

STATE OF CALIFORNIA
DEPARTMENT OF PESTICIDE REGULATION
**FIELD WORKER SAFETY
INSPECTION REPORT**

☐ COMPLETE
☐ PARTIAL
☐ FOLLOW-UP INSPECTION

ORIGINAL INSP. # _____
INSPECTING COUNTY _____

FIRM / PERSON INSPECTED			FIRM MAILING ADDRESS		
PROPERTY OPERATOR	SUPERVISOR	INTERVIEWED	PERMIT / OPERATOR ID #		
PROPERTY LOCATION / SITE ID /		CITY	BUSINESS LICENSE #		
ADJACENT ENVIRONMENT	N		LICENSE NUMBER	TELEPHONE NUMBER	
			COMMODITY / SITE	APPROXIMATE FIELD SIZE	
W		E	APPROXIMATE # OF FIELD WORKERS	# OF FIELD WORKERS INTERVIEWED	
			DATE OF APPLICATION	REI EXPIRED	
	S				
FIELD WORKER'S NAME / # INTERVIEWED: 0		ACTIVITY	PERSONAL PROTECTIVE EQUIPMENT WORN		
PESTICIDE NAME / MANUFACTURER		LABEL REGISTRATION NUMBER	SIGNAL WORD	REI	

All Requirements

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

COMPLIANCE ACTIONS:	
Cease and Desist Order: No	Follow-up Required:
Hazardous Area:	Correct Noncompliance By:

REMARKS

General Remarks

Requirement Remarks

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

Violation Notice

☐ YES☐ NO

BUSINESS/INDIVIDUAL NAME	LICENSE OR PERMIT #	ROLE
None		