STATE OF CALIFORNIA

STRUCTURAL PEST CONTROL INSPECTIONS

PR-ENF-011 (REV. 1/01)

DEPARTMENT OF PESTICIDE REGULATION
PESTICIDE ENFORCEMENT BRANCH

PAGE _____ OF .

FIRM / PERSON INSPECTED	VEHICLE LICENSE PLATE NUMBER	COUNTY
FIRM ADDRESS	TREATMENT SITE	WIND VELOCITY / DIRECTION
BUSINESS LICENSE NUMBER	EQUIPMENT TYPE	TIME
APPLICATION SITE ADDRESS	TELEPHONE NUMBER	PEST

INDIVIDUAL	ACTIVITY CODE	PERSONAL PROTECTIVE EQUIPMENT WORN

PESTICIDE PRODUCT NAME	REGISTRATION NUMBER	SIGNAL WORD	FORMULATION	RATE	DILUTION

A. APPLICATION / MIX LOAD INSPECTION SPCB BRANCH ☐ BRANCH 2 ☐ BRANCH 3

B. FIELD FUMIGATION (BRANCH 1) SPCB BRANCH ☐ APPLICATION ☐ TARP REMOVAL ☐ AERATION ☐ CERTIFICATION

COMPLIANCE YES	COMPLIANCE NO	COMPLIANCE N/A	Reference Section	REQUIREMENTS - ACTION DETAIL	COMPLIANCE YES	COMPLIANCE NO	COMPLIANCE N/A
			15204	1. Annual Notification Submitted			
			8505.5	2. County Notified 24 Hours Prior			
			8538	3. Written Notice to Occupant			
			1970.4	4. Pesticide Disclosure Signed / Available			
			6602	5. Registered Label Available at Use Site			
			12973	6. Labeling - Site / Rate / Concentration / Other			
			12973	7. Labeling - Aeration / Reentry			
			12973	8. Labeling - Other, Bagging, Pets Removed, Etc.			
			12973	9. Labeling - Personal Protective Equipment			
			6600	10. Suitable Methods / Equipment / Manner / Climate			
			6604	11. Accurate Measurement			
			6614	12. Protection of Persons / Animals / Property			
			6684	13. Containers Properly Rinsed			
			6724	14. Employee(s) Trained			
			6726	15. Emergency Medical Care Posting			
			6734	16. Decontamination; Danger, Warning			
			6736	17. Coveralls, Signal Word Danger, Warning			
			6702c	18. Employee Wearing Employer Provided PPE			
			6738b	19. Eyewear Provided and Worn			
			6738c	20. Chemical Resistant Gloves Provided and Worn			
			6738d,h	21. Other PPE, Boots, Headgear, Apron, Respirator			
			6780b,c	22. Tarp Removal and Aeration Plan Followed			
			6780d	23. Accident Response Plan at Work Site			
			6782a	24. Two Trained Employees at Fume and Aeration			
			6454b	25. Warning Agent / Fan(s) Used / Methyl Bromide			
			8505.2	26. Direct Supervision at Fume and Aeration			
			8505.7	27. Structure Vacated / Certified for Reentry			
			1974	28. Warning Signs on All Sides of Structure			
			8505.7	29. Effective Secondary Locks			
			8505.10	30. Required Information on Warning Signs			
			8505.11	31. Signs in Attic or Underarea			
			8505.15	32. Two SCBA Available			
			6782	33. Proper Entry / Fumigated Enclosed Space			
			6782	34. Proper Management of Treated Area			
			1971	35. Safety Kit / Test Equipment Available			
			Total	Total			

C. PESTICIDE STORAGE SITE INSPECTION	Reference Section	COMPLIANCE YES	COMPLIANCE NO	COMPLIANCE N/A
1. Pesticides Properly Stored / Locked	6672b			
2. Storage Area Posted	6674			
3. Pesticides Properly Labeled	6676			
4. Service Container Labeling	6678			
5. Pesticides in Proper Containers	6680			
6. Containers Properly Rinsed	6684			
	Total			

D. EQUIPMENT INSPECTION	Reference Section	COMPLIANCE YES	COMPLIANCE NO	COMPLIANCE N/A
1. Backflow / Airgap Used	6610			
2. Equipment Properly Identified	6630			
3. Pesticides Locked / Attended	6670			
4. Service Containers Labeled	6678			
5. Proper Transportation / Pesticides	6682			
6. Equipment in Good Repair & Safe	6742			
7. Pesticide Handling / Use / Storage	1983			
	Total			

E. HEADQUARTERS / EMPLOYEE SAFETY RECORD INSPECTION	Reference Section	COMPLIANCE YES	COMPLIANCE NO	COMPLIANCE N/A
1. Annual Notification Submitted	15204			
2. Pesticide Use Records Available	15205			
3. Fumigation Log	1970a			
4. Monthly PURs Submitted / Kept	8505.17			
5. Notice to Occupant	8538			
6. Pesticide Use Records / Kept 2yrs	1970b			
7. Hazard Communication Displayed	6723			
8. Complete Written Training Program	6724			
9. Training Prior to Handling	6724d			
10. Emergency Medical Care Posting	6726			
11. Change Area, Danger, Warning	6732			
12. Storage of Safety Equipment	6738a			
13. Written Respiratory Procedures	6738h			
14. Respiratory Equipment Stored	6738a			
15. Medical Condition Statement	6738h			
	Total			

F. AERATION INSPECTION	Reference Section	COMPLIANCE YES	COMPLIANCE NO	COMPLIANCE N/A
1. Annual Notification Submitted	15204			
2. County Notified 24 Hours Prior	8505.5			
3. Labeling - Aeration / Reentry	12973			
4. Warning Signs on All Sides	1974			
5. Effective Secondary Locks	8505.7			
6. Required Info. on Warning Signs	8505.10			
7. Proper Management / Trained Area	6782			
	Total			

REPORTS			**ACTION REFERENCE**
Follow-up Required	☐ YES	☐ NO	DPR Investigation #
Cease and Desist Order 13102	☐ YES	☐ NO	WHS Case #
Violation Notice	☐ YES	☐ NO	District Attorney Case #
Correct Noncompliances by Date:			Other Case # or Inspection Date:
Follow-up completion Date:			

Remarks: Include a detailed description of noncompliances.

INSPECTOR'S SIGNATURE	TIME AND DATE INSPECTED		
INSPECTION ACKNOWLEDGED BY	DATE INCIDENT	DATE ACTION	DATE CLOSED

STATE OF CALIFORNIA

PESTICIDE USE MONITORING INSPECTIONS

PR-ENF-021 (REV. 1/01)

DEPARTMENT OF PESTICIDE REGULATION
PESTICIDE ENFORCEMENT BRANCH

PAGE _____ OF .

FIRM / PERSON INSPECTED	PCA RECOMMENDATION	INSPECTING COUNTY
FIRM ADDRESS	PERMIT / OPERATOR ID NUMBER	WIND VELOCITY DIRECTION
PROPERTY OPERATOR	BUSINESS TYPE Number _____ ☐ Property Operator (grower, government agency)	COMMODITY / SITE
PROPERTY LOCATION / SITE ID	☐ Pest Control Business (agricultural, gardener)	EQUIPMENT USED: LIST TYPE AND NUMBER OF PIECES AND ID NUMBER. INCLUDE CLOSED SYSTEMS
ADJACENT ENVIRONMENT (N) (S) (E) (W)		

HANDLER'S NAME	ACTIVITY	PERSONAL PROTECTIVE EQUIPMENT WORN

PESTICIDE NAME / MANUFACTURER	LABEL REGISTRATION NUMBER	SIGNAL WORD	FORMULATION	RATE	DILUTION

A. APPLICATION INSPECTION

COMPLIANCE YES	NO	N/A	REQUIREMENTS
			1. Registered Label Available at Use Site
			2. Labeling - Site/ rate/ other
			3. Labeling - Personal Protective Equipment
			4. Regulations - Personal Protective Equipment
			5. Decontamination Facilities
			6. Eyewash immediately available
			7. Coveralls, signal word "Danger" or "Warning"
			8. Emergency Medical Care Posting
			9. Warning Signs Posted
			10. Notice of Intent Submitted
			11. Complies with Permit Conditions
			12. Employee Contacted, Working Alone, "Danger"
			13. Restricted Material Use Supervised
			14. Drift Control/ Phenoxy Herbicides
			15. Suitable Methods/ Manner/ Climate
			16. Protection of Persons/ Animals/ Property
			17. Accurate Measurement
			18. Closed System - Meets Criteria
			19. Containers Secure and Under Control
			20. Containers Property Rinsed
			21. Handlers Trained
			22. PCO Registered in the County
			Total

B. MIX AND LOAD INSPECTION

Reference Section	COMPLIANCE YES	NO	N/A
6602			
12973			
12973			
6738			
6734			
6734(c)			
6736			
6726			
6776			
6434			
12973			
6730			
6406			
6460,64			
6600			
6614			
6604			
6746			
6670			
6684			
6724			
11732			
Total			

C. EQUIPMENT INSPECTION

REQUIREMENTS	Reference Section	COMPLIANCE YES	NO	N/A
1. Equipment registered	11732			
2. Equipment identified	6630			
3. Equipment safe to operate	6600			
4. Backflow prevention - airgap	6610			
Safe Equipment	6742			
5. Proper tank cover	6742			
6. Shut off device/sight gauge	6742			
7. Service containers labeled	6678			
8. Container transportation	6682			
Total	Total			

REPORTS	
Follow-up required	☐ YES ☐ NO
Follow-up completion date:	
Cease and Desist Order 13102	☐ YES ☐ NO
"Stop Work" Order 11737	☐ YES ☐ NO
Violation Notice	☐ YES ☐ NO
Correct noncompliances by (date)	
ACTION REFERENCE:	
DPR Investigation #	
WHS Case #	
District Attorney Case #	
Other Case # or Inspection Date:	

Remarks: Include a detailed description of noncompliances.

INSPECTOR'S SIGNATURE	TIME AND DATE INSPECTED
INSPECTION ACKNOWLEDGED BY	DATE ACKNOWLEDGED

Distribution Original - County First Copy - Inspector Second Copy - Person/Firm Inspected

STATE OF CALIFORNIA

PEST CONTROL RECORDS INSPECTIONS

PR-ENF-022 (REV. 1/01)

DEPARTMENT OF PESTICIDE REGULATION
PESTICIDE ENFORCEMENT BRANCH

PAGE _____ OF .

FIRM / PERSON INSPECTED	INSPECTING COUNTY
FIRM ADDRESS	PERMIT / OPERATOR ID NUMBER
FIRM LOCATION	TELEPHONE NUMBER
TYPE OF CERTIFICATE / LICENSE	INFORMATION DISPLAY METHOD

A. PEST CONTROL BUSINESS RECORDS INSPECTION	Reference Section	COMPLIANCE YES	NO	N/A
1. Business Licensed, Number:	11701			
2. Business Registered in County	11732			
3. Work Supervised by Qualified Person	11701.5			
4. Pilot(s) hold a valid certificate	11901			
5. Pilot(s) Registered in the County	11920			
6. Application Completion Records / 2 years	6619			
7. Pesticide Use Records Retained / 2 years	6624			
8. Pesticide Use Reports Submitted	6626-27			
9. Valid Permits for Restricted Materials	6412-6632			
10. Written Recommendations Retained / 1 year	12004			
Total	Total			

D. PEST CONTROL ADVISER RECORD INSPECTION (Number of records inspected)	Reference Section	COMPLIANCE YES	NO	N/A
1. Licensed PCA, Number:	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. Criteria / Certification of Alternatives	6556(d,e)			
7. Groundwater Protection Advisories	6557			
8. Complies with Pesticide Labeling	12971			
9. Safety of Employed Persons	6720			
Total	Total			

HEADQUARTER AND EMPLOYEE SAFETY INSPECTION

B. LICENSED PEST CONTROL BUSINESS COMPLIANCE YES	NO	N/A	☐ Handler ☐ Field Worker	Reference Section	**C. GROWER AND QUALIFIED APPLICATOR** COMPLIANCE YES	NO	N/A
			1. Valid Restricted Materials Permit	6412			
			2. Notice Prior to Application	6618			
			3. Application Completion Notice	6619			
			4. Emergency Medical Care Planned	6726			
			5. Operator ID Number Obtained	6622			
			6. Site ID Form / Permit Retained / 2 years	6623			
			7. Pesticide Use Records Available / 2 years	6624			
			8. Pesticide Use Reports Submitted	6626-7			
			Training Program				
			9. Hazard Communication / Handler	6723			
			10. Application Specific Info / Handler	6723.1			
			11. Trainer Qualified / Written Program	6724			
			12. Required Topics	6724b			
			13. Training Prior to Handling	6724d			
			14. Records Available / Complete / 2 years	6724e			
			15. Hazard Communication / Fieldworkers	6761			
			16. Application Specific / Fieldworkers	6761.1			
			17. Field Worker Training	6764			
			Medical Supervision Program	6728			
			18. Use Records Retained / 3 years	6728a			
			19. Physicians Agreement Available / 3 years	6728b			
			20. Recommendations / Test Results / 3 years	6728c			
			21. Medical Supervision Posting	6728c5			
			22. Change Area	6732			
			23. Proper Storage of PPE	6738a			
			Respiratory Protection Program	6738h			
			24. Written Operating Procedures	6738h3			
			25. Emergency Use Respirators	6738h5			
			26. Medical Condition Statement	6738h6			
			Total	Total			

E. DEALER RECORD INSPECTION (Number of records inspected) ☐ Main ☐ Branch	Reference Section	COMPLIANCE YES	NO	N/A
1. Dealer Licensed, Number:	12101			
2. Designated Agents Name:	6560			
3. Sales Record / Statement / Written Record / 2 years	6562			
4. Appropriate Products Sold	6564			
Dealer Responsibility	6568			
5. Permits for Restricted Material Sales / 2 years	6568a,b			
6. Statement QAL, QAC, PAC Available	6568b			
7. Operator Identification Number:	6568c			
8. Groundwater Protection Statement / 2 years	6570			
Total	Total			

F. PESTICIDE STORAGE SITE INSPECTION	Reference Section	COMPLIANCE YES	NO	N/A
1. Possession Permit for Stored RM	6412			
2. Pesticide Properly Stored and Locked	6672(b)			
3. Storage Area Posted	6674			
4. Pesticides Properly Labeled	6676			
5. Service Container Labeling	6678			
6. Pesticides Stored in Proper Container	6680			
7. Containers Properly Rinsed	6684			
Total	Total			

REPORTS

Follow-up required	☐ YES ☐ NO
Follow-up completion date:	
Cease and Desist 13102	☐ YES ☐ NO
Violation Notice	☐ YES ☐ NO
Correct noncompliances by (date):	

Remarks: Include a detailed description of noncompliances.

ACTION REFERENCE:

DPR Investigation #

WHS Case #

District Attorney Case #

Other Case # or Inspection Date:

INSPECTOR'S SIGNATURE	TIME AND DATE INSPECTED
INSPECTION ACKNOWLEDGED BY	DATE ACKNOWLEDGED

Distribution: Original - County First Copy - Inspector Second Copy - Person/Firm Inspected

STATE OF CALIFORNIA

PESTICIDE PREAPPLICATION SITE & FIELDWORKER SAFETY INSPECTIONS

PR-ENF-044 (REV. 1/01)

DEPARTMENT OF PESTICIDE REGULATION
PESTICIDE ENFORCEMENT BRANCH

PAGE _____ OF .

FIRM / PERSON INSPECTED	INSPECTING COUNTY
FIRM ADDRESS	PERMIT / OPERATOR ID NUMBER
PROPERTY OPERATOR	COMMODITY / SITE
ONSITE SUPERVISOR	SITE ID NUMBER
	PROPERTY LOCATION
	PCA NAME
	PCA EMPLOYER
	ADJACENT ENVIRONMENT (N) (S)
	(E) (W)
	ENVIRONMENTAL HAZARDS

A. PREAPPLICATION SITE INSPECTION

REQUIREMENTS	Reference Section	COMPLIANCE YES	NO	N/A
1. Notice of Intent consistent with Permit	6434			
Permit Monitoring				
2. App. Complies with Permit Conditions	6432,36			
3. Environ. Cond. Consistent w/Permit NOI	6436			
4. Written Recommendation reviewed	6436			
PCA Recommendation Number:				
Total	Total			

PESTICIDE NAME / MANUFACTURER	LABEL REGISTRATION NUMBER	SIGNAL WORD	FORMULATION	RATE	DILUTION

B. FIELD WORKER SAFETY INSPECTION

Date of Application:

Approximate Number of Employees:

Fieldworker Activity:

Approximate Field Size:

Early Entry PPEs Worn

HANDS	EYES	INHALATION	OTHER
☐ Cloth / Leather Gloves	☐ Safety Glasses	☐ Dust Mask	☐ Work Clothes
☐ Chem Resistant Gloves	☐ Goggles	☐ 1/2 Face Respirator	☐ Chem Resistant Clothes
☐ Other	☐ Faceshield	☐ Full Face Respirator	☐ Chem Resistant Boots
☐ None	☐ Eye / Sunglasses	☐ SCBA	☐ Head Covering
☐	☐ None	☐ None	☐ Shoes and Socks
☐	☐	☐	☐ Other:_____

REQUIREMENTS	Reference Section	COMPLIANCE YES	NO	N/A
1. Hazard Communication A-9	6761			
2. Field Work During Pesticide Application	6762			
3. Field Worker Training	6764			
4. Emergency Medical Care Knowledge	6766b			
5. Decontamination Facilities	6768			
6. Field Entry After Pesticide Application	6770			
7. Early Entry	6771			
8. Posting Compliance	6776			
9. Farm Labor Contractor Registration (Labor Code)	1695			
10. Greenhouse Ventilation Criteria	6769			
Total	Total			

OBSERVATIONS AND REPORTS

Distance to Decontamination Facility:		
Amount of Water Available:		
Single Use Towels	☐ YES	☐ NO
Eyewash 1 Pint (Early Entry)	☐ YES	☐ NO
Clean Towels (Early Entry)	☐ YES	☐ NO
Soap Available	☐ YES	☐ NO
REI Expired	☐ YES	☐ NO
Follow-up Required	☐ YES	☐ NO
Follow-up Completion Date:		
Cease & Desist Order 13102	☐ YES	☐ NO
Hazardous Area 6706	☐ YES	☐ NO
Violation Notice	☐ YES	☐ NO
Correct Noncompliances by Date:		

Remarks: Include a detailed description of noncompliances.

ACTION REFERENCE:

DPR Investigation #

WHS Case #

District Attorney Case #

Other Case # or Inspection Date:

INSPECTOR'S SIGNATURE	TIME AND DATE INSPECTED
INSPECTION ACKNOWLEDGED BY	DATE ACKNOWLEDGED

STATE OF CALIFORNIA

FUMIGATION USE MONITORING INSPECTIONS

PR-ENF-144 (REV. 1/01)

DEPARTMENT OF PESTICIDE REGULATION
PESTICIDE ENFORCEMENT BRANCH

PAGE _____ OF .

FIRM / PERSON INSPECTED	PCA	INSPECTING COUNTY
FIRM ADDRESS	BUFFER ZONES Residential: Worker:	PERMIT / OPERATOR ID NUMBER
PROPERTY OPERATOR	FUMIGATION METHOD NUMBER	COMMODITY / SITE
ONSITE SUPERVISOR	PHONE NUMBER	SITE ID NUMBER OR ADDRESS

APPLICATOR'S NAME	ACTIVITY	PERSONAL PROTECTIVE EQUIPMENT WORN

PESTICIDE NAME / MANUFACTURER	LABEL REGISTRATION NUMBER	SIGNAL WORD	FORMULATION	RATE

A. COMMODITY FUMIGATION

COMPLIANCE YES	NO	N/A	REQUIREMENTS
			1. Restricted Materials Use Supervised
			2. Notice of Intent Submitted
			3. Properly Sealed Enclosed Space
			4. Suitable Methods / Manner / Climate
			5. Registered Label Available at Use Site
			6. Protection of Persons / Animals / Property
			7. Employees Trained
			8. Emergency Medical; Care Posting
			9. Employees Working Alone Contacted
			10. Decontamination Facility / Eyewash Available
			11. Coveralls, Dander / Warning if on Label
			12. Eye Protection Provided and Used
			13. Respiratory Equipment Provided and Used
			14. Gas Concentration Controlled and Monitored
			15. Accident Response Plan at Worksite
			16. Fumigation of Enclosed Spaces
			17. Two Trained Employees / Gas In / Tarp Off
			18. Posting
			19. Label Conditions, PPE, Aeration, Reentry
			20. Permit Conditions, Rate, Site, Buffers, etc.
			21. Closed System Provided and Used
			Methyl Bromide, Chloropicrin
			22. Application / Minimum Depth
			23. Equipment Operation / Proper Application
			Total

B. FIELD FUMIGATION

Reference Section	COMPLIANCE YES	NO	N/A
6406			
6434			
6452			
6600			
6602			
6614			
6724			
6726			
6730			
6734			
6736			
6738a,b			
6738a,h			
6780a,b			
6780d			
6782			
6784a			
6784b			
12973			
12973			
6746			
6450			
6450			
Total			

C. STORAGE SITE INSPECTION

REQUIREMENTS	Reference Section	COMPLIANCE YES	NO	N/A
1. Permit for Stored RM	6412			
2. Properly Stored and Locked	6672b			
3. Storage Area Posted	6674			
4. Pesticides Properly Labeled	6676			
5. Service Container Labeling	6678			
6. Proper Containers	6680			
7. Containers Properly Rinsed	6684			
Total	Total			

D. EQUIPMENT INSPECTION

REQUIREMENTS	Reference Section	COMPLIANCE YES	NO	N/A
1. Backflow / Airgap Used	6610			
2. Equipment Identified	6630			
3. Pesticides Locked / Attended	6670			
4. Service Containers Labeled	6678			
5. Proper Pesticide Transport	6682			
6. Equipment / Good Repair / Safe	6742			
Total	Total			

OBSERVATIONS AND REPORTS

Distance to Decontamination Facility:

Soap Available ☐ YES ☐ NO

Single Use Towels ☐ YES ☐ NO

Amount of Water Available:

Follow-up Required ☐ YES ☐ NO

Follow-up Completion Date:

Cease & Desist Order 13102 ☐ YES ☐ NO

Violation Notice ☐ YES ☐ NO

Correct Noncompliances by (date):

Remarks: Include a detailed description of noncompliances.

ACTION REFERENCE:

DPR Investigation #

WHS Case #

District Attorney Case #

Other Case # or Inspection Date:

INSPECTOR'S SIGNATURE	TIME AND DATE INSPECTED
INSPECTION ACKNOWLEDGED BY	DATE ACKNOWLEDGED