STATE OF CALIFORNIA

PESTICIDE USE MONITORING INSPECTIONS

PR-ENF-021 (REV. 1/01)

DEPARTMENT OF PESTICIDE REGULATION
PESTICIDE ENFORCEMENT BRANCH

PAGE _____ OF .

FIRM / PERSON INSPECTED	PCA RECOMMENDATION	INSPECTING COUNTY
FIRM ADDRESS	PERMIT / OPERATOR ID NUMBER	WIND VELOCITY DIRECTION
PROPERTY OPERATOR	BUSINESS TYPE Number _____ ☐ Property Operator (grower, government agency)	COMMODITY / SITE
PROPERTY LOCATION / SITE ID	☐ Pest Control Business (agricultural, gardener)	EQUIPMENT USED: LIST TYPE AND NUMBER OF PIECES AND ID NUMBER. INCLUDE CLOSED SYSTEMS
ADJACENT ENVIRONMENT (N) (S) (E) (W)		

HANDLER'S NAME	ACTIVITY	PERSONAL PROTECTIVE EQUIPMENT WORN

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

A. APPLICATION INSPECTION

COMPLIANCE YES	NO	N/A	REQUIREMENTS
			1. Registered Label Available at Use Site
			2. Labeling - Site/ rate/ other
			3. Labeling - Personal Protective Equipment
			4. Regulations - Personal Protective Equipment
			5. Decontamination Facilities
			6. Eyewash immediately available
			7. Coveralls, signal word "Danger" or "Warning"
			8. Emergency Medical Care Posting
			9. Warning Signs Posted
			10. Notice of Intent Submitted
			11. Complies with Permit Conditions
			12. Employee Contacted, Working Alone, "Danger"
			13. Restricted Material Use Supervised
			14. Drift Control/ Phenoxy Herbicides
			15. Suitable Methods/ Manner/ Climate
			16. Protection of Persons/ Animals/ Property
			17. Accurate Measurement
			18. Closed System - Meets Criteria
			19. Containers Secure and Under Control
			20. Containers Property Rinsed
			21. Handlers Trained
			22. PCO Registered in the County
			Total

B. MIX AND LOAD INSPECTION

Reference Section	COMPLIANCE YES	NO	N/A
6602			
12973			
12973			
6738			
6734			
6734(c)			
6736			
6726			
6776			
6434			
12973			
6730			
6406			
6460,64			
6600			
6614			
6604			
6746			
6670			
6684			
6724			
11732			
Total			

C. EQUIPMENT INSPECTION

REQUIREMENTS	Reference Section	COMPLIANCE YES	NO	N/A
1. Equipment registered	11732			
2. Equipment identified	6630			
3. Equipment safe to operate	6600			
4. Backflow prevention - airgap	6610			
Safe Equipment	6742			
5. Proper tank cover	6742			
6. Shut off device/sight gauge	6742			
7. Service containers labeled	6678			
8. Container transportation	6682			
Total	Total			

REPORTS	
Follow-up required	☐ YES ☐ NO
Follow-up completion date:	
Cease and Desist Order 13102	☐ YES ☐ NO
"Stop Work" Order 11737	☐ YES ☐ NO
Violation Notice	☐ YES ☐ NO
Correct noncompliances by (date)	
ACTION REFERENCE:	
DPR Investigation #	
WHS Case #	
District Attorney Case #	
Other Case # or Inspection Date:	

Remarks: Include a detailed description of noncompliances.

INSPECTOR'S SIGNATURE	TIME AND DATE INSPECTED
INSPECTION ACKNOWLEDGED BY	DATE ACKNOWLEDGED

Distribution Original - County First Copy - Inspector Second Copy - Person/Firm Inspected