

**PRODUCTION AG / OTHER / DEALER / PCA
PEST CONTROL RECORDS INSPECTIONS**

PR-ENF-109 (REV. 11/06)

IS THIS A FOLLOW-UP INSPECTION? YES NO

Check one below & list serial # of original inspection

COMPLETE

PARTIAL - Do not count on PRAMR (Report 5)

SERIAL # _____

109-

INSPECTING COUNTY _____

FIRM INSPECTED	BUSINESS TYPE (Check one) <input type="checkbox"/> Property Operator (Prod Ag, Other)	PERMIT / OPERATOR ID NUMBER <input type="checkbox"/> N/R or <input type="checkbox"/> UNL	EXPIRES
TELEPHONE NUMBER	<input type="checkbox"/> Pest Control Dealer	BUSINESS LICENSE NUMBER <input type="checkbox"/> UNL	EXPIRES
FIRM MAILING ADDRESS		FIRM LOCATION	
PERSON INSPECTED	LICENSE TYPE <input type="checkbox"/> QAL <input type="checkbox"/> QAC <input type="checkbox"/> PAC <input type="checkbox"/> DA <input type="checkbox"/> PCA <input type="checkbox"/> N/R <input type="checkbox"/> UNL	NUMBER _____	CATEGORY(S) _____ EXPIRES

HEADQUARTER AND EMPLOYEE SAFETY INSPECTION

C. DEALER RECORDS / STORAGE INSPECTION

Main Branch

A. PRODUCTION AGRICULTURE

B. OTHER

COMPLIANCE			REQUIREMENTS	Section	COMPLIANCE		
YES	NO	N/A			YES	NO	N/A
			1. Valid Restricted Material Permit	6412			
			2. Notice Prior to Application	6618			
			3. App. Completion Records / 2 Yrs	6619			
			4. Op. ID Number Obtained	6622			
			5. Site ID/ Permit Kept / 2 Years	6623			
			6. Pest. Use Rec. Available / 2 yrs	6624			
			7. Pest. Use Reports Submitted	6626/6627			
			8. Emergency Med. Care Planned	6726/6766			
			9. Change Area	6732			
			10. Proper Storage of PPE	6738(a)			
			11. MB - Recordkeeping	6784(b)			
			Haz Com / Training Program				
			12. Haz. Communication / Handler	6723			
			13. App. Specific Info / Handler	6723.1			
			14. Trainer Qualified / Written Prog.	6724			
			15. Required Topics	6724(b)			
			16. Training Prior to Handling	6724(d)			
			17. Rec. Available / Complete / 2 yrs	6724(e)			
			18. Hazard Communication / FW	6761			
			19. Application Specific Info / FW	6761.1			
			20. Field Worker Training	6764			
			Respirator Protection Program				
			21. Written Operating Procedures	6738(h)(3)			
			22. Emergency Respirators Inspected	6738(h)(5)			
			23. Medical Condition Statement	6738(h)(6)			
			Medical Supervision Program				
			24. Use Records Retained / 3 yrs	6728(a)			
			25. Drs. Agreement Available / 3 yrs	6728(b)			
			26. Recs. / Test Results / 3 yrs	6728(c)			
			27. Medical Supervision Posting	6728(c)(5)			
			Pesticide Storage				
			28. Possession Permit for Stored RM	6412			
			29. Containers-Resp. Person/Locked Enc.	6672(b)			
			30. Storage Posted, "Warning/Danger"	6674			
			31. Pest. Containers Properly Labeled	6676			
			32. Service Container Labeling	6678			
			33. Proper Containers	6680			
			34. Containers Properly Rinsed	6684			
			TOTAL	TOTAL			

COMPLIANCE			REQUIREMENTS	Section	COMPLIANCE		
YES	NO	N/A			YES	NO	N/A
			1. Dealer Licensed	12101			
			2. Designated Agent / Office; Valid Lic / Cert.	6560			
			3. Sales Rec. / Writ. Statement / Record / 2 yrs	6562			
			4. Appropriate Products Sold	6564			
			5. Permits for RM Sales (2 years)	6568(a)(b)			
			6. QAL, QAC, PAC Statement Avail. / 2 yrs	6568(b)(e)			
			7. OP ID Number / 2 years	6568(c)(e)			
			8. Groundwater Protection Statement / 2 years	6570			
			9. Containers - Resp. Person / Locked Enc.	6672(b)			
			10. Storage Area Posted, "Warning/Danger"	6674			
			11. Pesticide Containers Properly Labeled	6676			
			12. Service Container Labeling	6678			
			13. Proper Containers	6680			
			14. Containers Properly Rinsed	6684			
			TOTAL	TOTAL			

D. PEST CONTROL ADVISER RECORDS INSPECTION

COMPLIANCE			REQUIREMENTS	Section	COMPLIANCE		
YES	NO	N/A			YES	NO	N/A
			1. PCA Licensed	12001			
			2. PCA Registered in County	12002			
			3. Recommendations in Proper Categories	12054			
			4. Required Information / Copies Furnished	12003			
			5. Recommendations Retained / 1 year	12004			
			6. Recommendation Criteria	6556			
			7. Groundwater Protection Advisories	6557			
			8. Complies with Pesticide Labeling	12971			
			9. Safety of Employed Persons	6720(d)			
			TOTAL	TOTAL			

COMPLIANCE ACTIONS:

Follow-up Required	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Cease and Desist Order 13102	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Correct Noncompliances By:		

VIOLATION NOTICE # _____ YES NO

Remarks: Include a detailed description of noncompliances.

INSPECTOR <i>Print Name</i>	Signature	TIME AND DATE INSPECTED
INSPECTION ACKNOWLEDGED BY <i>Print Name</i>	Signature	DATE ACKNOWLEDGED

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