

Structural HQ/Records Inspection Form 110

Structural HQ / Records Inspection Report - Form 110

- Completing the Inspection Report:
 - A & D Information Blocks
 - Requirements
 - Compliance Actions
 - Remarks
 - Signatures
 - Violation

Completing the Inspection Report

STATE OF CALIFORNIA
DEPARTMENT OF PESTICIDE REGULATION
PEST CONTROL BUSINESS
HEADQUARTER INSPECTIONS REPORT

PR-ENF-110 (REV. 01/10) Page 1 of 1

110-

- COMPLETE
 PARTIAL
 FOLLOW-UP INSPECTION

ORIGINAL INSP. # _____ - _____

INSPECTING COUNTY

FIRM INSPECTED		BUSINESS TYPE	BUSINESS LICENSE / REG #	CAT / BRANCH(S)	EXPIRES
TELEPHONE NUMBER		<input type="checkbox"/> Pest Control Business	_____ or <input type="checkbox"/> UNL	_____	_____
FIRM MAILING ADDRESS		<input type="checkbox"/> Maintenance Gardener	_____ or <input type="checkbox"/> UNL	_____	_____
		<input type="checkbox"/> PR <input type="checkbox"/> BR (Structural)	_____ or <input type="checkbox"/> UNL	_____	_____
FIRM MAILING ADDRESS			FIRM LOCATION		
PERSON INSPECTED (Agricultural)		LICENSE TYPE	INDIVIDUAL LICENSE #	CATEGORY(S)	EXPIRES
		<input type="checkbox"/> QAL <input type="checkbox"/> QAC <input type="checkbox"/> UNL	_____	_____	_____
PERSON INSPECTED (Structural)		LICENSE TYPE	INDIVIDUAL LICENSE #	BRANCH(S)	EXPIRES
		<input type="checkbox"/> OPR <input type="checkbox"/> FR <input type="checkbox"/> UNL	_____	_____	_____
Name of Handler Trainer _____			Name of RPA _____		

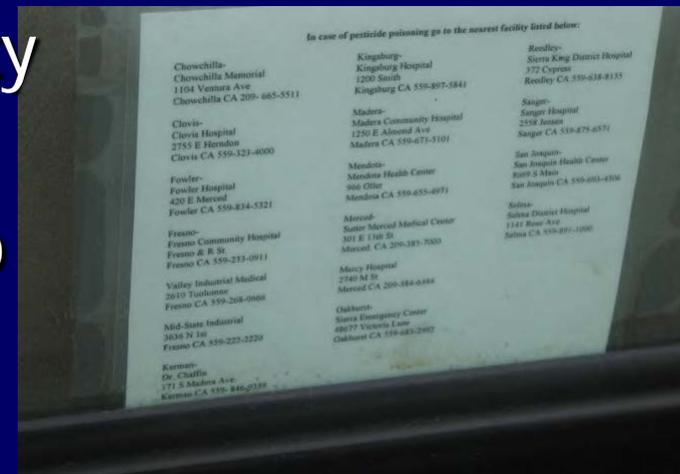
Structural Pest Control Business (SPCB) Records

HEADQUARTER AND EMPLOYEE SAFETY INSPECTION				<input type="checkbox"/> PRINCIPAL <input type="checkbox"/> BRANCH				LICENSED PEST CONTROL BUSINESS RECORDS / STORAGE INSPECTION <input type="checkbox"/> PRINCIPAL <input type="checkbox"/> BRANCH							
A. AGRICULTURAL PCB				B. STRUCTURAL PCB				C. AGRICULTURAL PCB				D. STRUCTURAL PCB			
COMPLIANCE			Section	COMPLIANCE			COMPLIANCE			Section	COMPLIANCE				
YES	NO	N/A		YES	NO	N/A	YES	NO	N/A		YES	NO	N/A		
			1. Notice Prior to Application	6618						Records					
			2. Emergency Med. Care Planned	6726						1. Business Licensed	11701				
			3. Change Area	6732						2. Business Registered in County	11732				
			4. Proper Storage of PPE	6738(a)						3. Work Sup. by Qualified Person	11701.5				
			Haz Com / Training Program							4. Pilot(s) Holds a Valid Certificate	11901				
			5. Hazard Communication	6723						5. Pilot(s) Reg'd. in the County	11920				
			6. Trainer Qualified	6724(f)						6. Recommendations Retained /1 yr	12004				
			7. Written Training Program	6724(a)						7. Valid Permits for Restricted Mat.	6412/6632				
			8. Handler Training	6724(b-e)						8. App Completion Records / 2 yrs	6619				
			Respiratory Protection Program	6739						9. Pest. Use Records Kept / 2 years	6624				
			9. Written Program	(a),(p)						10. Pest. Use Reports Submitted	6626-28				
			10. Medical Evaluation	(d),(s)						11. Monthly PUR Submitted	8505.17				
			11. Fit Test Records	(e),(p)						12. Registered in County	15204/.5				
			12. Respirators Inspected	(j)(1)						13. SPCB Registration	8610				
			13. Respirator Storage	(h)(4)						14. Qualified Branch Supervisor	8611				
			14. Voluntary Use Display	(b)(2)						15. Pest. Use Records Available	15205				
			Medical Supervision Program	6728						16. Fumigation Log / 3 Years	1970(a)				
			15. Use Records Retained / 3 years	(a)						17. Pest. Use Records / Kept 3 years	1970(b)				
			16. Drs. Agreement Available / 3 yrs	(b)						18. Notice to Occupant	8538				
			17. Records / 3 years	(c)						Pesticide Storage					
			18. Medical Supervision Posting	(c)(5)						19. Containers Secured	6672(b)				
										20. Storage Posted "Warning/Danger"	6674				
										21. Containers Labeled / Closures	6676				
										22. Service Container Labeling	6678				
										23. Proper Containers	6680				
										24. Containers Properly Rinsed	6684				
			TOTAL	TOTAL						TOTAL	TOTAL				

SPCB Records

2. Emergency Medical Care 3CCR 6726

- Planned for in advance: facility capable of handling pesticide injury or illness
- Posted at worksite or work vehicle
- Name, address, phone number of facility and procedures if facility is not reasonably accessible
- Ensure handler(s) are taken to a medical facility if illness or injury has occurred



SPCB Records

3. Change Area – 3CCR 6732

- Place where employees can remove PPE
- Make available soap, clean towels, and water
- Clean area for personal clothing



4. PPE Storage

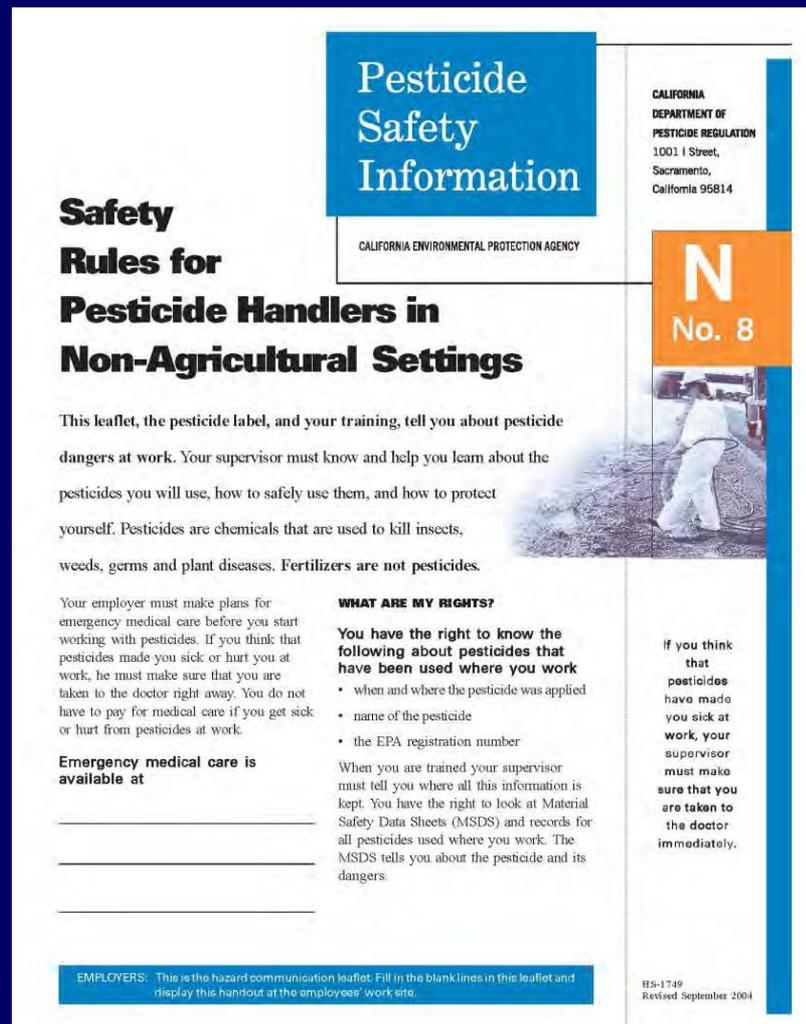
- PPE kept in a clean
- Separate from personal clothing
- Not in pesticide storage area



SPCB Records

Hazard Communication/Training Program

5. Hazard Communication
3CCR 6723
- At central location
 - Is it complete



Pesticide Safety Information

CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY

Safety Rules for Pesticide Handlers in Non-Agricultural Settings

CALIFORNIA DEPARTMENT OF PESTICIDE REGULATION
1001 I Street,
Sacramento,
California 95814

N
No. 8

This leaflet, the pesticide label, and your training, tell you about pesticide dangers at work. Your supervisor must know and help you learn about the pesticides you will use, how to safely use them, and how to protect yourself. Pesticides are chemicals that are used to kill insects, weeds, germs and plant diseases. Fertilizers are not pesticides.

Your employer must make plans for emergency medical care before you start working with pesticides. If you think that pesticides made you sick or hurt you at work, he must make sure that you are taken to the doctor right away. You do not have to pay for medical care if you get sick or hurt from pesticides at work.

Emergency medical care is available at

WHAT ARE MY RIGHTS?

You have the right to know the following about pesticides that have been used where you work

- when and where the pesticide was applied
- name of the pesticide
- the EPA registration number

When you are trained your supervisor must tell you where all this information is kept. You have the right to look at Material Safety Data Sheets (MSDS) and records for all pesticides used where you work. The MSDS tells you about the pesticide and its dangers.

If you think that pesticides have made you sick at work, your supervisor must make sure that you are taken to the doctor immediately.

EMPLOYERS: This is the hazard communication leaflet. Fill in the blank lines in this leaflet and display this handout at the employees' work site.

HS-1749
Revised September 2004

SPCB Records

Respiratory Protection Program

9. Written Program

- Trained prior to handling
- Trained annually

10. Medical Evaluation

- Employees wearing respirators
 - Pesticide labeling
 - Permit condition or regulation
 - Employer policy
 - Employer provided voluntary use

Generic Guidelines for Development of a Respiratory Protection Program in Accordance with Department of Pesticide Regulation Requirements

by

Harvard R. Fong, Senior Industrial Hygienist

HHS-1513 August 3, 1989

Revision No. 1 February 19, 1997

Revision No. 2 February 26, 2002

Revision No. 3 July 9, 2007*

California Environmental Protection Agency
Department of Pesticide Regulation
Worker Health and Safety Branch
1001 I Street
Sacramento, CA 95814

This outline serves as a guide for companies ("ORGANIZATION") to develop a written respiratory protection program ("WRITTEN PROGRAM") with work-site specific procedures for respirator selection, medical clearance, fit-testing, maintenance and use. Companies are directed to insert the appropriate name(s) in the (**BOLDFACE**) sections and to customize this document to their specific WRITTEN PROGRAM. Suggestions and explanations are given in (*italic bold*). It is to be used in conjunction with the Pesticide Safety Information Series A-5 (HS-632). This is a guideline. Some of the suggested procedures may exceed the minimum requirements of the regulations. Other sections of this document require you to develop procedures specific to your company. Your company's WRITTEN PROGRAM, based on this document, may benefit from review by the Department of Industrial Relations' Division of Occupational Safety and Health (Cal/OSHA), the Department of Pesticide Regulation, Worker Health and Safety Branch (DPR/WH&S), or your insurance company's loss prevention agent.

Once again, it is required that you customize this document to reflect your actual program. There are portions that require you to develop procedures specific to your company and its WRITTEN PROGRAM. You will be held responsible for all elements of your WRITTEN PROGRAM. Make sure it reflects what you are actually doing.

* This document has been modified to conform with the amended respiratory protection regulations that will take effect January 1, 2008. Major changes in the regulations required extensive changes in this guideline to properly assist program administrators in developing a program in compliance with the new regulations.

SPCB Records

Respiratory Protection Program

RESPIRATORY PROTECTION				
Summary of required elements of a respiratory protection program when using pesticides				
1. Is a respirator required by label, permit conditions, regulation or employer policy?	Yes	No		
2. Who provides respirator?	Employer	Employer		Employee
3. What type of respirator is it?	All	Filtering Facepiece	All others ¹	All
Requirement				
Respirator Program Administrator 3CCR Section 6000, 6739(a)(2)(l)	Required	NR	NR	NR
Written Respiratory Protection Program 3CCR Section 6739(a)	Required	NR	Required ²	NR
Respirator Selection and Fit Testing 3CCR Section 6739 (c) & (e)	Required	NR	NR	NR
Medical Evaluation 3CCR Section 6739(d)	Required	NR	Required	NR
Facepiece Seal Protection 3CCR Section 6739(f)	Required	NR	NR	NR
Cleaning, Inspection, Repair, and Storage 3CCR Section 6739(h), (i) & (j)	Required	NR	Required	NR
Employee Training & Program Evaluation 3CCR Section 6739(m) & (n)	Required	NR	NR ³	NR
End of Service Life Replacement 3CCR Section 6739(o)	Required	NR	NR	NR
Record Keeping 3CCR Section 6739(p)	Required	NR	Required ²	NR
Medical Evaluation Questionnaire 3CCR Section 6739(q)	Required	NR	Required	NR
VRP posting 3CCR Section 6739(r)	NR	Required	Required	Required
Medical Recommendation Form 3CCR Section 6739(s)	Required	NR	Required	NR

NR - Not Required

¹ Includes half-face and full-face elastomeric, supplied-air, SCBA, and powered air-purifying respirators

² Only medical evaluation and respirator cleaning, storage and maintenance elements are required

³ However, training in medical evaluation and respirator cleaning, storage, and maintenance elements is required

SPCB Records

Respiratory Protection Program

11. Fit Test Records

3CCR 6739(p)(2)

- When required by:
- Labeling
- Permit condition
- Regulation
- Employer

Appendix One

Respirator Fit Test Record for ORGANIZATION

ID Number: _____ Date of Test: _____

Employee Last Name: _____

Employee First Name: _____

Age: _____ Sex: _____

Trainer: _____

Respirator Name: _____ Size/Type: _____

Tests Used:

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(This form provides a basic example of the information that may be recorded on a fit test record. Other data recording methods that record the same basic information are acceptable.)

SPCB Records

Respiratory Protection Program

12. Respirators Inspected

- Routine-use
 - Before each use
 - During cleaning
 - SCBA cylinder to start at least 80%
- Stand-by/Emergency
 - Monthly Inspection (manufacturer's recommendation)
 - Record of inspection



SPBC Records

Respiratory Protection Program

13. Respirator Storage

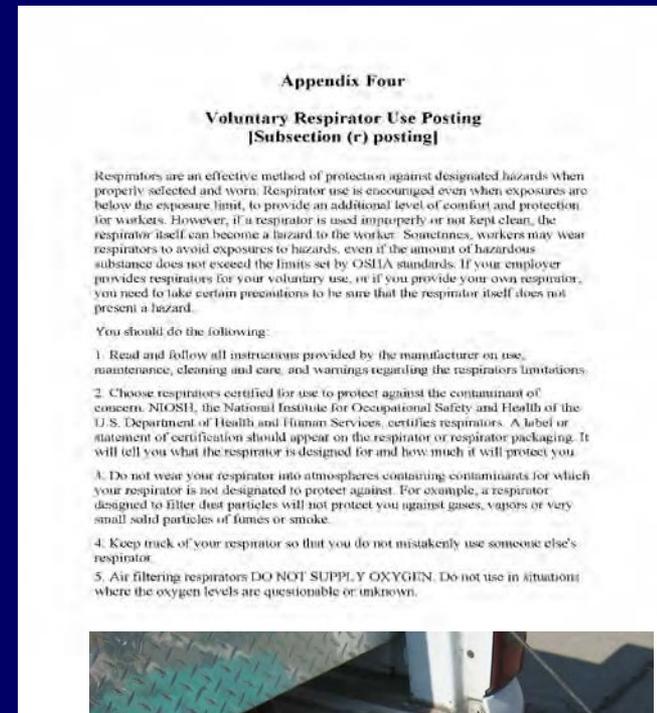
3CCR 6739(h)(4)

- Protection from damage and contamination...

14. Voluntary Display

- When allowed by employers
 - Not required by labeling or
 - Permit condition or
 - Regulation or
 - Employer

12/19/2013



SPCB Records

11. Monthly PURs Submitted

B&P 8505.17(c) & 3CCR 6628(b)

- Submit PUR to CAC by 10th day of the following month
- Report to CAC by the 10th day of following month if no pest control work in the county

STATE OF CALIFORNIA
MONTHLY SUMMARY PESTICIDE USE REPORT
 DPR-ENF-080 (REV. 4-12) PAGE 1 OF 2

DEPARTMENT OF PESTICIDE REGULATION
 ENFORCEMENT BRANCH

INSTRUCTIONS FOR COMPLETING THIS FORM ARE INDICATED BELOW AND ON THE REVERSE SIDE

OPERATOR (FIRM NAME)		ADDRESS	CITY	ZIP CODE	PHONE NUMBER
OPERATOR ID/PERMIT NUMBER	LICENSE NUMBER	COUNTY WHERE APPLIED	COUNTY NUMBER	MONTH/YEAR OF USE	TOTAL NUMBER OF APPLICATIONS

1. Complete Columns A, B, C, and D for All Users.
 2. Complete Column E by using one of the following codes:
 Code 10 - Structural Pest Control.....includes any pest control work performed within or on buildings and other structures.
 Code 20 - Landscape Maintenance Pest Control.....includes any pest control work performed on landscape plantings around residences or other buildings, golf courses, parks, cemeteries, etc.
 Code 40 - Right-of-Way Pest Control.....includes any pest control work performed along road sides, power lines, median strips, ditch banks, and similar sites.
 Code 50 - Public Health Pest Control.....includes any pest control work performed by or under contract with State or local public health or vector control agencies.
 Code 60 - Vertebrate Pest Control.....includes any vertebrate pest control work performed by public agencies or work under the supervision of the State or county agricultural commissioner.
 Code 91 - Commodity Fumigation (Nonfood/Controlled).....includes fumigation of nonfood/controlled commodities such as pallets, dunnage, furniture, burlap bags, etc.
 Code 100 - Regulatory Pest Control.....includes any pest control work performed by public employees or contractors in the control of regulated pests.
 3. Complete Columns F and G. If use does not fit one of the above codes

A MANUFACTURER AND NAME OF PRODUCT APPLIED	B EPICALIFORNIA REGISTRATION NUMBER FROM LABEL INCLUDE ALPHA CODE	C TOTAL PRODUCT USED (Check One Unit of Measure)	D NUMBER OF APPLICATIONS	E CODE	F COMMODITY OR SITE TREATED	G ACRE/UNITS TREATED
		<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
		<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
		<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
		<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
		<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
		<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
		<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				

REPORT PREPARED BY _____ DATE _____

Distribution: CAC - Two copies; Report preparer - One copy

Print Form

SPCB Records

12. County Registration

FAC 15204.5

- All SPCB register in the county prior to working in the county

13. Must be registered with SPCB

B&PC 8610

14. Qualified Branch Supervisor

B&PC 8611

- Each branch have a Operator or Field Rep.

EXAMPLE ONLY
ORANGE COUNTY AGRICULTURAL COMMISSIONER
STRUCTURAL PEST CONTROL BUSINESS / QUALIFYING MANAGER REGISTRATION
BRANCH 2 & 3

Date Submitted: 12-24-09 For Year: **2010**

COMPANY INFORMATION: Performing work in: Branch 2 &/or Branch 3
Company Name: Western Exterminators Registration No. PR 0729
Mailing Address: 305 N. CRESCENT WAY
ANAHEIM, CA Zip: 92801
Telephone: (714) 555-1212 Fax: (714) 555-8888 Email: _____
Physical Address: Same as above
(if different than above) _____ Zip: _____

OPR: Daniel W Scott Lic: 10791 Exp: 6-30-12 Branch 2 / Branch 3
(Print Name) (Please Circle)

SUPERVISION: Qualifying Manager – QM: Branch Supervisor – BS (Responsible Person)
QM: Daniel Scott Lic: 10791 Exp: 6-30-12 Branch 2 / Branch 3
(Print Name) (Please Circle)
BS: Jose Padilla Lic: 10830 Exp: 6-30-12 Branch 2 / Branch 3
(Print Name) (Please Circle)

Print Name: Peggy Byerly Secretary Date: 12-24-09
Signature: [Signature] Title: Secretary
I certify that the information provided is TRUE and CORRECT

THIS REGISTRATION WILL NOT BE VALID IF IT IS NOT ACCOMPANIED BY THE REQUIRED FEE

EXAMPLE ONLY
ORANGE COUNTY AGRICULTURAL COMMISSIONER
REGISTRATION FOR
BRANCH 1 – STRUCTURAL FUMIGATION

Date Submitted: 12-30-09 For Year: **2010**

COMPANY INFORMATION:
Company Name: XYZ Fumes R-US Registration No. PR 9998
Mailing Address: P.O. Box 999
ANAHEIM, CA Zip: 92801
Telephone: (714) 555-8888 Fax: (714) 555-8990 Email: XYZFumes@aol.com
Physical Address: 1001 MAIN ST
(if different than above) ANAHEIM, CA Zip: 92801

OPR: Peggy Byerly Lic: PR 9999 Exp: 6-30-12
(Print Name)

SUPERVISION: Qualifying Manager – QM: Branch Supervisor – BS (Responsible Person)
QM: Peggy Byerly Lic: PR 9999 Exp: 6-30-12
(Print Name)
BS: Greg Creekmore Lic: PR 9998 Exp: 6-30-12
(Print Name)

Print Name: Peggy Byerly Date: 12-30-09
Signature: [Signature] Title: Owner/Operator
I certify that the information provided is TRUE and CORRECT

THIS REGISTRATION WILL NOT BE VALID IF IT IS NOT ACCOMPANIED BY THE REQUIRED FEE. Food and Agricultural Code section 15204.5(i) requires each licensed structural pest control operator, field representative and (SPCB) registered company to register with the commissioner prior to conducting fumigations in any county. The registration shall cover a calendar year. Registration fee is \$5, which is a flat fee regardless of conducting Branch 1, Branch 2 or Branch 3 business. (For example a company conducting Branch 1, 2 and 3 work the registration fee would be a total of \$5.)

PLEASE MAIL TO: AGRICULTURAL COMMISSIONER
222 EAST BRISTOL LANE
ORANGE, CALIFORNIA 92865-2714
PHONE: (714) 955-0100 FAX: (714) 921-2713

SPCB Records

15. Pesticide Use Records Available FAC 15205
 - Training & application records, employee safety records
16. Fumigation Log 3 yrs 3CCR 1970(a), 43M-47
 - Subcontractor to forward copy of completed log to primary contractor within 10 business days
17. Pesticide Use Records Kept 3 yrs. (non-fumigation) 16CCR 1970(b) Branch 2 & 3
 - Service contracts, invoices, route slips, service tickets (required info & 3 yrs.)
18. Notice to Occupant – B&PC 8538
 - By mail, posting, personal delivery (prior to application/conspicuous location)

SPCB Records

Fumigation Log

Daily Report

EXAMPLE ONLY
STANDARD STRUCTURAL FUMIGATION LOG

ADDRESS OF PROPERTY - CITY 9999 Falcon Ave. Long Beach 90807		DATE OF FUMIGATION 4-30-10	
BUSINESS ID AND ADDRESS (FOR OTHER USE) XYZ Termite Control 4 Fume 9881 Pioneer Blvd Santa Fe Springs, CA 90670 PR 9999		PROPERTY OWNER'S NAME AND ADDRESS XYZ T.C. & Fume PR 9999	
PROPERTY DESCRIPTION Charles Smith (562) 555-7487 555-0007		FIRE DEPT. NOTIFICATION (DATE/HOUR) 4-01-10	
NOTES OR COMMENTS 1 story house, detached garage			
SECTION 1 FUMIGANT RELEASED Drywood Termites VIKANE 62719-4		WARNING AGENT chloropicrin 27000 2	
FUMIGANT / E.P.A. REGISTRATION NO. VIKANE 62719-4		DATE/TIME GAS INTRODUCED 4-30-10 10:15 AM	
WIND MPH 2		AIR TEMP 82	
CYLINDER SERIAL NO. 609999		WT BEFORE INTG. 110	
CYLINDER SERIAL NO. 906666		WT BEFORE INTG. 230	
TOTAL POUNDS 19			
EXHAUSTORY PRECAUTIONS Danger Signs 1 THRESHOLD B DOSAGE FACTOR -1 TARP CONDITION Good SEAL CONDITION Good WIND (MPH) 2 VOLUME 27,000 Steve Rawald Juan Limon			
SECTION 2 VENTILATION COMMENCED DATE 5-1-10 TIME 12:25 PM Steve Rawald Juan Limon		FUMIGANT CALCULATOR VIKANE CALCULATOR UNDER SEAL 29 AM TEMPERATURE 71 HOURS EXPOSURE 2 MONITOR JOB (YES/NO) NO	
SECTION 3 RELEASED FOR OCCUPANCY Steve Rawald Peggy Byerly		TESTING DEVICE USED DATE/TIME 5-2-10 9:30 AM	
SECTION 4 RELEASED FOR OCCUPANCY Peggy Byerly		TESTING DEVICE USED DATE/TIME 5-2-10 9:30 AM	

TIME OUT: 6:30
LUNCH: 30 MIN
TOTAL HOURS: 9 HRS
PESTMAS SERVICES
DAILY REPORT

TIME IN	TIME OUT	SERV PERF	# NAME OF ACCOUNT	CHEMICAL USED	CHARGE	COLL
5:45	6:30	EA/RS	TURK 28196 1949 GRAND AVE "D"	CYN-2oz INT DI4-4oz EXT	N/C	
7:00	7:30	EA/RS	DOMAXIS, G. 6809H 23244 GRIM AVE	DI4-2oz EXT	\$30 ⁰⁰	Bill
7:45	8:10	EA/RS	THE MANAGERS BRAND 3273 37th ST	DI4-2oz EXT	\$30 ⁰⁰	Bill
8:30	9:15	EA/RS	H.P. STAHLHAEDER 27034 43112 30th ST	DMA-2oz INT DI4-4oz EXT	\$42 ⁰⁰	Bill
9:30	10 ⁰⁰	EA/RS	PETERSON, R 12805 52024 MASSACHUSETTS	DI4-2oz EXT	\$29 ⁰⁰	Bill
10:15	10 ⁴⁰	T/C	PAULINO, EVELYN 6284 62828 LINCOLN AVE	DMA-2oz INT DI4-2oz INT	N/C	
11:00	11:30	EA/RS	HESKETT, JAMES 12819 4311 LAMAR ST	DI4-Aoz EXT DAS-1LB EXT	\$28 ⁰⁰	Bill
11:35	12 ⁰⁰	EA/RS	GAY, JOHN 128121 4066-9072 LAMAR	DI4-4oz EXT DAS-1LB EXT	\$44 ⁰⁰	Bill
12:15	12 ⁴⁵	T/C	NYE, GAIL 68345 811078 HORIZON HILLS NS	DI4-4oz EXT	N/C	
1:00	2 ⁰⁰	RS	JMD PROPERTIES 128142 12552 FLETCHER-PWAY	CAT-2oz INT VIC-2oz INT DI4-4oz EXT	\$89 ⁰⁰	Bill
			11			
			12			
			13			
			14		\$292 ⁰⁰	
			15			

NOTES / COMMENTS: TOTAL APPLICATIONS: 10 DAILY TOTALS

TYPE OF ACCOUNT: EM - Every Month, EOM - Every Other Month, O/T - One Time Service, TI - Termite Inspection, PT - Pre-Treat, O/T - One Time Service, TI - Termite Inspection, PT - Pre-Treat

SERVICE PERFORMED: R/S - Regular Service, N/A - New Account, T/C - Trouble Call, COL - Collection Only, N/C - No Charge, R/S - Regular Service, N/A - New Account, T/C - Trouble Call, COL - Collection Only, N/C - No Charge

I certify that the above is an accurate accounting of this day's activity, chemical usage and hours.
Antonio T...
Employee / Technician Signature

SPCB Pesticide Storage

19. Container Secure

3CCR 6672(b)

- Pesticides, equipment, empty containers
- Attended, in an enclosure



20. Storage Posted

3CCR 6674

- Danger / Warning
- Containers that hold or have held

SPCB Pesticide Storage

21. Container Labeled/Closures

3CCR 6676

- Registrant labeling & proper lids or closures



21. Service Container Labeling

3CCR 6678

- Name & address of responsible person
- Pesticide
- Signal word (Danger, Warning, Caution)



SPCB Pesticide Storage

23. Proper Containers

3CCR 6680

- No pesticides in food or drink containers

24. Containers Properly Rinsed

3CCR 6684

- Triple rinse at time of use
- Rinsate in mix tank or application equipment



Review

- Completing Inspection Report Form 110 B & D
- Inspection Requirements
- Compliance Action
- Remarks
- Signatures
- Violation(s)

QUESTIONS ?

