



Florida Department of Agriculture & Consumer Services
Division of Agricultural Environmental Services

CHARLES H. BRONSON
COMMISSIONER

PESTICIDE USE INSPECTION REPORT

Section 487.071, F.S.

File Number: _____ Date: _____ County: _____

File Name: _____ File Type: _____

I. FIRM OR INDIVIDUAL INSPECTED

Name: _____

Mailing Address: _____

City: _____ Zip Code: _____

Physical Address: _____ City: _____

Telephone Number: (_____) _____

II. HISTORY OF BUSINESS

Corporate/Company Officers Title and Responsibility

Name and Address of Related Firms: _____

Persons Interviewed	Title
_____	_____
_____	_____

Number of Licensed Applicators at Firm: _____

III. PESTICIDE STORAGE

1. Are RUP's stored in a secure manner? Yes No N/A
2. Are pesticides stored according to label directions? Yes No N/A
3. Condition of storage area appears not to injure or endanger water/humans/wildlife/livestock/crops? Yes No N/A

Comments: _____

IV. APPLICATION INFORMATION

- 1. Are the crops/target sites at this firm listed on the product labeling? Yes No N/A
 - 2. Are application rates/methods/equipment consistent with label directions? Yes No N/A
 - 3. Are pre-harvest intervals consistent with label directions? Yes No N/A
 - 4. Does applicator have supplemental labeling in possession at time of application? Yes No N/A
 - 5. Is PPE available and used as required by the pesticide label? Yes No N/A
 - 6. Are REI's and posting requirements observed according to label directions? Yes No N/A
 - 7. Are specific label restrictions followed? Yes No N/A
 - 8. Are all pesticide containers/rinsates/excess chemical disposed of according to label directions? Yes No N/A
 - 9. Have conditions of mix/load and wash down sites been reviewed (obtained photos)? Yes No N/A
 - 10. Are products with special state regulations used properly? Yes No N/A
- Organo-auxin Aldicarb Methyl Bromide Bromacil Chemigation TBT

Comments: _____

V. RESTRICTED USE PESTICIDES & PESTICIDES REQUIRING LICENSURE

- 1. Are USE records maintained according to Rule 5E-9.032? Yes No N/A
- 2. Does the licensed applicator provide direct supervision according to Rule 5E-9.034? Yes No N/A
- 3. Has aerial applicator maintained proof of financial responsibility per Rule 5E-9.036? Yes No N/A

Comments: _____

VI. BACKGROUND / OTHER RELEVANT INFORMATION

VII. SIGNATURES

To the best of my knowledge, the information recorded in this report accurately portrays the activities at this firm.

Signature of Interviewee

Signature of Department Representative



Florida Department of Agriculture & Consumer Services
Division of Agricultural Environmental Services

SUGGESTED PESTICIDE RECORDKEEPING FORM

Sections 487.051(2) and 487.160, F.S., Rules 5E-2.039 and 5E-9.032, F.A.C.

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FDACS recommends recordkeeping for all pesticide applications regulated by Chapter 487, F.S., using this form or similar format. When properly completed, this form meets the recordkeeping requirements for restricted use pesticides and the central posting requirements for the federal Worker Protection Standard.

Licensed Applicator (R) _____ License No. (R) _____ Property Owner Authorizing Application (R) _____

1. Date 2. Start Time 3. End Time (All - R/W)	Actual applicator if different from above (Include license no. if licensed) (R)	1. Location/Description of Treatment Site (R/W) 2. Target Site or Crop (R)	Total Size of Treatment Area (R)	1. Pesticide Brand Name (R/W) 2. EPA Reg. No. (R/W) 3. Active Ingredients (W)	Total Amt. of Pesticide Applied (R)	Application Method (R)	Restricted Entry Interval (W)



WORKER PROTECTION STANDARD INSPECTION FORM

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COMMISSIONER

Chapter 487.071(1), F.S.

Inspection Type: Tier I _____ Tier II _____		FILE #	DATE
AGRICULTURE ESTABLISHMENT <input type="checkbox"/> Farm <input type="checkbox"/> Forest <input type="checkbox"/> Commercial Handler <input type="checkbox"/> Nursery <input type="checkbox"/> Greenhouse <input type="checkbox"/> Nursery/Greenhouse <input type="checkbox"/> Family Establishment (Also check one of the others)		FIRM NAME	
		COUNTY	
		# present at this inspection:	workers
		Inspection: _____ Unannounced _____ Appointment	

DUTIES FOR ALL EMPLOYEES

INFORMATION AT A CENTRAL LOCATION

40 CFR 170

- | | | | | |
|------------------------------|-----------------------------|------------------------------|---|---------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | a. Is the approved SAFETY POSTER displayed? | 135-b & 235-b |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | b. Is EMERGENCY MEDICAL INFORMATION displayed? (name, address & telephone) | 135-c & 235-c |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | c. Is the site LOCATED where it can be readily seen and read by workers & handlers? | 135-d & 235-d |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | d. Are workers & handlers INFORMED of the location and are they allowed ACCESS to the site? | 135-e & 235-e |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | e. Does the information remain LEGIBLE while posted? | 135-f & 235-f |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | f. Is the following APPLICATION INFORMATION displayed? Location and description of the treated area;
Product Name; EPA REG #; Active Ingredient(s) of the pesticide; Time & Date of application; REI (restricted entry interval) | 122-c & 222-c |

Comments: _____

PESTICIDE SAFETY TRAINING ASSURANCE

WORKERS: (Applies to workers who are NOT certified applicators or trained handlers)

130-b

- | | | | | |
|------------------------------|-----------------------------|------------------------------|--|------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | a. Does Ag employer ASSURE that <u>workers</u> have been trained within the last 5 years? | 130-a-1 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | b. Does Ag employer ASSURE that <u>workers</u> have been trained <i>before EARLY ENTRY activities</i> during REI? | 130-a-2 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | c. Is the Ag employer able to VERIFY that the required PESTICIDE SAFETY INFORMATION was provided to <u>workers</u> before entry into any area on an Ag Establishment where WPS pesticides have been applied within the last 30 days? | 130-a-3-i |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | d. Does Ag employer ASSURE that <u>workers</u> have received the required ADDITIONAL TRAINING before the 6th day of entry into any area on a Ag Establishment where WPS pesticides have been applied within the last 30 days? | 130-a-3-ii |

HANDLERS: (Applies to handlers who are NOT certified applicators or certified crop advisors).

230-b

- | | | | | |
|------------------------------|-----------------------------|------------------------------|---|-------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | a. *Does Ag employer ASSURE the <u>handlers</u> have been trained within the last 5 years? | 230-a |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | b. *Does Ag employer ASSURE that <u>handlers</u> have been trained <i>before performing any handling task</i> ? | 230-a |

Comments: _____

PESTICIDE SAFETY TRAINING PROGRAM : (Skip this section if training is NOT conducted by this firm)

- | | | | | |
|------------------------------|-----------------------------|------------------------------|--|-------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | a. * WORKERS & HANDLERS: Is the information presented in a manner that the workers & handlers can understand? (Such as through a translator & using nontechnical terms & presenter answers questions) | 130-d-1 & 230-c-1 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | b. WORKERS: Does the PESTICIDE SAFETY INFORMATION meet the criteria listed in 170.130(c)? | 130-c |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | c. WORKERS: Does the content of the ADDITIONAL TRAINING materials meet the criteria listed in 170.130(d)(4)? | 130-d-4 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | d. Is trainer qualified to train <u>WORKERS</u> ? (Certified applicator, completed train-the-trainer program or a trained handler) | 130-d-2 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | e. * HANDLERS: Does the content of the training materials meet the criteria listed in 170.230(c)(4)? | 230-c-4 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | f. *Is the trainer qualified to train <u>HANDLERS</u> ? (Certified applicator or completed train-the-trainer program) | 230-c-2 |

Comments: _____

EMPLOYER INFORMATION EXCHANGE

- | | | | | |
|------------------------------|-----------------------------|------------------------------|---|-----|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | a. *Does the Ag establishment notify the commercial handler regarding the location of treated areas and REI's? | 124 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | b. *Does commercial handler notify the Ag establishment of required application information before the application? | 224 |

Comments: _____

EMERGENCY ASSISTANCE

- | | | | | |
|------------------------------|-----------------------------|------------------------------|--|---------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | a. *Is prompt transportation to emergency medical facility available for employees who become sick/injured by pesticide? | 160-a & 260-a |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | b. *Is information provided to medical personal regarding the pesticide to which employees may have been exposed? | 160-b & 260-b |

Comments: _____

DECONTAMINATION SITES**The employer must follow the following decontamination requirements of WORKERS & HANDLERS:**

- | | | | | |
|------------------------------|-----------------------------|------------------------------|---|-------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | a. *Do decontamination sites have soap, single-use towels, and enough water for washing & emergency eye flushing? | 150-b & 250-b |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | b. *Is the decontamination water of a quality & temperature as required? | 150-b-1 & 250-b-1 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | c. *Is 1 pint of eye flush water immediately available to <u>handlers</u> using pesticides requiring protective eye wear and to <u>early entry workers</u> when working in areas treated with pesticides requiring protective eye wear for early entry? | 150-b-4 & 250-b-4 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | d. *Is the decontamination site within 1/4 mile of the work site? | 150-c-1 & 250-c-1 |

Comments: _____

The employer must follow the following additional decontamination requirements for WORKERS:

- | | | | | |
|------------------------------|-----------------------------|------------------------------|--|--------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | a. Are decontamination sites provided to <u>workers</u> entering treated areas until 30 days following expiration of the REI? (Exception: Pesticides with a 4 hour REI require decontamination site for only 7 days) | 150-a-1
150-A-2 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | b. Are decontamination sites provided for <u>early entry workers</u> during and after early entry? | 112-c-8 & 150-d |

Comments: _____

The employer must follow the following additional decontamination requirements for HANDLERS:

- | | | | | |
|------------------------------|-----------------------------|------------------------------|--|---------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | a. *Is enough water provided to <u>handlers</u> for washing the entire body in case of an emergency? | 250-b-1 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | b. *Is one clean change of clothing provided to <u>handlers</u> for use in an emergency? | 250-b-4 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | c. *Are decontamination supplies located at the mix/load site? | 250-c-1 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | d. *Are decontamination supplies for <u>PILOTS</u> kept in the airplane or at the aircraft loading site? | 250-c-2 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | e. *Are handler decontamination supplies kept out of treated areas unless they are in enclosed containers? | 250-c-4 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | f. *Are decontamination supplies located where handlers remove PPE for washing thoroughly after handling activities? | 250-e |

Comments: _____

ADDITIONAL DUTIES FOR WORKER EMPLOYERS**RESTRICTIONS DURING APPLICATIONS**

- | | | | | |
|------------------------------|-----------------------------|------------------------------|--|---------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | a. Are <u>workers</u> prohibited in treated areas during application and until REI's have expired? | 110-a & 112-a |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | b. Are <u>workers</u> prohibited in treated areas plus the additional buffer area during application in NURSERIES? | 110-b |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | c. Are <u>workers</u> prohibited in a GREENHOUSE during application and until ventilation criteria are met? | 110-c |

Comments: _____

WORKER EARLY ENTRY DURING REI

- | | | | | |
|------------------------------|-----------------------------|------------------------------|---|-------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | a. Does the employer PROVIDE the correct PPE and ASSURE that <u>workers</u> wear PPE for early entry? | 112-a-4 & 112-c-4 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | b. Does the employer ASSURE that early entry <u>workers</u> receive human hazard and safe use information before early entry? | 112-c-5 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | c. Are early entry <u>workers</u> prohibited in treated areas during the first 4 hours after application? | 112-c-3 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | d. Are early entry <u>workers</u> limited to 1 hour of work in a 24 hour period in treated areas during the REI? | 112-c-2 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | e. Are early entry <u>workers</u> who perform irrigation & limited contact activities limited to 8 hours of work in a 24 hour period? | 112-e-7, ii, iii |

Does the employer ASSURE the following for workers who wear PPE during early entry:

- | | | | | |
|------------------------------|-----------------------------|------------------------------|---|----------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | a. Is PPE worn correctly, inspected, cleaned, maintained and stored properly? | 112-c-6-i, ii, iv, v |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | b. Is contaminated PPE disposed of properly? | 112-c-6-iii |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | c. Do workers receive instructions on using & cleaning PPE? | 112-c-6-ix |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | d. Does employer have measures to prevent HEAT-RELATED ILLNESS for early entry workers using PPE? | 112-c-7 |

Comments: _____

NOTICE OF APPLICATIONS TO WORKERS

- | | | | | |
|------------------------------|-----------------------------|------------------------------|--|---------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | a. Are all GREENHOUSE applications posted with WPS warning signs? | 120-a |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | b. Are <u>workers</u> given BOTH oral and posted notification when required by the pesticide label? | 120-b-1 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | c. Are <u>workers</u> given notification of applications (EITHER orally or posted) for other applications? | 120-b-2 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | d. Are <u>workers</u> told which method will be routinely used at this firm (oral or posted notification)? | 120-b-2 |

Posted Warning Signs

- | | | | | |
|------------------------------|-----------------------------|------------------------------|--|-------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | a. Does the employer use the approved WPS warning signs for posted notification? | 120-c-1 & 2 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | b. Are the signs posted at all entrances of worker entry to the treated area? | 120-c-4 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | c. Are the signs put up no sooner than 24 hours prior to application? | 120-c-6-i |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | d. Are the signs removed within 3 days after the end of the REI? | 120-c-6-iii |

Oral Warnings

- | | | | | |
|------------------------------|-----------------------------|------------------------------|--|-------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | a. Are oral warnings given in manner the <u>workers</u> can understand? | 120-d |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | b. Do oral warnings include, 1. location & description of treated area; 2. REI; 3. instructions not to enter during the REI? | 120-d |

Comments: _____

APPLICATION RESTRICTIONS & MONITORING

- Yes No N/A a. *Does both the employer & the handler assure that no pesticide is applied... 210-a
Yes No N/A b. *Are handlers monitored visually or by voice every 2 hours... 210-b
Yes No N/A c. *Does the handler have continuous visual or voice contact... 210-c

Comments:

SPECIFIC INSTRUCTIONS FOR HANDLERS

- Yes No N/A a. *Does the employer assure that handlers read the label... 232-a-1
Yes No N/A b. *Does the handler have access to the product labeling... 232-a-2
Yes No N/A c. *Does the COMMERCIAL HANDLER EMPLOYER inform the commercial handler... 232-b

Comments:

SAFE OPERATION OF EQUIPMENT

- Yes No N/A a. *Is the handler instructed in the safe operation of any handling equipment... 234-a
Yes No N/A b. *Is handling equipment inspected and repaired before each day of use? 234-b
Yes No N/A c. *Does the employer assure that only trained and PPE-equipped handlers... 234-c

Comments:

PERSONAL PROTECTIVE EQUIPMENT REQUIREMENTS FOR HANDLERS

- Yes No N/A a. *Does the handler employer provide the handler with the appropriate PPE... 240-c
Yes No N/A b. *Does the handler employer assure that PPE is worn and is used correctly? 240-a & 240-e-1
Yes No N/A c. *Does the handler employer assure that PPE is cleaned, inspected, and repaired... 240-e-2 & 240-f-1
Yes No N/A d. *Does the handler employer assure that filters are replaced on respirators... 240-f-6 & 7
Yes No N/A e. *Do handlers have a clean place to store personal clothing... 240-f-9
Yes No N/A f. *Does the handler employer take appropriate measures to prevent heat-related illness... 240-g

Comments:

FAMILY ESTABLISHMENTS

- Yes No N/A a. Are employees only spouse, children, stepchildren, foster children, parent... 170.104-a-1
Yes No N/A b. Are non-handlers prohibited in treated areas during application... 110-a & 112-a-1
Yes No N/A c. Are non-handlers prohibited in treated areas plus the additional buffer area... 110-b
Yes No N/A d. Are non-handlers prohibited in a GREENHOUSE during application... 110-c
Yes No N/A e. Are early entry workers prohibited in treated areas during the first 4 hours... 112-c-3
Yes No N/A f. Are early entry workers limited to 1 hour of work in a 24 hour period... 112-c-2
Yes No N/A g. Are early entry workers who perform irrigation and limited contact activities... 112-e-7, ii, iii
Yes No N/A h. Is the correct PPE for early entry PROVIDED for early entry activities... 112-a-4
Yes No N/A i. Does the handler at this firm wear the label-specified PPE during handling tasks? 240-a
Yes No N/A j. Is the label specified PPE for handling activities at this firm PROVIDED... 240-c
Yes No N/A k. Does this establishment notify commercial handlers regarding the location... 124
Yes No N/A l. Do commercial handlers notify this establishment of the required application... 224

Comments:

*INDICATES DUTIES REQUIRED FOR COMMERCIAL HANDLER EMPLOYERS

OTHER COMMENTS:

Interviewee's Signature:

Inspector's Signature:

Inspector's No.