



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

PESTICIDE USE INVESTIGATION REPORT

COMMISSIONER

FILE NO.		DATE OF INSPECTION	
NAME OF PERSON INTERVIEWED		TELEPHONE	
		RUP LICENSE NO.	EXPIRATION DATE
NAME OF APPLICATOR		TELEPHONE	
		RUP LICENSE NO.	EXPIRATION DATE
NAME OF FARM, FIELD LOCATION OR SITE		TYPE OF BUSINESS	
ADDRESS OR DIRECTIONS TO SITE			
CROP AREA OR OBJECT TREATED		TOTAL AREA TREATED (ACRES SQ FT, ETC.)	
BRAND NAME		EPA REG. NO.	
TARGET PEST	CLASSIFICATION RUP _____ GUP _____	BATCH/LOT NO.	DATE AND TIME OF APPLICATION
SUPPLEMENTAL LABEL USED NO ____ YES ____ (list type and no.) _____	TYPE OF FORMULATION LIQUID ____ DUST ____ GRANULAR ____ GAS ____ OTHER (DESCRIBED) _____		
METHOD OF APPLICACION/TYPE OF EQUIPMENT USED (example: backpack, aerial, airblast, irrigation, Lock-n-Load, etc.)			
DILUTION RATE (product per tank)		DILUTED MATERIAL APPLIED UNIT (gallon/acre, oz/sq. ft., etc.)	
LIST PROTECTIVE GEAR USED FOR APPLICATION OF PRODUCT		LIST PROTECTIVE GEAR USED FOR MIXING/LOADING	
LIST REI	LIST PREHARVEST INTERVALS	WEATHER AT TIME OF APPLICATION (Wind, temperature, rain, etc.)	
EXPLAIN STEPS TAKEN TO COMPLY WITH SPECIAL RESTRICTIONS (PLANT BACK, DISTANCE FROM WATER/WELLS, SOIL TYPES, ETC.)			
LIST DISPOSAL ACTIONS FOR EXCESS PRODUCT, USED CONTAINERS, TANK MIXES			
REMARKS			