

**FIELD FUMIGATION USE
MONITORING INSPECTION REPORT**

- COMPLETE
- PARTIAL
- FOLLOW-UP INSPECTION

PR-ENF-106 (REV. 01/10) Page 1 of 1

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			<input type="checkbox"/> Property Operator	BUSINESS LICENSE #	or <input type="checkbox"/> N/R <input type="checkbox"/> UNL						
ADJACENT ENVIRONMENT			LICENSE NUMBER		TELEPHONE NUMBER						
<table border="1" style="width: 100%; height: 100px;"> <tr> <td style="text-align: center;">N</td> <td style="text-align: center;">E</td> </tr> <tr> <td style="text-align: center;">W</td> <td style="text-align: center;">S</td> </tr> <tr> <td colspan="2" style="text-align: center;">TREATMENT AREA</td> </tr> </table>			N	E	W	S	TREATMENT AREA		<input type="checkbox"/> QAL <input type="checkbox"/> QAC <input type="checkbox"/> PAC <input type="checkbox"/> UNL	<input type="checkbox"/> N/R	
			N	E							
W	S										
TREATMENT AREA											
			4-DIGIT FUMIGATION METHOD CODE	COMMODITY/SITE	<input type="checkbox"/> PROD AG <input type="checkbox"/> OTHER						
			INNER	SITE ID NUMBER							
			OUTER	WIND VELOCITY _____							
			DIRECTION _____ to _____								

HANDLER'S NAME / # INTERVIEWED	ACTIVITY	PERSONAL PROTECTIVE EQUIPMENT WORN

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

REQUIREMENTS	Section	COMPLIANCE			REQUIREMENTS, (Continued)	Section	COMPLIANCE		
		YES	NO	N/A			YES	NO	N/A
1. PCB Licensed	11701				23. MB - Two Trained Employees / Work Hours	6784(b)			
2. PCB Registered in County	11732				24. MB - Worksite Plan	6447			
3. Licensed in Proper Category	6536				25. MB - Notification	6447.1			
4. NAA Emission Allowance (May - October)	6452.3				26. MB - Buffer Zone Requirements	6447.2			
5. Labeling Available at Use Site	6602				27. MB - Fumigation Methods	6447.3			
6. Notice of Intent Submitted	6434				28. 1,3-D - Fumigation Methods	6448.1			
7. Certified Applicator Supervision	6406				29. Chloropicrin - Fumigation Methods	6449.1			
8. Complies with Permit Conditions	12973				30. Metam - Fumigation Methods	6450.1			
9. Labeling - Aeration / Reentry	12973				31. Dazomet - Fumigation Methods	6450.2			
10. Labeling - Site / Rate / Buffers / Other	12973				32. NaTetrathiocarbonate - Fumigation Methods	6451.1			
11. Labeling - PPE	12973				33. Wellhead Protection	6609			
12. Regulations - PPE	6738				34. Accurate Measurement	6604			
13. Respiratory Protection	6739				35. Protection of Persons / Animals / Property	6614			
14. Handler(s) Trained	6724				36. Equipment Registered - PCB	11732			
15. Emergency Medical Care, Posting	6726				37. Equipment Identified - PCB	6630			
16. Employee - Working Alone, "Danger"	6730				38. Backflow Prevention - Airgap	6610			
17. Decon. Facility / Eyewash Available	6734				39. Containers Secured / Attended	6670			
18. Field Posting	6776				40. Containers Labeled / Closures	6676			
19. Posting - Aeration Complete	6784(a)				41. Proper Pesticide Transport	6682			
20. Accident Response Plan at Worksite	6780(d)								
21. Safe Equipment	6742								
22. Closed Sys. Used / Meets Criteria - "Danger"	6746				TOTAL	TOTAL			

COMPLIANCE ACTIONS:		COMPLIANCE ACTIONS, Continued:	
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 <input type="checkbox"/> YES <input type="checkbox"/> NO # _____ (PEST CONTROL BUSINESS)	VIOLATION NOTICE <input type="checkbox"/> YES <input type="checkbox"/> NO # _____ (PROPERTY OPERATOR)
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