

**PESTICIDE ANALYSIS REPORT**

PR-ENF-199 (REV. 05/04) PAGE 1 OF 2

<b>A. Registration/Product Information</b>		Laboratory Number
PRODUCT BRAND NAME (labeled as)	STATE/EPA REGISTRATION NUMBER	
REGISTERED PRODUCT BRAND NAME	EPA ESTABLISHMENT NUMBER	DATE SAMPLED
REGISTRANT/MANUFACTURER	EPA FIRM NUMBER	SAMPLE NUMBER
LOT NUMBER	LABEL IDENTIFICATION/INVOICE NUMBER	QUANTITY x CONTAINER SIZE <b>x</b>

<b>B. Possessor Information</b>		
POSSESSOR/SELLER/BUSINESS NAME	TELEPHONE NUMBER (include Area Code)	DATE POSSESSOR RECEIVED LOT
STREET ADDRESS (number and name)	CITY/STATE	ZIP CODE
LOT RECEIVED FROM	CITY/STATE	ZIP CODE

<b>C. Signal Word (check appropriate box)</b> <input type="checkbox"/> 1 Danger <input type="checkbox"/> 2 Warning <input type="checkbox"/> 3 Caution <input type="checkbox"/> 4 No Signal Word		
Label Claim/Active Ingredients	Guarantee %	Found %

Comments

<b>D. Certification</b>	
I certify that the sample described above was taken by me in the manner prescribed by law.	Person acknowledging sample collection

<b>E. Formulations Laboratory Remarks</b>	
METHODS USED	
FIRST CHEMIST	SECOND CHEMIST
ANALYSIS DISPOSITION AND DATE	ANALYSIS DISPOSITION AND DATE
OTHER REMARKS	

<b>F. Decision</b>		
CHEMIST'S DECISION	CHEMIST'S SIGNATURE	DATE

**Complete reverse side of form**

Distribution: Original - Laboratory; Canary - Regional Office; Pink - Possessor/Seller

**G. Sample Information**

SAMPLE COLLECTOR (print name)	EPA REGISTRATION NUMBER	SAMPLE NUMBER
-------------------------------	-------------------------	---------------

**Container Description**

Paper Bag   
 Plastic Bag   
 Glass Jar   
 Amber Jar   
 Canister   
 Other \_\_\_\_\_

**Preservation Method During Transport**

Ice   
 Dry Ice   
 "Blue Ice"   
 Cooler   
 Cool Dry Container   
 Other \_\_\_\_\_

**H. Transportation Information**

<input type="checkbox"/> Anaheim <input type="checkbox"/> Other _____  <input type="checkbox"/> Fresno  <input type="checkbox"/> West Sacramento	VEHICLE DRIVER/COMMON CARRIER	<b>DESTINATION:</b>  <b>Department of Food and Agriculture</b> <b>Center for Analytical Chemistry</b> <b>3292 Meadowview Road</b> <b>Sacramento, California 95832</b> <b>(916) 262-2062</b>
	LICENSE NUMBER/SHIPPING INVOICE NUMBER	
	DOT NUMBER/CLASSIFICATION	
	DATE SAMPLE SHIPPED	

I certify that the above listed sample is properly classified, described, packaged, marked, and labeled. I additionally certify that this sample is in the proper condition for transportation according to applicable Department of Pesticide Regulation and Department of Food and Agriculture guidelines.

Signature	DATE
-----------	------

**I. Chain of Custody**

RECEIVED FROM (sample collector)	DELIVERED TO	DATE	TIME	PURPOSE
1.	2.			
RECEIVED FROM	DELIVERED TO	DATE	TIME	PURPOSE
2.	3.			
RECEIVED FROM	DELIVERED TO	DATE	TIME	PURPOSE
3.	4.			
RECEIVED FROM	DELIVERED TO	DATE	TIME	PURPOSE
4.	5.			
RECEIVED FROM	DELIVERED TO	DATE	TIME	PURPOSE
5.	6.			
RECEIVED FROM	DELIVERED TO	DATE	TIME	PURPOSE
6.	7.			
RECEIVED FROM	DELIVERED TO	DATE	TIME	PURPOSE
7.	8.			

**J. Laboratory Storage**

SAMPLE RECEIVED BY (print name)	DATE RECEIVED	TIME	SAMPLE CONDITION (Laboratory use only)
STORAGE LOCATION	STORAGE DATE (if applicable)	TIME	

**K. Specialist's Remarks (discrepancies, additional label guarantees, etc.)**


---



---



---



---