STATE OF CALIFORNIA

ENFORCEMENT/COMPLIANCE ACTION SUMMARY

DPR-ENF-046 (REV. 2/13) PAGE 1 OF 2

DEPARTMENT OF PESTICIDE REGULATION
ENFORCEMENT BRANCH

INSTRUCTIONS: (Please see reverse for codes and instructions.)

A. ENFORCEMENT/COMPLIANCE ACTION TYPE and STATUS. *(Only one enforcement type or compliance group, per form.)*

Date of Incident	Date of Action	Date Closed	Susp/Revoke Date	Case Number (numeric only)	County

Administrative Action (check only one):

- ☐ Administrative Civil Penalty (Agricultural)
- ☐ Administrative Civil Penalty (Structural)
- ☐ County Registration Suspended/Revoked
- ☐ Private Applicator Certificate Suspended/Revoked
- ☐ Restricted Materials Permit Suspended/Revoked

Referred for State Action (check only one):

☐ DPR ☐ SPCB ☐ OTHER

Judicial Action (check only one):

- ☐ Notice to Appear (Citation)
- ☐ Case Submitted to DA/Circuit Prosecutor

Compliance Actions (check all that apply):

- ☐ Cease and Desist Order Serial Number: _____
- ☐ Documented Compliance Interview
- ☐ Warning Letter/Violation Notice (VN)

VN Serial Number: _____

Administrative Action Status (check one):

- ☐ Notice of Proposed Action (NOPA)

OR

- ☐ Signed Stipulation ☐ Withdrawn
- ☐ Closed After Hearing ☐ Closed No Hearing

Action Reference:

Inspection Form Serial #: _____

DPR Priority Investigation #: _____

Worker Health and Safety (WHS) Case #: _____

District Attorney/Prosecutor or Other Case #: _____

B. ACTION DETAIL. *(Attach additional page(s) as necessary.)*

SECTION(S) CITED (One per line)	PROPOSED Fine ($)	PROPOSED Suspension (days)	MODIFIED Fine ($)	MODIFIED Suspension (days)	DISMISSED (Check if dismissed)
					☐
					☐
					☐
					☐
Cont. ☐					☐

C. INDIVIDUAL/BUSINESS INFORMATION. *If the individual is affiliated with a business or organization, you may complete both individual and business sections. Indicate whether the individual (IND) or business/organization (BUS) is being cited in this action by checking the appropriate 'respondent' box:*

	Last Name	First Name	M.I.	License Code	Individual License Number	
IND ☐						Unregistered ☐

	Business/Organization Name	License Code	Business License Number	
BUS ☐				Unregistered ☐

Employment Code (see reverse)	SPCB Branch	☐ Operator ID # ☐ Restricted Materials Permit #	Private Applicator Certificate Number

D. ACTIVITY/INCIDENT INFORMATION. ***See Reverse for Codes**

PESTICIDE PRODUCT NAME(S)	PRODUCT REG. NUMBER	*Category	*Setting	*Activity
		Comment on Category/Setting/Activity:		
County Contact (please print):	Telephone *(Include Area Code)*			

DPR-ENF-046 Codes and Instructions

Category for QAL/QAC & AG PCB Licensees

Animal Agriculture
Antifouling Tributyltin
Aquatic
Demonstration and Research
Field Fumigation
Forest
Health Related
Industrial
Institutional
Landscape Maintenance
Microbial Pest Control
Plant Agriculture
Regulatory
Residential
Right-of-Way
Seed Treatment
Sewer Line Root Control
Wood Preservation
No Category

Setting

Aquatic	Farm
Forest	Golf Course
Greenhouse	HQ/Office
Home Use	Industrial
Institutional	Landscape Maint.
Nursery	Research
Recreational	Regulatory
Residential	Right-of-Way
Public Health	School
Storage	*Other*

SPCB Branch

1 Fumigation
2 General Pest Control
3 Termite Control

Employment/Sector Codes

Commercial (incl. FLCs, MGBs, PCBs, etc.)	**COM**
Government Agencies	**GOV**
Grower	**GRO**
Homeowner (associations, apartments, etc.)	**HOM**
Private Sector (hotels, motels, restaurants, golf courses, cemeteries)	**PRI**
Schools	**SCH**

Activity

Advising
Aerating - field/structure
Applying
Chemigating
Disinfecting
Disposing
Field Worker Activities (incl. harvesting, thinning, packing, pruning)
Flagging
Fumigating - structure/field/commodity
Irrigating
Licensing
Maintaining equipment (e.g., cleaning/repairing)
Mixing/Loading
Processing/Packing (Ag Commodities, not in field)
Record Keeping
Registering
Storing
Transporting
Other

License/Certificate Codes

INDIVIDUAL CODES:

Apprentice Pest Control Aircraft Pilot	**APC**
Journeyman Pest Control Aircraft Pilot	**JPC**
Operator ID	**OID**
Pest Control Adviser	**PCA**
Pest Control Dealer Designated Agent	**DDA**
Private Applicator Certificate	**PAC**
Qualified Applicator Certificate	**QAC**
Qualified Applicator License	**QAL**
Restricted Materials Permit	**RMP**
Structural Pest Control Control Applicator	**RA**
Structural Pest Control Field Representative	**FR**
Structural Pest Control Operator	**OPR**
Vector Control Technician	**VCT**

BUSINESS CODES:

Farm Labor Contractor	**FLC**
Maintenance Gardener	**MGB**
Operator ID	**OID**
Pest Control Business	**PCM**
Pest Control Business Branch	**PCB**
Pest Control Dealer	**PDM**
Pest Control Dealer Branch	**PDB**
Pesticide Broker	**PBM**
Pesticide Broker Branch	**PBB**
Restricted Materials Permit	**RMP**
Structural Pest Control Co. - PRINCIPLE	**PR**
Structural Pest Control Co. - BRANCH	**BR**

CODES for INDIVIDUAL or BUSINESS:

Not Required	**NR**
Uncertified	**UNC**
Unlicensed	**UNL**

PART A. Complete all items. **Action Type** - For All **enforcement actions** (administrative, judicial, referral), **check only one per form**. For **compliance actions, check all that apply**. Do not report enforcement and compliance actions on the same form. **Case Number** - May be any county assigned number, although sequential numbers are preferred for Administrative Civil Penalties. This is a numeric field only; DO NOT incorporate county names or special characters.

PART B. Enforcement actions: Complete all items applicable to the status of the action. Compliance actions: complete section(s) cited only. **Suspension (days)** - The number of days (duration) of the suspension; record the beginning date in Part A. "Susp/Revok Date".

PART C. Complete all items. **Individual License # field**: Record the license number as listed on license or certificate. **Business License # field**: Record the license number as printed on the business license. **SPCB Branch field**: Record appropriate Branch number for individual or business licensees. **Operator ID/Restricted Materials Permit # field**: Check only one box. Record the entire number as issued (cc/yy/cc/#####). If Respondent is a business and RMP box is checked, list name and PAC# of permit holder. Leave blank if not applicable. **Unregistered field**: Check the box only if the individual or business is not registered in your county.

PART D. Pesticide Product Name(s) and **Product Registration Number(s)**: Record both if applicable. **License Category**: Required for QAL/QAC & PCB licensees. List only the category applicable to incident. If the respondent worked out of category, record remarks in **Comments** field. **Setting** and **Activity** are required fields. If the appropriate terms are not listed on the back of the form for **Setting** or **Activity**, record **Other** then describe the activity or setting in the **Comments** field. If the violation is for general record keeping, then setting is HQ/Office and the activity is record keeping.