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

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 ___________________________