

**PESTICIDE USE  
MONITORING INSPECTION REPORT**

- COMPLETE
- PARTIAL
- FOLLOW-UP INSPECTION

PR-ENF-104 (REV. 01/10) Page 1 of 2

ORIGINAL INSP. # \_\_\_\_\_

**INSPECTING COUNTY** \_\_\_\_\_

FIRM / PERSON INSPECTED			FIRM MAILING ADDRESS		
PROPERTY OPERATOR	SUPERVISOR	INTERVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO	BUSINESS TYPE	PERMIT / OPERATOR ID #	
PROPERTY LOCATION / SITE ID			<input type="checkbox"/> Property Operator	BUSINESS LICENSE # _____ or <input type="checkbox"/> N/R	
ADJACENT ENVIRONMENT			<input type="checkbox"/> Pest Control Business	or <input type="checkbox"/> UNL	
N			<input type="checkbox"/> Maintenance Gardener	_____	
W			<input type="checkbox"/> Other	_____	
TREATMENT AREA			LICENSE NUMBER _____	TELEPHONE NUMBER _____	
S			<input type="checkbox"/> QAL <input type="checkbox"/> QAC <input type="checkbox"/> PAC <input type="checkbox"/> JPC <input type="checkbox"/> APC <input type="checkbox"/> UNL	<input type="checkbox"/> N/R	
			COMMODITY / SITE _____ <input type="checkbox"/> PROD AG		
			<input type="checkbox"/> OTHER		
			METHOD OF APPLICATION (CHECK ONE):	WIND VELOCITY _____	
			<input type="checkbox"/> 1. AERIAL	DIRECTION _____ to _____	
			<input type="checkbox"/> 2. CHEMIGATION		
			<input type="checkbox"/> 3. HAND HELD		
			<input type="checkbox"/> 4. GROUND RIG		
			<input type="checkbox"/> 5. OTHER _____		
HANDLER'S NAME / # INTERVIEWED _____		ACTIVITY	PERSONAL PROTECTIVE EQUIPMENT WORN		

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

A. APPLICATION				B. MIX/LOAD				A. APPLICATION				B. MIX/LOAD			
COMPLIANCE			Section	COMPLIANCE			Section	COMPLIANCE			Section	COMPLIANCE			
YES	NO	N/A		REQUIREMENTS	YES	NO		N/A	REQUIREMENTS, (Continued)	YES		NO	N/A	REQUIREMENTS	YES
			1. PCB Licensed	11701				19. Closed Sys. Used /Criteria - "Danger"	6746						
			2. PCB Registered in County	11732				20. Protect. of Persons/Animals/Property	6614						
			3. Labeling Available at Use Site	6602				21. Equipment Registered - PCB	11732						
			4. Notice of Intent	6434				22. Equipment Identified - PCB	6630						
			5. Certified Applicator Sup RM	6406				23. Backflow Prevention - Airgap	6610						
			6. Complies w/Permit Conditions	12973				24. Containers Secured / Attended	6670						
			7. Labeling - Site/Rate/Other	12973				25. Containers Labeled / Closures	6676						
			8. Labeling - PPE	12973				26. Service Container Labeling	6678						
			9. Regulations - PPE	6738				27. Proper Containers	6680						
			10. Respiratory Protection	6739				28. Proper Pesticide Transport	6682						
			11. Coveralls, "Warning / Danger"	6736				29. Containers Properly Rinsed	6684						
			12. Handler(s)	6724				30. Accurate Measurement	6604						
			13. Emergency Med. Care Posting	6726				31. Ground Water Protection	6487.1-5						
			14. Employee Working Alone, "Danger"	6730				32. Wellhead Protection	6609						
			15. Decontamination Facility	6734				33. Dormant Insecticides	6960						
			16. Eyewash Immed. Available - Prod. Ag.	6734(c)											
			17. Field Postings	6776											
			18. Safe Equipment	6742				TOTAL							

<b>COMPLIANCE ACTIONS:</b>				<b>COMPLIANCE ACTIONS, (Continued):</b>			
Cease and Desist Order 11737 / 11897 / 13102 <input type="checkbox"/> YES <input type="checkbox"/> NO				Correct Noncompliances By: _____			
Follow-up Required <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**  YES  NO # \_\_\_\_\_