

CERTIFICATION PHASE

107-106215

**STRUCTURAL - BRANCH 1
USE MONITORING INSPECTION**

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 marked X for N/A	BUSINESS REGISTRATION NUMBER _____ <input type="checkbox"/> UNL	VEHICLE LICENSE PLATE _____
FIRM MAILING ADDRESS marked X for N/A only	TELEPHONE NUMBER _____	WIND VELOCITY Direction _____ to _____
FIRM LOCATION if special condition	METHYL BROMIDE METHOD RATE <input type="checkbox"/> to .5 lbs <input type="checkbox"/> to 1.5 lbs <input type="checkbox"/> to 3.0 lbs	REQ. DISTANCE MAINTAINED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
PERSON INSPECTED (see below)	INDIVIDUAL LICENSE NUMBER <input type="checkbox"/> OPR <input type="checkbox"/> FR <input type="checkbox"/> UNL	PEST _____
APPLICATION SITE ADDRESS _____	_____	TREATMENT SITE _____

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			
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				30. Signs in Attic or Under-area Upon Completion	8505.11			
8. Labeling - Bagging, Pets Removed, Etc.	12973				31. Warning Agent Used	8505.12			
9. Labeling - Personal Protective Equipmt (PPE)	12973		X		32. Two SCBA Available	8505.15			X
10. Regs - Personal Protective Equipment (PPE)	6738		X		33. MB - Tarps Accept. / Condition / Ret. Method	6454(b-e)			X
11. Suitable Methods / Manner / Climate	6600		X		34. MB - Warning Agents / Fans / Aeration	6454(f-m)			X
12. Accurate Measurement	6604		X		35. MB - Measuring Concentration	6454(n)			X
13. Protection of Persons / Animals / Property	6614				36. Equipment Properly Identified	6630			
14. Handler(s) Trained	6724				37. Containers Secure/Under Control	6670			X
15. Emergency Medical Care, Posting	6726				38. Pesticide Containers Properly Labeled	6676			X
16. Decont. Facility, Site "Warning/Danger"	6734		X		39. Proper Pesticide Transport	6682			X
17. Employee Exposure > PEL, Resp. Prot.	6780(a)				40. Equipment in Good Repair and Safe	6742			X
18. SCBA Worn / Cont. Monitoring / TRAP Used	6780(b,c)				41. Pesticide Handling / Use / Storage	1983			X
19. Accident Response Plan at Work Site	6780(d)								
20. 2 Trained Employees at Fume & Aeration	6782(a)		X						
21. Fume of Enclosed Spaces/Proper Entry	6782								
22. Proper Management of Treated Area	6782(f)								
23. Safety Kit / Test Equipment Available	1971								
TOTAL					TOTAL				

COMPLIANCE ACTIONS		YES	NO	Section	COMPLIANCE
Follow-up Required	<input type="checkbox"/> YES <input type="checkbox"/> NO			1. Annual Notification Submitted	15204
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.
CERTIFICATION Phase "N/A" criteria items
12, 16, 31, 32, 40 (+MBR items 33-35)

IF level ≤ 1ppm - also # 9, 10, 20 (X)
IF no pesticides on vehicle - also N/A # 19, 37-39, 41 (X)

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