



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

PESTICIDE USE INSPECTION REPORT

COMMISSIONER

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

- Are RUP's stored in a secure manner? Yes No N/A
- Are pesticides stored according to label directions? Yes No N/A
- 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