

**STRUCTURAL FUMIGATION USE
MONITORING INSPECTION REPORT**

- COMPLETE
- PARTIAL
- FOLLOW-UP INSPECTION

PR-ENF-107 (REV. 01/10) Page 1 of 1

ORIGINAL INSP. # _____

INSPECTING COUNTY

FIRM INSPECTED	BUSINESS REGISTRATION NUMBER <input type="checkbox"/> BR <input type="checkbox"/> PR <input type="checkbox"/> UNL	VEHICLE LICENSE PLATE
FIRM ADDRESS	TELEPHONE NUMBER	WIND VELOCITY _____
PERSON INSPECTED	INDIVIDUAL LICENSE NUMBER <input type="checkbox"/> OPR <input type="checkbox"/> FR <input type="checkbox"/> UNL	DIRECTION _____ to _____
APPLICATION SITE ADDRESS		REQ. DISTANCE MAINTAINED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
		PEST _____
		TREATMENT SITE _____

HANDLER'S NAME	ACTIVITY	PERSONAL PROTECTIVE EQUIPMENT WORN

PESTICIDE NAME / MANUFACTURER	LABEL REGISTRATION NUMBER	SIGNAL WORD	FORMULATION	RATE

STRUCTURAL FUMIGATION APPLICATION AERATION CERTIFICATION

REQUIREMENTS	Section	COMPLIANCE			REQUIREMENTS, (Continued)	Section	COMPLIANCE			
		YES	NO	N/A			YES	NO	N/A	
1. Registered in County	15204.5(a)				26. Test Equipment	1971(a)(2)				
2. County Notified 24 Hours Prior	15204.5(d)				27. Re-entry Requirements	1973				
3. Written Notice to Occupant	8538				28. Direct Supervision	8505.2				
4. Pesticide Disclosure Signed / Available	1970.4				29. Warning Signs on All Sides of Structure	1974				
5. Registered Label Available at Use Site	6602				30. Required Information on Warning Signs	8505.10				
6. Labeling - Site / Rate / Concentration / Other	12973				31. Signs - Attic / Under-area	8505.11				
7. Labeling - Aeration / Certification	12973				32. Warning Agent Used	8505.12				
8. Labeling - Bagging, Pets Removed, Etc.	12973				33. Equipment Properly Identified	6630				
9. Labeling - PPE	12973				34. Containers Labeled / Closures	6676				
10. Regulations - PPE	6738				35. Proper Pesticide Transport	6682				
11. Respiratory Protection	6739				36. Pesticide Handling / Use / Storage	1983				
12. Handler(s) Trained	6724				37. Methyl Bromide Requirements	6454(a)				
13. Emergency Medical Care, Posting	6726				38. MB - Tarps Accept. / Condition / Ret. Method	6454(b-e)				
14. Decont. Facility, Site " Warning/Danger"	6734				39. MB - Warning Agents / Fans / Aeration	6454(f-m)				
15. SCBA Worn / Cont. Monitoring / TRAP Used	6780(b)				40. MB - Measuring Concentration	6454(n)				
16. Accident Response Plan at Work Site	6780(d)									
17. 2 Trained Employees - Application & Aeration	6782(a)									
18. Fume of Enclosed Spaces/Proper Entry	6782(d)									
19. Proper Management of Treated Area	6782(f)									
20. Connecting Structures	1970.6									
21. Accurate Measurement	6604									
22. Protection of Persons / Animals / Property	6614									
23. Structure Vacated / Secured Against Reentry	8505.7									
24. Equipment in Good Repair and Safe	6742									
25. 2 SCBA / CPR Chart / Mfg. Instructions	1971(a)									
COMPLIANCE ACTIONS										
Cease and Desist Order 11897 / 13102	<input type="checkbox"/> YES <input type="checkbox"/> NO									
Follow-up Required	<input type="checkbox"/> YES <input type="checkbox"/> NO									
Correct Noncompliances By:										
					TOTAL					
					TARP / AERATION CHECK (No Crew On Site)		Section	COMPLIANCE		
							YES	NO	N/A	
					1. Registered in County	15204.5(a)				
					2. County Notified 24 Hours Prior	15204.5(d)				
					3. Labeling - Aeration / Certification	12973				
					4. Warning Signs on All Sides	1974				
					5. Structure Vacated / Secured Against Reentry	8505.7				
					6. Required Information on Warning Signs	8505.10				
					TOTAL					

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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