

**PEST CONTROL HEADQUARTERS
INSPECTION REPORT**

- COMPLETE
 PARTIAL
 FOLLOW-UP INSPECTION

PR-ENF-109 (REV. 01/10) Page 1 of 1

ORIGINAL INSP. # _____

INSPECTING COUNTY

FIRM INSPECTED	BUSINESS TYPE (Check one) <input type="checkbox"/> Property Operator	PERMIT / OPERATOR ID NUMBER	EXPIRES
TELEPHONE NUMBER	<input type="checkbox"/> Pest Control Dealer	BUSINESS LICENSE NUMBER	EXPIRES
FIRM MAILING ADDRESS		FIRM LOCATION	
PERSON INSPECTED	LICENSE TYPE <input type="checkbox"/> QAL <input type="checkbox"/> QAC <input type="checkbox"/> PAC <input type="checkbox"/> DDA <input type="checkbox"/> PCA	NUMBER	CATEGORY(S)
		<input type="checkbox"/> N/R <input type="checkbox"/> UNL	EXPIRES

Name of Handler Trainer _____ Name of Field Worker Trainer _____ Name of RPA _____

HEADQUARTERS AND EMPLOYEE SAFETY INSPECTION				C. DEALER RECORDS / STORAGE INSPECTION <input type="checkbox"/> Main <input type="checkbox"/> Branch					
A. PRODUCTION AGRICULTURE				B. OTHER					
COMPLIANCE		REQUIREMENTS	Section	COMPLIANCE		REQUIREMENTS	Section	COMPLIANCE	
YES	NO			YES	NO			YES	NO
		1. Valid Restricted Material Permit	6412			1. Dealer Licensed	12101		
		2. Notice Prior to Application	6618			2. Designated Agent / Office; Valid Lic. / Cert.	6560		
		3. App. Completion Records / 2 yrs	6619			3. Sales Records / Written Statement	6562		
		4. Operator ID Number Obtained	6622			4. Appropriate Products Sold	6564		
		5. Site ID/ Permit Kept / 2 years	6623			5. Permits for RM Sales / 2 years	6568(a)		
		6. Pest. Use Rec. Available / 2 years	6624			6. QAL, QAC, PAC Statement Avail. / 2 years	6568(b)		
		7. Pest. Use Reports Submitted	6626/7			7. Operator ID Number / 2 years	6568(c)		
		8. Emergency Med. Care Planned	6726/66			8. Out of County Sales Reporting	6568(d)		
		9. Change Area	6732			9. Specialized Records - Clopyralid, Tributyltin	6574/76		
		10. Proper Storage of PPE	6738(a)			10. Containers Secured	6672(b)		
		11. MB - Recordkeeping	6784(b)			11. Storage Area Posted, "Warning/Danger"	6674		
		Haz Com / Training Program				12. Pesticide Containers Properly Labeled	6676		
		12. Haz. Communication / Handler	6723			13. Service Container Labeling	6678		
		13. App. Specific Info / Handler	6723.1			14. Proper Containers	6680		
		14. Trainer Qualified	6724(f)			TOTAL	TOTAL		
		15. Written Program	6724(a)			D. PEST CONTROL ADVISER RECORDS INSPECTION			
		16. Handler Training	6724(b-e)			Number Records Inspected _____			
		17. Hazard Communication / FW	6761			REQUIREMENTS		Section	COMPLIANCE
		18. Application Specific Info / FW	6761.1			1. PCA Licensed	12001	YES	NO
		19. Field Worker Training	6764			2. PCA Registered in County	12002		
		Respiratory Protection Program	6739			3. Recommendations in Proper Categories	12054		
		20. Written Program	(a),(p)			4. Required Information / Copies Furnished	12003		
		21. Medical Evaluation	(d),(s)			5. Recommendations Retained / 1 year	12004		
		22. Fit Test Records	(e),(p)			6. Recommendation Criteria	6556		
		23. Respirators Inspected	(j)(1)			7. Complies with Pesticide Labeling	12971		
		24. Respirator Storage	(h)(4)			8. Safety of Employed Persons	6720(d)		
		25. Voluntary Use Display	(b)(2)			TOTAL	TOTAL		
		Medical Supervision Program	6728			COMPLIANCE ACTIONS:			
		26. Use Records Retained / 3 years	(a)			Cease and Desist Order 13102	<input type="checkbox"/> YES <input type="checkbox"/> NO	Correct Noncompliances By:	
		27. Drs. Agreement Available / 3 yrs	(b)			Follow-up Required	<input type="checkbox"/> YES <input type="checkbox"/> NO		
		28. Records / 3 years	(c)			Remarks - Continue on Inspection Report / VN Supplement, PR-ENF-111.			
		29. Medical Supervision Posting	(c)(5)						
		Pesticide Storage							
		30. Possession Permit for Stored RM	6412						
		31. Containers Secured	6672(b)						
		32. Storage Posted, "Warning/Danger"	6674						
		33. Containers Labeled / Closures	6676						
		34. Service Container Labeling	6678						
		35. Proper Containers	6680						
		36. Containers Properly Rinsed	6684						
		TOTAL	TOTAL						

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

VIOLATION NOTICE YES NO # _____

Distribution: White - County; Canary - DPR; Pink - Inspector; Goldenrod - Firm / Person Inspected