

# APPLICATION PHASE

107- 106215

IS THIS A FOLLOW-UP INSPECTION?  YES  NO  
Check one below & list serial # of **original** inspection  
 COMPLETE  
 PARTIAL - Do not count on PRAMR (Report 5)  
SERIAL # \_\_\_\_\_

INSPECTING COUNTY \_\_\_\_\_

|   |  |   |
|---|--|---|
| FIRM INSPECTED<br><b>Marked X for N/A</b> | BUSINESS REGISTRATION NUMBER<br>_____ <input type="checkbox"/> UNL   | VEHICLE LICENSE PLATE<br>_____  |
| FIRM MAILING ADDRESS<br>_____             | TELEPHONE NUMBER<br>_____  | WIND VELOCITY<br>Direction _____ to _____   |
| FIRM LOCATION<br>_____                    | METHYL BROMIDE METHOD RATE<br><input type="checkbox"/> to .5 lbs <input type="checkbox"/> to 1.5 lbs <input type="checkbox"/> to 3.0 lbs | REQ. DISTANCE MAINTAINED<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| PERSON INSPECTED<br>_____                 | INDIVIDUAL LICENSE NUMBER <input type="checkbox"/> OPR<br><input type="checkbox"/> FR <input type="checkbox"/> UNL                       | PEST<br>_____   |
| APPLICATION SITE ADDRESS<br>_____         |  | TREATMENT SITE<br>_____   |

| HANDLER'S NAME | ACTIVITY | PERSONAL PROTECTIVE EQUIPMENT WORN |
|----------------|----------|------------------------------------|
|                |          |                                    |

| PESTICIDE NAME / MANUFACTURER | LABEL REGISTRATION NUMBER | SIGNAL WORD | FORMULATION | RATE |
|-------------------------------|---------------------------|-------------|-------------|------|
|                               |                           |             |             |      |

FUMIGATION - BRANCH 1  APPLICATION  AERATION  CERTIFICATION

| REQUIREMENTS                                      | Section   | COMPLIANCE |    |                                     | REQUIREMENTS (Continued)                         | Section   | COMPLIANCE |    |                                     |
|---|-----------|------------|----|-------------------------------------|--|-----------|------------|----|-------------------------------------|
|   |           | YES        | NO | N/A                                 |  |           | YES        | NO | N/A                                 |
| 1. Annual Notification Submitted                  | 15204     |            |    |                                     | 24. Re-entry Requirements                        | 1973      |            |    | <input checked="" type="checkbox"/> |
| 2. County Notified 24 Hours Prior                 | 8505.5    |            |    |                                     | 25. Direct Sup. at Fume & Aeration               | 8505.2    |            |    |                                     |
| 3. Written Notice to Occupant                     | 8538      |            |    |                                     | 26. Struct. Vacated/Secured Against Reentry      | 8505.7    |            |    |                                     |
| 4. Pesticide Disclosure Signed / Available        | 1970.4    |            |    |                                     | 27. Effective Secondary Locks                    | 8505.7    |            |    |                                     |
| 5. Registered Label Available at Use Site         | 6602      |            |    |                                     | 28. Warning Signs on All Sides of Structure      | 1974      |            |    |                                     |
| 6. Labeling - Site / Rate / Concentration / Other | 12973     |            |    |                                     | 29. Required Information on Warning Signs        | 8505.10   |            |    |                                     |
| 7. Labeling - Aeration / Reentry                  | 12973     |            |    | <input checked="" type="checkbox"/> | 30. Signs in Attic or Under-area Upon Completion | 8505.11   |            |    | <input checked="" type="checkbox"/> |
| 8. Labeling - Bagging, Pets Removed, Etc.         | 12973     |            |    |                                     | 31. Warning Agent Used                           | 8505.12   |            |    |                                     |
| 9. Labeling - Personal Protective Equipmt (PPE)   | 12973     |            |    |                                     | 32. Two SCBA Available                           | 8505.15   |            |    | <input checked="" type="checkbox"/> |
| 10. Regs - Personal Protective Equipment (PPE)    | 6738      |            |    |                                     | 33. MB - Tarps Accept. / Condition / Ret. Method | 6454(b-e) |            |    | <input checked="" type="checkbox"/> |
| 11. Suitable Methods / Manner / Climate           | 6600      |            |    |                                     | 34. MB - Warning Agents / Fans / Aeration        | 6454(f-m) |            |    | <input checked="" type="checkbox"/> |
| 12. Accurate Measurement                          | 6604      |            |    |                                     | 35. MB - Measuring Concentration                 | 6454(n)   |            |    | <input checked="" type="checkbox"/> |
| 13. Protection of Persons / Animals / Property    | 6614      |            |    |                                     | 36. Equipment Properly Identified                | 6630      |            |    |                                     |
| 14. Handler(s) Trained                            | 6724      |            |    |                                     | 37. Containers Secure/Under Control              | 6670      |            |    |                                     |
| 15. Emergency Medical Care, Posting               | 6726      |            |    |                                     | 38. Pesticide Containers Properly Labeled        | 6676      |            |    |                                     |
| 16. Decont. Facility, Site " Warning/Danger"      | 6734      |            |    |                                     | 39. Proper Pesticide Transport                   | 6682      |            |    |                                     |
| 17. Employee Exposure > PEL, Resp. Prot.          | 6780(a)   |            |    |                                     | 40. Equipment in Good Repair and Safe            | 6742      |            |    |                                     |
| 18. SCBA Worn / Cont. Monitoring / TRAP Used      | 6780(b,c) |            |    | <input checked="" type="checkbox"/> | 41. Pesticide Handling / Use / Storage           | 1983      |            |    |                                     |
| 19. Accident Response Plan at Work Site           | 6780(d)   |            |    |                                     |  |           |            |    |                                     |
| 20. 2 Trained Employees at Fume & Aeration        | 6782(a)   |            |    |                                     |  |           |            |    |                                     |
| 21. Fume of Enclosed Spaces/Proper Entry          | 6782      |            |    |                                     |  |           |            |    |                                     |
| 22. Proper Management of Treated Area             | 6782(f)   |            |    |                                     | TOTAL  | TOTAL     |            |    |                                     |
| 23. Safety Kit / Test Equipment Available         | 1971      |            |    |                                     |  |           |            |    |                                     |

| COMPLIANCE ACTIONS                 |  | TARP / AERATION CHECK (No Crew On Site) |         | Section | COMPLIANCE |     |  |
|------------------------------------|--|---|---------|---------|------------|-----|--|
| Follow-up Required                 | <input type="checkbox"/> YES <input type="checkbox"/> NO | 1. Annual Notification Submitted        | 15204   | YES     | NO         | N/A |  |
| Cease and Desist Order 11897/13102 | <input type="checkbox"/> YES <input type="checkbox"/> NO | 2. County Notified 24 Hours Prior       | 8505.5  |         |            |     |  |
| Correct Noncompliances By:         |  | 3. Labeling - Aeration / Reentry        | 12973   |         |            |     |  |
|                                    |  | 4. Warning Signs on all Sides           | 1974    |         |            |     |  |
|                                    |  | 5. Effective Secondary Locks            | 8505.7  |         |            |     |  |
|                                    |  | 6. Required Info. on Warning Signs      | 8505.10 |         |            |     |  |
|                                    |  | TOTAL                                   | TOTAL   |         |            |     |  |

Remarks: Include a detailed description of noncompliances.

**APPLICATION PHASE "N/A" Criteria Items**  
**# 7, 18, 24, 30 (+ MBr 33-35 for sulfur/ fluoride)**

**#32 (8505.15) repealed SB 1047 - language in 16CCR 1971**

|   |                 |                                  |
|---|-----------------|----------------------------------|
| INSPECTOR<br>Print Name _____   | Signature _____ | TIME AND DATE INSPECTED<br>_____ |
| INSPECTION ACKNOWLEDGED BY<br>Print Name _____ <input type="checkbox"/> Employee <input type="checkbox"/> Owner | Signature _____ | DATE ACKNOWLEDGED<br>_____       |