

**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<br><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<br><input type="checkbox"/> UNL |
| PERSON INSPECTED _____                      |  | LICENSE NUMBER<br><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<br><input type="checkbox"/> OTHER            |
| PROPERTY LOCATION _____                     |  | SUPERVISOR INTERVIEWED<br><input type="checkbox"/> YES <input type="checkbox"/> NO   | SITE ID NUMBER _____   |
| ADJACENT ENVIRONMENT<br>(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   |            |    |     |

|  |  |                                       |  |
|--|--|---------------------------------------|--|
| <b>COMPLIANCE ACTIONS:</b>                   |  | <b>COMPLIANCE ACTIONS, Continued:</b> |  |
| 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.**

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

|   |   |
|---|---|
| <b>VIOLATION NOTICE</b> <input type="checkbox"/> YES <input type="checkbox"/> NO # _____<br>(PEST CONTROL BUSINESS) | <b>VIOLATION NOTICE</b> <input type="checkbox"/> YES <input type="checkbox"/> NO # _____<br>(PROPERTY OPERATOR) |
|---|---|