

**COMMODITY FUMIGATION USE
MONITORING INSPECTION REPORT**

- COMPLETE
 PARTIAL
 FOLLOW-UP INSPECTION

PR-ENF-105 (REV. 01/10) Page 1 of 1

ORIGINAL INSP. # _____

INSPECTING COUNTY _____

FIRM INSPECTED _____	BUSINESS TYPE <input type="checkbox"/> Property Operator	PERMIT / OPERATOR ID # _____
FIRM MAILING ADDRESS _____	<input type="checkbox"/> Pest Control Business	BUSINESS LICENSE / REG # _____ or <input type="checkbox"/> N/R <input type="checkbox"/> UNL
PERSON INSPECTED _____	LICENSE NUMBER <input type="checkbox"/> QAL <input type="checkbox"/> QAC <input type="checkbox"/> PAC <input type="checkbox"/> Other <input type="checkbox"/> UNL	TELEPHONE NUMBER _____
PROPERTY OPERATOR _____	SUPERVISOR _____	COMMODITY / SITE <input type="checkbox"/> PROD AG <input type="checkbox"/> OTHER
PROPERTY LOCATION _____	SUPERVISOR INTERVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO	SITE ID NUMBER _____
ADJACENT ENVIRONMENT (N) _____ (S) _____	BUFFER ZONES <input type="checkbox"/> TREATMENT <input type="checkbox"/> AERATION	WIND VELOCITY _____
(E) _____ (W) _____	DISTANCE _____	DIRECTION _____ to _____
FUMIGATION METHOD _____		

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

PESTICIDE NAME / MANUFACTURER	LABEL REGISTRATION NUMBER	SIGNAL WORD	FORM	RATE

REQUIREMENTS	Section	COMPLIANCE			REQUIREMENTS, (Continued)	Section	COMPLIANCE		
		YES	NO	N/A			YES	NO	N/A
1. PCB Licensed	11701				16. Accident Response Plan at Worksite	6780(d)			
2. PCB Registered in County	11732				17. Two Trained Employees	6782(a)			
3. Labeling Available at Use Site	6602				18. Warning Signs Posted, Required Info	6782(c)			
4. Notice of Intent Submitted	6434				19. Treated Area / Products Managed	6782(f)			
5. Certified Applicator	6406				20. MB and/or Pic - Properly Sealed Space	6453(a)			
6. Complies with Permit Conditions	12973				21. Accurate Measurement	6604			
7. Labeling - Aeration / Reentry	12973				22. Protection of Persons / Animals / Property	6614			
8. Labeling - Site / Rate / Buffers / Other	12973				23. Equipment Registered - PCB	11732			
9. Labeling - PPE	12973				24. Equipment Identified - PCB	6630			
10. Regulations - PPE	6738				25. Containers Secured / Attended	6670			
11. Respiratory Protection	6739				26. Containers Labeled / Closures	6676			
12. Handler(s) Trained	6724				27. Proper Pesticide Transport	6682			
13. Emergency Medical Care, Posting	6726								
14. Decontamination Facility	6734								
15. SCBA Worn / Cont. Monitoring / Plan Followed	6780(b)				TOTAL	TOTAL			

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