

**STRUCTURAL USE
MONITORING INSPECTION REPORT**

- COMPLETE
- PARTIAL
- FOLLOW-UP INSPECTION

PR-ENF-108 (REV. 01/10) Page 1 of 1

ORIGINAL INSP. # _____

INSPECTING COUNTY

FIRM INSPECTED	BUSINESS REGISTRATION NUMBER <input type="checkbox"/> PR <input type="checkbox"/> BR <input type="checkbox"/> UNL	VEHICLE LICENSE PLATE NUMBER
FIRM ADDRESS	TELEPHONE NUMBER	WIND VELOCITY _____ Direction _____ to _____
EQUIPMENT USED		
PERSON INSPECTED	INDIVIDUAL LICENSE NUMBER <input type="checkbox"/> OPR <input type="checkbox"/> RA <input type="checkbox"/> FR <input type="checkbox"/> UNL	PEST
APPLICATION SITE ADDRESS		TREATMENT SITE

HANDLER'S NAME	ACTIVITY	PERSONAL PROTECTIVE EQUIPMENT WORN

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

A. APPLICATION <input type="checkbox"/> BRANCH 2 <input type="checkbox"/> BRANCH 3				B. MIX/LOAD				A. APPLICATION				B. MIX/LOAD			
COMPLIANCE			REQUIREMENTS	Section	COMPLIANCE			COMPLIANCE			REQUIREMENTS, (Continued)	Section	COMPLIANCE		
YES	NO	N/A			YES	NO	N/A	YES	NO	N/A			YES	NO	N/A
			1. Registered in County	15204.5						16. Prot. of Persons/Animals/Property	6614				
			2. Written Notice to Occupant	8538						17. Backflow Prevention - Airgap	6610				
			3. Pesticide Disclosure Available	1970.4						18. Equipment Identified	6630				
			4. Labeling Available at Use Site	6602						19. Containers Labeled / Closures	6676				
			5. Labeling - Site / Rate / Conc. / Other	12973						20. Service Container Labeling	6678				
			6. Labeling - Personal Prot. Equipt.	12973						21. Proper Containers	6680				
			7. Regs. - Personal Protective Equipt.	6738						22. Proper Pesticide Transport	6682				
			8. Respiratory Protection	6739						23. Containers Properly Rinsed	6684				
			9. Handler(s) Trained	6724						24. Pesticide Handling/Use/Storage	1983				
			10. Emergency Medical Care, Posting	6726						25. Wellhead Protection	6609				
			11. Decont. Fac., "Warning/Danger"	6734						26. Suitable Manner / Climate	6600				
			12. Safe Equipment	6742											
			13. Coveralls, "Warning/Danger"	6736											
			14. Certified Applicator Sup. RM	6406											
			15. Accurate Measurement	6604											
TOTAL											TOTAL				

COMPLIANCE ACTIONS	COMPLIANCE ACTIONS, (Continued)
Cease and Desist Order 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 # _____ (BUSINESS)	VIOLATION NOTICE <input type="checkbox"/> YES <input type="checkbox"/> NO # _____ (LICENSEE)
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