STATE OF CALIFORNIA
DEPARTMENT OF PESTICIDE REGULATION

PEST CONTROL BUSINESS HEADQUARTERS INSPECTION REPORT

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☐ COMPLETE
☐ PARTIAL
☐ FOLLOW-UP INSPECTION

110-

ORIGINAL INSP. # _____ - _____

INSPECTING COUNTY _____

FIRM INSPECTED	BUSINESS TYPE	BUSINESS LICENSE / REG #	CAT / BRANCH(S)	EXPIRES
TELEPHONE NUMBER	☐ Pest Control Business	_____ or ☐ UNL	_____	_____
	☐ Maintenance Gardener	_____ or ☐ UNL	_____	_____
	☐ PR ☐ BR (Structural)	_____ or ☐ UNL	_____	_____

FIRM MAILING ADDRESS	FIRM LOCATION

PERSON INSPECTED (Agricultural)	LICENSE TYPE	INDIVIDUAL LICENSE #	CATEGORY(S)	EXPIRES
	☐ QAL ☐ QAC ☐ UNL	_____	_____	

PERSON INSPECTED (Structural)	LICENSE TYPE	INDIVIDUAL LICENSE #	BRANCH(S)	EXPIRES
	☐ OPR ☐ FR ☐ UNL	_____	_____	

Name of Handler Trainer _____ **Name of RPA** _____

HEADQUARTERS AND EMPLOYEE SAFETY INSPECTION ☐ PRINCIPAL ☐ BRANCH

LICENSED PEST CONTROL BUSINESS RECORDS / STORAGE INSPECTION ☐ PRINCIPAL ☐ BRANCH

A. AGRICULTURAL PCB COMPLIANCE YES	NO	N/A	REQUIREMENTS	Section	B. STRUCTURAL PCB COMPLIANCE YES	NO	N/A
			1. Notice Prior to Application	6618			
			2. Emergency Med. Care Planned	6726			
			3. Change Area	6732			
			4. Proper Storage of PPE	6738(a)			
			Haz Com / Training Program				
			5. Hazard Communication	6723			
			6. Trainer Qualified	6724(f)			
			7. Written Training Program	6724(a)			
			8. Handler Training	6724(b-e)			
			Respiratory Protection Program	**6739**			
			9. Written Program	(a),(p)			
			10. Medical Evaluation	(d),(s)			
			11. Fit Test Records	(e),(p)			
			12. Respirators Inspected	(j)(1)			
			13. Respirator Storage	(h)(4)			
			14. Voluntary Use Display	(b)(2)			
			Medical Supervision Program	**6728**			
			15. Use Records Retained / 3 years	(a)			
			16. Drs. Agreement Available / 3 yrs	(b)			
			17. Records / 3 years	(c)			
			18. Medical Supervision Posting	(c)(5)			
			TOTAL	TOTAL			

C. AGRICULTURAL PCB COMPLIANCE YES	NO	N/A	REQUIREMENTS	Section	D. STRUCTURAL PCB COMPLIANCE YES	NO	N/A
			Records				
			1. Business Licensed	11701			
			2. Business Registered in County	11732			
			3. Work Sup. by Qualified Person	11701.5			
			4. Pilot(s) Holds a Valid Certificate	11901			
			5. Pilot(s) Reg'd. in the County	11920			
			6. Recommendations Retained /1 yr	12004			
			7. Valid Permits for Restricted Mat.	6412/6632			
			8. App Completion Records / 2 yrs	6619			
			9. Pest. Use Records Kept / 2 years	6624			
			10. Pest. Use Reports Submitted	6626-28			
			11. Monthly PUR Submitted	8505.17			
			12. Registered in County	15204/.5			
			13. SPCB Registration	8610			
			14. Qualified Branch Supervisor	8611			
			15. Pest. Use Records Available	15205			
			16. Fumigation Log / 3 Years	1970(a)			
			17. Pest. Use Records / Kept 3 years	1970(b)			
			18. Notice to Occupant	8538			
			Pesticide Storage				
			19. Containers Secured	6672(b)			
			20. Storage Posted "Warning/Danger"	6674			
			21. Containers Labeled / Closures	6676			
			22. Service Container Labeling	6678			
			23. Proper Containers	6680			
			24. Containers Properly Rinsed	6684			
			TOTAL	TOTAL			

COMPLIANCE ACTIONS:

Cease and Desist Order 13102 ☐ YES ☐ NO

Follow-up Required ☐ YES ☐ NO

COMPLIANCE ACTIONS, (Continued)**:**

Correct Noncompliances By:

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 ☐ YES ☐ NO # _____

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