STATE OF CALIFORNIA

FUMIGATION USE MONITORING INSPECTIONS

PR-ENF-144 (REV. 1/01)

DEPARTMENT OF PESTICIDE REGULATION
PESTICIDE ENFORCEMENT BRANCH

PAGE _____ OF .

FIRM / PERSON INSPECTED	PCA	INSPECTING COUNTY
FIRM ADDRESS	BUFFER ZONES INNER: OUTER:	PERMIT / OPERATOR ID NUMBER
PROPERTY OPERATOR	FUMIGATION METHOD NUMBER	COMMODITY / SITE
ONSITE SUPERVISOR	TELEPHONE NUMBER	SITE ID NUMBER OR ADDRESS

APPLICATOR'S NAME AND LICENSE NUMBER	ACTIVITY	PERSONAL PROTECTIVE EQUIPMENT WORN	ACTION REFERENCE
			DPR Investigation #
			WHS Case #
			District Attorney Case #
			Other Case # or Inspection Date:

PESTICIDE NAME / MANUFACTURER	LABEL REGISTRATION NUMBER	SIGNAL WORD	FORMULATION	RATE

A. COMMODITY FUMIGATION

COMPLIANCE YES	NO	N/A	REQUIREMENTS
			1. Restricted Materials Use Supervised
			2. Notice of Intent Submitted
			3. Properly Sealed Enclosed Space
			4. Suitable Methods / Manner / Climate
			5. Registered Label Available at Use Site
			6. Protection of Persons / Animals / Property
			7. Employees Trained
			8. Emergency Medical; Care Posting
			9. Employees Working Alone Contacted
			10. Decontamination Facility / Eyewash Available
			11. Coveralls, Danger / Warning if on Label
			12. Eye Protection Provided and Used
			13. Respiratory Equipment Provided and Used
			14. Gas Concentration Controlled and Monitored
			15. Accident Response Plan at Worksite
			16. Fumigation of Enclosed Spaces
			17. Two Trained Employees / Gas In / Tarp Off
			18. Posting
			19. Label Conditions/PPE/Aeration/Reentry
			20. Permit Conditions/Rate/Site/Buffers, etc.
			21. Closed System Provided and Used
			22. Employer Provided PPE at Work Site/Supervised Employees, etc.
			23. Employee Utilized PPE/Employer Provided at Work Site **Methyl Bromide, Chloropicrin**
			24. Application / Minimum Depth
			25. Equipment Operation / Proper Application
			Total

B. FIELD FUMIGATION

Reference Section	COMPLIANCE YES	NO	N/A
6406			
6434			
6452			
6600			
6602			
6614			
6724			
6726			
6730			
6734			
6736			
6738(a,b)			
6738(a,h)			
6780(a,b)			
6780(d)			
6782			
6784(a)			
6784(b)			
12973			
12973			
6746			
6702(b)(4,5)			
6450			
6450			
Total			

C. STORAGE SITE INSPECTION

REQUIREMENTS	Reference Section	COMPLIANCE YES	NO	N/A
1. Permit for Stored RM	6412			
2. Properly Stored and Locked	6672(b)			
3. Storage Area Posted	6674			
4. Pesticides Properly Labeled	6676			
5. Service Container Labeling	6678			
6. Proper Containers	6680			
7. Containers Properly Rinsed	6684			
Total	Total			

D. EQUIPMENT INSPECTION

REQUIREMENTS	Reference Section	COMPLIANCE YES	NO	N/A
1. Backflow / Airgap Used	6610			
2. Equipment Identified	6630			
3. Pesticides Locked / Attended	6670			
4. Service Containers Labeled	6678			
5. Proper Pesticide Transport	6682			
6. Equipment / Good Repair / Safe	6742			
Total	Total			

OBSERVATIONS AND REPORTS

Distance to Decontamination Facility:

Soap Available ☐ YES ☐ NO

Single Use Towels ☐ YES ☐ NO

Amount of Water Available:

Follow-up Required ☐ YES ☐ NO

Follow-up Completion Date:

Cease & Desist Order 13102 ☐ YES ☐ NO

Violation Notice ☐ YES ☐ NO

Correct Noncompliances by (date):

Remarks: Include a detailed description of noncompliances.

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