

FIELD FUMIGATION USE
MONITORING INSPECTION REPORT

PR-ENF-106 (REV. 03/25)
PAGE 1 OF 2

- ☐ COMPLETE
- ☐ PARTIAL
- ☐ FOLLOW-UP INSPECTION

ORIGINAL INSP. # _____

INSPECTING COUNTY _____

FIRM / PERSON INSPECTED			FIRM MAILING ADDRESS		
PROPERTY OPERATOR	SUPERVISOR	INTERVIEWED	BUSINESS TYPE		PERMIT / OPERATOR ID #
			☐ Property Operator		
PROPERTY LOCATION / SITE ID		CITY	☐ Pest Control Business		BUSINESS LICENSE #
ADJACENT ENVIRONMENT	N		LICENSE NUMBER	TELEPHONE NUMBER	
			COMMODITY / SITE		☐ PROD AG
					☐ OTHER
W		E	BUFFER ZONES INNER		BUFFER ZONES OUTER
			4 DIGIT FUMIGATION METHOD CODE		WIND
	S				
HANDLER'S NAME / # INTERVIEWED:		ACTIVITY	PERSONAL PROTECTIVE EQUIPMENT WORN		
PESTICIDE NAME / MANUFACTURER	LABEL REGISTRATION NUMBER	SIGNAL WORD	FORMULATION	RATE	DILUTION

All Requirements

REQUIREMENTS	SECTION	COMPLIANCE		
		YES	NO	N/A
1. PCB Licensed	11701			
2. PCB Registered in County	11732			
3. Licensed in Proper Category	6536			
4. NAA Emission Allowance (May - October)	6452.3			
5. Labeling Available at Use Site	6602			
6. Notice of Intent Submitted	6434			
7. Certified Applicator Supervision	6406			
8. Complies with Permit Conditions	12973			
9. Labeling - Aeration / Reentry	12973			
10. Labeling - Site / Rate / Buffers / Other	12973			
11. Labeling - PPE	12973			
12. Regulations - PPE	6738			
13. Respiratory Protection	6739			
14. Handler(s) Trained	6724			
15. Emergency Medical Care, Posting	6726			
16. Employee - Working Alone, "Danger"	6730			
17. Decon. Facility / Eyewash Available	6734			
18. Field Postings	6776			
19. Not applicable	6784(a)			
20. Accident Response Plan at Worksite	6780(d)			
21. Safe Equipment	6742			
22. Closed Sys. Used	6746			
23. MB - Two Trained Employees / Work Hours	6784(b)			
24. MB - Worksite Plan	6447			
25. MB - Notification	6447.1			
26. MB - Buffer Zone Requirements	6447.2			
27. MB - Fumigation Methods	6447.3			
28. 1,3-D - Fumigation Methods	6448.1			

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REQUIREMENTS	SECTION	COMPLIANCE		
		YES	NO	N/A
29. Chloropicrin - Fumigation Methods	6449.1			
30. Metam - Fumigation Methods	6450.1			
31. Dazomet - Fumigation Methods	6450.2			
32. NaTetrathiocarbonate - Fumigation Method	6451.1			
33. Wellhead Protection	6609			
34. Accurate Measurement	6604			
35. Protection of Persons / Animals / Property	6614			
36. Equipment Registered - PCB	11732			
37. Equipment Identified - PCB	6630			
38. Backflow Prevention - Airgap	6610			
39. Containers Secured / Attended	6670			
40. Containers Labeled / Closures	6676			
41. Proper Pesticide Transport	6682			
42. Pesticide Use Near Schoolsites	6691			
43. Certified Applicator Use Limitations	6404			
44. Employee Communication - RM	6731			

COMPLIANCE ACTIONS:

Cease and Desist Order:

Correct Noncompliance By:

Follow-up Required:

REMARKS

General Remarks

Requirement Remarks

INSPECTOR (Print Name)	SIGNATURE	TIME AND DATE INSPECTED
INSPECTION ACKNOWLEDGED BY (Print Name)	SIGNATURE	DATE ACKNOWLEDGED

VIOLATION NOTICE ☐ YES ☐ NO

BUSINESS/INDIVIDUAL NAME	LICENSE OR PERMIT #	ROLE