

**FIELD WORKER SAFETY
INSPECTION REPORT**

- COMPLETE
- PARTIAL
- FOLLOW-UP INSPECTION

PR-ENF-103 (REV. 01/10) Page 1 of 1

ORIGINAL INSP. # _____

INSPECTING COUNTY _____

FIRM / PERSON INSPECTED (Check one) <input type="checkbox"/> FLC <input type="checkbox"/> GROWER <input type="checkbox"/> OTHER		TELEPHONE NUMBER	SITE ID NUMBER	
FIRM MAILING ADDRESS		PERMIT / OPERATOR ID NUMBER	COMMODITY / SITE	
PROPERTY OPERATOR		ADJACENT ENVIRONMENT	N	
PROPERTY LOCATION		W	TREATMENT AREA	E
SUPERVISOR				
DATE OF APPLICATION				
APPROX. # OF FIELD WORKERS		# OF FIELD WORKERS INTERVIEWED		
APPROXIMATE FIELD SIZE		FIELD WORKERS ACTIVITY		
			S	
PESTICIDE NAME / MANUFACTURER		LABEL REGISTRATION NUMBER	SIGNAL WORD	REI

N/A

Early Entry Personal Protective Equipment Worn

- | | | | |
|---|--|--|--|
| <p>DERMAL</p> <ul style="list-style-type: none"> <input type="checkbox"/> Work Clothing <input type="checkbox"/> Chemical Resistant Clothes <input type="checkbox"/> Chemical Resistant Boots <input type="checkbox"/> Head Covering <input type="checkbox"/> Shoes and Socks <input type="checkbox"/> Other _____ | <p>HANDS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cloth/Leather Gloves <input type="checkbox"/> Chemical Resistant Gloves <input type="checkbox"/> Other _____ <input type="checkbox"/> None | <p>EYES</p> <ul style="list-style-type: none"> <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Goggles <input type="checkbox"/> Faceshield <input type="checkbox"/> None | <p>INHALATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dust Mask <input type="checkbox"/> 1/2 Face Respirator <input type="checkbox"/> Full Face Respirator <input type="checkbox"/> SCBA <input type="checkbox"/> None |
|---|--|--|--|

REQUIREMENTS	Section	COMPLIANCE			REQUIREMENTS, (Continued)	Section	COMPLIANCE		
		YES	NO	N/A			YES	NO	N/A
1. FLC Registered # _____	1695 LC				9. Field Entry After Pesticide Application	6770			
2. Notice of Application Within 1/4 Mile	6618(a)				10. Early Entry Requirements	6771			
3. Decontamination Facility	6768				11. Posting Compliance	6776			
4. Hazard Communication A-9	6761				12. Greenhouse Ventilation Criteria	6769			
5. Emergency Medical Care Knowledge	6766				13. Labeling - PPE	12973			
6. Field Worker Training	6764								
7. Application Specific Information Display	6761.1								
8. Field Work During Pesticide Application	6762								
TOTAL					TOTAL				

COMPLIANCE ACTIONS:		COMPLIANCE ACTIONS, (Continued):	
Cease and Desist Order 11897 / 13102 <input type="checkbox"/> YES <input type="checkbox"/> NO	Follow-up Required <input type="checkbox"/> YES <input type="checkbox"/> NO	Correct Noncompliances By: _____	
Hazardous Area 6706 <input type="checkbox"/> YES <input type="checkbox"/> NO			

Remarks - Include a detailed description of noncompliances. When additional space is required, continue on Inspection Report / VN Supplement, PR-ENF-111.

INSPECTOR (Print Name)	Signature	TIME AND DATE INSPECTED
INSPECTION ACKNOWLEDGED BY (Print Name)	Signature	DATE ACKNOWLEDGED

VIOLATION NOTICE <input type="checkbox"/> YES <input type="checkbox"/> NO # _____	VIOLATION NOTICE <input type="checkbox"/> YES <input type="checkbox"/> NO # _____
(FARM LABOR CONTRACTOR)	(PROPERTY OPERATOR)