

ENFORCEMENT/COMPLIANCE ACTION SUMMARY
 DPR-ENF-046 (Rev. 01/15)

Please see reverse for Codes and Instructions.

A. ENFORCEMENT/COMPLIANCE ACTION TYPE and STATUS

Incident Date	Action Date	Closed Date	Susp/Revoke Date	Case Number	County
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Administrative Action *(Check only one)*:

- Administrative Civil Penalty (Agricultural)
- Administrative Civil Penalty (Structural)
- County Registration Suspended/Revoked
- Private Applicator Certificate Suspended/Revoked
- Restricted Materials Permit Suspended/Revoked

Referred for State Action *(Check only one)*:

- DPR
- SPCB
- OTHER

Judicial Action:

- Case Submitted to DA/Circuit Prosecutor

Compliance Action *(Check all that apply)*:

- Cease and Desist Order Serial Number: _____
 - Documented Compliance Interview
 - Warning Letter/Violation Notice (VN)
- VN Serial Number: _____

Administrative Action Status *(Check one)*:

- Notice of Proposed Action (NOPA)
- Signed Stipulation
- Closed After Hearing
- Withdrawn
- Closed No Hearing

Action Reference:

- DPR Inspection Form Serial #: _____
- DPR Priority Investigation #: _____
- Worker Health and Safety (WHS) Case #: _____
- District Attorney/Prosecutor or Other Case #: _____

B. ACTION DETAIL *(Attach additional page[s] as necessary.)*

SECTION(S) CITED <i>(One per line)</i>	PROPOSED		MODIFIED		DISMISSED <i>(Check if dismissed)</i>
	Fine (\$)	Suspension (days)	Fine (\$)	Suspension (days)	
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Continue on supplemental page, if necessary.

C. INDIVIDUAL/BUSINESS INFORMATION *If the individual is affiliated with a business or organization, you may complete both individual and business sections. Indicate whether the individual (IND) or business/organization (BUS) is being cited in this action by checking the appropriate 'respondent' box.*

<input type="checkbox"/> IND	Last Name	First Name	M.I.	Lic./Cert. Code	License/Certificate Number	<input type="checkbox"/> Unregistered
	Business/Organization Name					
<input type="checkbox"/> BUS						<input type="checkbox"/> Unregistered

Employment Code* *(See reverse)* SPCB Branch Operator ID # Restricted Materials Permit #

D. ACTIVITY/INCIDENT INFORMATION *(Attach additional page[s] as necessary.)*

***See Reverse for Codes**

PESTICIDE PRODUCT NAME(S)	PRODUCT REG. NUMBER	*Category	*Setting	*Activity
		Comment on Category/Setting/Activity:		

Continue on supplemental page, if necessary.

Continue on supplemental page, if necessary.

County Contact <i>(Please print)</i> :	Telephone <i>(Include Area Code)</i>	Date Submitted
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ENFORCEMENT/COMPLIANCE ACTION SUMMARY - Codes and Instructions

DPR-ENF-046 (Rev. 01/15) (Reverse)

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Category for QAL/QAC & AG PCB Licensees	Employment/Sector Codes	License/Certificate Codes
Animal Agriculture Antifouling Tributyltin Aquatic Demonstration and Research Field Fumigation Forest Health Related Industrial Institutional Landscape Maintenance Microbial Pest Control Plant Agriculture Regulatory Residential Right-of-Way Seed Treatment Sewer Line Root Control Wood Preservation No Category	Commercial COM (incl. FLCs, MGBs, PCBs, etc.) Government Agencies GOV Grower GRO Homeowner HOM (associations, apartments, etc.) Private Sector PRI (hotels, motels, restaurants, golf courses, cemeteries) Schools SCH	INDIVIDUAL CODES: Apprentice Pest Control Aircraft Pilot APC Journeyman Pest Control Aircraft Pilot JPC Operator ID OID Pest Control Adviser PCA Pest Control Dealer Designated Agent DDA Private Applicator Certificate PAC Qualified Applicator Certificate QAC Qualified Applicator License QAL Restricted Materials Permit RMP Structural Pest Control Control Applicator RA Structural Pest Control Field Representative FR Structural Pest Control Operator OPR Vector Control Technician VCT Not Required NR Uncertified UNC Unlicensed UNL
	Activity	BUSINESS CODES: Farm Labor Contractor FLC Maintenance Gardener MGB Operator ID OID Pest Control Business PCM Pest Control Business Branch PCB Pest Control Dealer PDM Pest Control Dealer Branch PDB Pesticide Broker PBM Pesticide Broker Branch PBB Restricted Materials Permit RMP Structural Pest Control Co. - PRINCIPLE PR Structural Pest Control Co. - BRANCH BR Not Required NR Unlicensed UNL
Setting		
Aquatic Farm Forest Golf Course Greenhouse HQ/Office Home Use Industrial Institutional Landscape Maint. Nursery Research Recreational Regulatory Residential Right-of-Way Public Health School Storage <i>Other</i>		
SPCB Branch		
1 Fumigation 2 General Pest Control 3 Termite Control	Advising Aerating - field/structure Applying Chemigating Disinfecting Disposing Field Worker Activities (incl. harvesting, thinning, packing, pruning) Flagging Fumigating - structure/field/commodity Irrigating Licensing Maintaining equipment (e.g., cleaning/repairing) Mixing/Loading Processing/Packing (Ag Commodities, not in field) Record Keeping Registering Storing Training Transporting <i>Other</i>	

PART A. Enforcement/Compliance Action Type and Status. Complete all applicable items. For Enforcement Actions (Administrative, Judicial, Referred), check only one per form. For Compliance Actions (Cease and Desist Order, Documented Compliance Interview, Warning Letter/Violation Notice), check all that apply. **Case Number** - May be any county-assigned number, although sequential numbers are preferred for Administrative Civil Penalties. This is a numeric field only; DO NOT incorporate county names or special characters.

PART B. Action Detail. For Enforcement Actions, complete all applicable items. For Compliance Actions, complete section(s) cited only. For Section(s) Cited, record only one per line. For Suspension (days), record the number of days of the suspension; record the beginning date in Part A. *Susp/Revoke Date*.

PART C. Individual/Business Information. Complete all items. For the Individual License/Certificate Number and Business License Number, record the number as printed on license or certificate. Record the entire number as issued. For Employment Code, use appropriate code listed above. For SPCB Branch number, list Branch 1, 2, or 3. For Unregistered field: check the box only if the individual or business is not registered in your county. For Operator ID/Restricted Materials Permit Number, check only one box and record the number.

PART D. Activity/Incident Information. Pesticide Product Name(s) and Product Registration Number(s): Record if applicable. List name and number as it appears on the label. For Category, list only the category applicable to incident. If the respondent worked out of category, record remarks in Comments field. For Setting and Activity, use appropriate terms listed above. If the setting or activity is not listed, record Other and describe the activity or setting in the Comments field. If the violation is for general record keeping, then *Setting* is HQ/Office and the *Activity* is record keeping.