 of 1

ORIGINAL INSP. # _____

INSPECTING COUNTY

FIRM INSPECTED	BUSINESS REGISTRATION NUMBER <input type="checkbox"/> BR <input type="checkbox"/> PR <input type="checkbox"/> UNL	VEHICLE LICENSE PLATE
FIRM ADDRESS	TELEPHONE NUMBER	WIND VELOCITY _____
PERSON INSPECTED	INDIVIDUAL LICENSE NUMBER <input type="checkbox"/> OPR <input type="checkbox"/> FR <input type="checkbox"/> UNL	DIRECTION _____ to _____
APPLICATION SITE ADDRESS		REQ. DISTANCE MAINTAINED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
		PEST
		TREATMENT SITE

HANDLER'S NAME	ACTIVITY	PERSONAL PROTECTIVE EQUIPMENT WORN

PESTICIDE NAME / MANUFACTURER	LABEL REGISTRATION NUMBER	SIGNAL WORD	FORMULATION	RATE

STRUCTURAL FUMIGATION APPLICATION AERATION CERTIFICATION

REQUIREMENTS	Section	COMPLIANCE			REQUIREMENTS, (Continued)	Section	COMPLIANCE		
		YES	NO	N/A			YES	NO	N/A
1. Registered in County	15204.5(a)				26. Test Equipment	1971(a)(2)			
2. County Notified 24 Hours Prior	15204.5(d)				27. Re-entry Requirements	1973			
3. Written Notice to Occupant	8538				28. Direct Supervision	8505.2			
4. Pesticide Disclosure Signed / Available	1970.4				29. Warning Signs on All Sides of Structure	1974			
5. Registered Label Available at Use Site	6602				30. Required Information on Warning Signs	8505.10			
6. Labeling - Site / Rate / Concentration / Other	12973				31. Signs - Attic / Under-area	8505.11			
7. Labeling - Aeration / Certification	12973				32. Warning Agent Used	8505.12			
8. Labeling - Bagging, Pets Removed, Etc.	12973				33. Equipment Properly Identified	6630			
9. Labeling - PPE	12973				34. Containers Labeled / Closures	6676			
10. Regulations - PPE	6738				35. Proper Pesticide Transport	6682			
11. Respiratory Protection	6739				36. Pesticide Handling / Use / Storage	1983			
12. Handler(s) Trained	6724				37. Methyl Bromide Requirements	6454(a)			
13. Emergency Medical Care, Posting	6726				38. MB - Tarps Accept. / Condition / Ret. Method	6454(b-e)			
14. Decont. Facility, Site "Warning/Danger"	6734				39. MB - Warning Agents / Fans / Aeration	6454(f-m)			
15. SCBA Worn / Cont. Monitoring / TRAP Used	6780(b)				40. MB - Measuring Concentration	6454(n)			
16. Accident Response Plan at Work Site	6780(d)								
17. 2 Trained Employees - Application & Aeration	6782(a)								
18. Fume of Enclosed Spaces/Proper Entry	6782(d)								
19. Proper Management of Treated Area	6782(f)								
20. Connecting Structures	1970.6				TOTAL	TOTAL			
21. Accurate Measurement	6604				TARP / AERATION CHECK (No Crew On Site)				
22. Protection of Persons / Animals / Property	6614								
23. Structure Vacated / Secured Against Reentry	8505.7				1. Registered in County	15204.5(a)			
24. Equipment in Good Repair and Safe	6742				2. County Notified 24 Hours Prior	15204.5(d)			
25. 2 SCBA / CPR Chart / Mfg. Instructions	1971(a)(1)				3. Labeling - Aeration / Certification	12973			
COMPLIANCE ACTIONS					4. Warning Signs on All Sides	1974			
Cease and Desist Order 11897 / 13102	<input type="checkbox"/> YES <input type="checkbox"/> NO				5. Structure Vacated / Secured Against Reentry	8505.7			
Follow-up Required	<input type="checkbox"/> YES <input type="checkbox"/> NO				6. Required Information on Warning Signs	8505.10			
Correct Noncompliances By:					TOTAL	TOTAL			

Remarks - Include a detailed description of noncompliances. When additional space is required, continue on Inspection Report / VN Supplement, PR-ENF-111.

INSPECTOR (Print Name)	Signature	TIME AND DATE INSPECTED
INSPECTION ACKNOWLEDGED BY (Print Name)	Signature	DATE ACKNOWLEDGED

VIOLATION NOTICE <input type="checkbox"/> YES <input type="checkbox"/> NO # _____ (BUSINESS)	VIOLATION NOTICE <input type="checkbox"/> YES <input type="checkbox"/> NO # _____ (LICENSEE)
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**PEST CONTROL HEADQUARTER
INSPECTIONS REPORT**

PR-ENF-109 (REV. 01/10) Page 1 of 1

- COMPLETE
- PARTIAL
- FOLLOW-UP INSPECTION

109-

ORIGINAL INSP. # _____

INSPECTING COUNTY

FIRM INSPECTED	BUSINESS TYPE (Check one) <input type="checkbox"/> Property Operator	PERMIT / OPERATOR ID NUMBER	EXPIRES
TELEPHONE NUMBER	<input type="checkbox"/> Pest Control Dealer	BUSINESS LICENSE NUMBER	EXPIRES
FIRM MAILING ADDRESS		FIRM LOCATION	
PERSON INSPECTED	LICENSE TYPE <input type="checkbox"/> QAL <input type="checkbox"/> QAC <input type="checkbox"/> PAC <input type="checkbox"/> PCA	<input type="checkbox"/> DDA <input type="checkbox"/> N/R <input type="checkbox"/> UNL	NUMBER CATEGORY(S) EXPIRES
Name of Handler Trainer		Name of Field Worker Trainer	
		Name of RPA	

HEADQUARTER AND EMPLOYEE SAFETY INSPECTION			
A. PRODUCTION AGRICULTURE			B. OTHER
COMPLIANCE		REQUIREMENTS	Section
YES	NO		
		1. Valid Restricted Material Permit	6412
		2. Notice Prior to Application	6618
		3. App. Completion Records / 2 yrs	6619
		4. Operator ID Number Obtained	6622
		5. Site ID/ Permit Kept / 2 years	6623
		6. Pest. Use Rec. Available / 2 years	6624
		7. Pest. Use Reports Submitted	6626/7
		8. Emergency Med. Care Planned	6726/66
		9. Change Area	6732
		10. Proper Storage of PPE	6738(a)
		11. MB - Recordkeeping	6784(b)
		Haz Com / Training Program	
		12. Haz. Communication / Handler	6723
		13. App. Specific Info / Handler	6723.1
		14. Trainer Qualified	6724(f)
		15. Written Program	6724(a)
		16. Handler Training	6724(b-e)
		17. Hazard Communication / FW	6761
		18. Application Specific Info / FW	6761.1
		19. Field Worker Training	6764
		Respiratory Protection Program	6739
		20. Written Program	(a),(p)
		21. Medical Evaluation	(d),(s)
		22. Fit Test Records	(e),(p)
		23. Respirators Inspected	(j)(1)
		24. Respirator Storage	(h)(4)
		25. Voluntary Use Display	(b)(2)
		Medical Supervision Program	6728
		26. Use Records Retained / 3 years	(a)
		27. Drs. Agreement Available / 3 yrs	(b)
		28. Records / 3 years	(c)
		29. Medical Supervision Posting	(c)(5)
		Pesticide Storage	
		30. Possession Permit for Stored RM	6412
		31. Containers Secured	6672(b)
		32. Storage Posted, "Warning/Danger"	6674
		33. Containers Labeled / Closures	6676
		34. Service Container Labeling	6678
		35. Proper Containers	6680
		36. Containers Properly Rinsed	6684
		TOTAL	TOTAL

C. DEALER RECORDS / STORAGE INSPECTION <input type="checkbox"/> Main <input type="checkbox"/> Branch			
Number Records Inspected			
COMPLIANCE		REQUIREMENTS	Section
YES	NO		
		1. Dealer Licensed	12101
		2. Designated Agent / Office; Valid Lic. / Cert.	6560
		3. Sales Records / Written Statement	6562
		4. Appropriate Products Sold	6564
		5. Permits for RM Sales / 2 years	6568(a)
		6. QAL, QAC, PAC Statement Avail. / 2 years	6568(b)
		7. Operator ID Number / 2 years	6568(c)
		8. Out of County Sales Reporting	6568(d)
		9. Specialized Records - Clopyralid, Tributyltin	6574/76
		10. Containers Secured	6672(b)
		11. Storage Area Posted, "Warning/Danger"	6674
		12. Pesticide Containers Properly Labeled	6676
		13. Service Container Labeling	6678
		14. Proper Containers	6680
		TOTAL	TOTAL

D. PEST CONTROL ADVISER RECORDS INSPECTION			
Number Records Inspected			
COMPLIANCE		REQUIREMENTS	Section
YES	NO		
		1. PCA Licensed	12001
		2. PCA Registered in County	12002
		3. Recommendations in Proper Categories	12054
		4. Required Information / Copies Furnished	12003
		5. Recommendations Retained / 1 year	12004
		6. Recommendation Criteria	6556
		7. Complies with Pesticide Labeling	12971
		8. Safety of Employed Persons	6720(d)
		TOTAL	TOTAL

COMPLIANCE ACTIONS:
 Cease and Desist Order 13102 YES NO Correct Noncompliances By:
 Follow-up Required YES NO

Remarks - Continue on Inspection Report / VN Supplement, PR-ENF-111.

INSPECTOR (Print Name)	Signature	TIME AND DATE INSPECTED
INSPECTION ACKNOWLEDGED BY (Print Name)	Signature	DATE ACKNOWLEDGED

VIOLATION NOTICE YES NO # _____

Distribution: White - County; Canary - DPR; Pink - Inspector; Goldenrod - Firm / Person Inspected

INSPECTION REPORT / VIOLATION NOTICE SUPPLEMENT

FORM # - INSPECTION NUMBER

INSPECTING COUNTY

FIRM / PERSON INSPECTED

EQUIPMENT USED

HANDLER'S NAME	ACTIVITY	PERSONAL PROTECTIVE EQUIPMENT WORN

Remarks - Include a detailed description of noncompliances.

INSPECTOR (<i>Print Name</i>)	<i>Signature</i>	TIME AND DATE INSPECTED
INSPECTION ACKNOWLEDGED BY (<i>Print Name</i>)	<i>Signature</i>	DATE ACKNOWLEDGED

Notification Information - The "Notified Person's Signature" is not an admission of guilt or a promise to appear (citation).

REPORT DELIVERED TO RESPONSIBLE PERSON (WHEN VIOLATIONS OCCURRED):

<input type="checkbox"/> In Person	<input type="checkbox"/> Fax # _____	<input type="checkbox"/> Certified Mail # _____	<input type="checkbox"/> Regular Mail	<input type="checkbox"/> Other _____
RESPONSIBLE PERSON (<i>Print Name</i>):	<input type="checkbox"/> Employee	<i>Signature</i>	DATE DELIVERED	
	<input type="checkbox"/> Owner			