

Understanding FDACS Pesticide Inspections¹

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Introduction

Pesticide enforcement and oversight in the state of Florida is managed by the Florida Department of Agriculture and Consumer Services. As part of those responsibilities, they routinely inspect facilities associated with pesticide use and storage. This publication will explain who may be inspected, why they might be inspected, and the process of that inspection. After reading this publication, all professionals working with pesticides and county Extension faculty should understand what a pesticide inspection looks like and be able to comply with state and federal requirements for using pesticides.

Who in FDACS does inspections?

The Bureau of Inspection and Incident Response (BIIR) ensures consumer protection, worker safety, and protection of the environment through inspections of entities that manufacture, sell, or apply pesticides, fertilizer, feed, or seed. Basically, if a facility or entity uses, sells, or stores pesticides, the BIIR has the authority to do an inspection. The BIIR is one of four bureaus within the Division of Agricultural Environmental Services. All four bureaus have an important role associated with pesticides. This division handles licensing, pesticide registration, laboratory analysis of products for accuracy of ingredients, water, soil, and other monitoring services, and inspection. All of the bureaus work hand-in-hand to ensure every aspect of

pesticide use and registration in the state follows federal requirements, with enforcement and inspections being a key component of that process.

Why are inspections conducted?

Inspections can either be done at random, through routine enforcement efforts, or based upon a specific request or notification of possible violations. Beyond checking for violations, inspections can serve as learning and teaching opportunities for employers, homeowners, and anyone associated with pesticide applications. These inspections ensure all appropriate rules and regulations are followed, thus helping protect people and the environment. All three of Florida's statutory chapters (Chapters 388, 482, 487) pertaining to pesticides give authority to conduct inspections. This includes anywhere from a small farm to a large pest control company treating lawns, and everything in between. If pesticides are used, inspections can be performed. To best understand the pesticide certification, license, or credential that corresponds to each statutory chapter, see the [Pesticide License Key](#) requirements and basic description of each category.

What is involved in an inspection?

An inspection can be as simple as confirming possible complaints, to a deep review of equipment, spray records, certification, and training records, and beyond. Inspectors

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2. Brett Wells Bultemeier, Extension assistant professor; Emily Kraus, Extension assistant scientist, UF/IFAS Pesticide Information Office; Tamara James, environmental administrator, Bureau of Licensing and Enforcement, Florida Department of Agriculture and Consumer Services; and Neil Richmond, bureau chief, Bureau of Inspection and Incident Response, Florida Department of Agriculture and Consumer Services; UF/IFAS Extension, Gainesville, FL 32611.

will complete official forms, take photographs, collect physical evidence, and do interviews. Records pertaining to pesticide applications and Florida rules regarding pesticides should also be made available to inspectors. The following sections will discuss each component of an inspection in greater detail with links to the individual inspection forms.

Inspector Identification

An inspector will introduce and identify themselves with proper credentials, such as a badge with their name and photograph. They will go on to explain the reason for their visit and may begin cursory questions at that time. An inspection might be coordinated ahead of time or can occur at any time without prior notification. It is important to make sure that all staff at the location understand the rules and procedures for an inspection. This includes knowing which forms the inspectors will use and walking through these forms prior to the inspection. This practice assures that the appropriate managers and related personnel can be contacted, and that the inspection will run smoothly. The following sections will cover examples of the forms that may be used and the type of information each attempts to gather.

Commonalities

Regardless of what type of pesticide regulated activity is being performed, there are commonalities among the inspection forms. All forms allow the inspector to document if the pesticide is classified as a restricted use product (RUP). This is important because the use of RUP pesticides requires certification, licensing, or credentialing for those using the product. There are instances where an unlicensed person may use those products under [direct supervision](#), but there is specific training that must be documented. If RUPs are being used, an inspector will also ask about the training, licensing, and records related to this application.

Beyond records, licensing, training, and RUP use, all inspectors will verify that all products are used according to the label. The label is the law. This might mean checking that proper Personal Protective Equipment (PPE) is on-site, that its proper use can be demonstrated, and that it is stored properly. Inspectors can also ask about pesticide use rates, mixing methods, and where a product was used. Overall, they are trying to ascertain that all applicators can read, understand, and follow the pesticide label.

Finally, an inspector will review storage and disposal procedures. They are looking to make sure pesticides are stored in a secure manner that meets all label and other requirements. A clean, organized, secured/locked storage

area indicates to an inspector that the location and its employees value safety.

Aside from these commonalities, each statutory chapter in Florida (388, 482, 487) has its own unique set of forms. To better understand what types of activities fall under each of these chapters, it may be helpful to use the [Pesticide License Key](#). This will ensure the right forms are being viewed.

Chapter 487 Forms—Restricted Use Pesticide (Agriculture)

Although listed as a 487 form, the Pesticide Dealer Inspection Report (Figure 1) applies to all pesticide dealers in the state of Florida. This inspection is done at the various points-of-sale where pesticides, particularly RUPs, are sold. Making sure those who sell pesticides are in compliance certainly helps to ensure those who buy them will be as well. This form asks if RUP products are sold, whether all products are stored securely, and how the business guarantees that ONLY certified purchasers are buying RUP products. Furthermore, it confirms that some of the product-specific restrictions are met as well. Finally, an inspector must ensure proper records are kept and available for review.

Moving from the point-of-sale to the individuals involved in pesticide use, chapter 487 also includes the Pesticide Use Inspection Report (Figure 2). The inspector will identify the location and company being inspected. This involves gathering basic information related to specifically who and what is being inspected. From there the checklist involves looking at how pesticides are stored and how they were used in the field, as well as confirming all licenses and certifications are in place. Additionally, the report will include “other relevant information” and signatures. This “other relevant information” or “background information” can become quite extensive as this section documents any conversation with the inspector, including interviews with all relevant personnel.

For businesses or operations that fall under the [Worker Protection Standard \(WPS\)](#), there are further inspections in addition to what has been described so far, that are required. These inspections will check that all aspects of WPS are in place and operating properly (Figure 3). The inspector will confirm that there is centralized posting of relevant information and that proper communication plans are in place. They will make sure that all relevant employees have proper training, and that proper decontamination supplies and procedures are in place. Additionally, the inspector will determine if the Restricted Entry Intervals

(REIs) are properly maintained and communicated. Finally, the inspector will confirm records are being kept on-site for all pesticide treatments and all WPS training and procedures.

Chapter 482—Structural Pest Control

Much like the 487 inspection forms, there are several forms for 482, starting with the broadest information and getting increasingly use-specific. The Licensee Inspection Pesticide Product Review (Figure 4) applies to any product used by someone certified in a category falling under chapter 482. It gathers basic information about the company using the product, what was used, how it was applied, and whether there were any misuses or label violations.

Facilities or offices from which chapter 482 work is performed, sold, or directed may also be inspected. This form is the Pest Control Business Inspection (Figure 5). This form checks for all relevant certifications, business licenses, insurance, advertising, notifications, and overall assurance that the facility can legally operate. Furthermore, it confirms that equipment is properly identifiable, as well as in good working order, and that fill locations and trucks all have an “air gap” to ensure pesticide mixture does not backflow into water supplies. Finally, the types of pesticides on-site are checked and referenced to the type of certifications held by applicators. Basically, the inspection confirms that applicators are certified and trained to use all products found on-site.

Like the previous form, there is also a Licensee Inspection: Termites and Other Wood-Destroying Organisms (WDO) Category (Figure 6). This is meant to take place on-site during activities related to termite and other WDO inspections and treatments. The form and inspection ensures all certifications are in place, forms are available for distribution, and the contracts in place meet all state laws and regulations.

The next two forms under chapter 482 are for one of the most regulated categories, fumigation. The first is the Licensee Inspection: Fumigation Category (Figure 7) which maintains that all the proper certification, safety equipment, and signage are in place. Basically, it ensures that a fumigation could take place and meet all label and state requirements. The second form is the Fumigation Inspection Report (Figure 8), which reviews and confirms a past fumigation was performed correctly. This is one of the most detailed forms and covers all aspects of a fumigation.

One type of inspection that may occur in both the field and at the place of business is the Pest Control and Limited Landscape Maintenance Service Vehicle Inspection (Figure 9). This inspection is meant to ensure that all vehicles are properly identifiable with personnel holding the proper credentials. Additionally, the vehicle is inspected to identify which chemicals are on board, determine if they can be secured properly, and confirm that the proper PPE is available. Finally, depending on the type of work, the inspector checks that all necessary certifications are held and proper restrictions are followed. For instance, if applicators are only certified for limited landscape maintenance work, the inspector will check to see that they only carry products with the signal word “Caution.”

Chapter 388—Mosquito Control

For those involved in mosquito control, there is the Mosquito Control Pesticide Use Inspection Report (Figure 10). Like the previous pesticide use forms this is commonly used when inspecting a facility from which mosquito control is based. The inspector will begin with the details of the facility, including how many licensed applicators are present, full time versus part time, and who is in charge. They will then inspect the facility to ensure all pesticides are stored and disposed of properly. Next, they will check that worker safety is covered through proper PPE and training and that records of all training can be provided. All equipment is checked to confirm it is in proper working order. This includes proper calibration according to label requirements for droplet sizes. Recordkeeping related to pesticide use is checked as well as the methods of application. Full compliance with all labeled uses of pesticide product is confirmed. Finally, the inspector will ask questions about compliance with the National Pollution Discharge Elimination System (NPDES) and whether all proper certifications and specifications are in place related to aerial aircraft.

Conclusions and Helpful Information

An inspection by FDACS does not need to be an overly stressful or frightening prospect. The best practice a manager could follow would be to use these forms to provide mock inspections on your own facility. All told, the first time that employees see these forms or answer these questions about the operation should NOT occur during an FDACS inspection. Using the forms provided in this publication will help ensure that the facilities, equipment, and employees are all in compliance with the rules. This will not only help with any inspections that might occur in the future but will sustain the operation as one that focuses on

safety and makes it easier to comply. Staying in compliance is not simply a box to check or a burden to dread, it is an opportunity to ensure that all pesticides are used as safely and effectively as possible.

Resources

Pesticide License Key: EDIS Publication #PI292, “Finding the Correct Pesticide Applicator License in Florida” at <https://edis.ifas.ufl.edu/publication/PI292>

Direct Supervision: EDIS Publication #PI293, “Florida Rules for Direct Supervision of Unlicensed Pesticide Applicators” at <https://edis.ifas.ufl.edu/publication/PI293>

WPS: EDIS Publication #PI294, “Worker Protection Standards (WPS) Responsibilities and Compliance” at <https://edis.ifas.ufl.edu/publication/PI294>



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

PESTICIDE DEALER INSPECTION REPORT

Submit to:
Bureau of Incident and
Inspection Response
3125 Conner Blvd, Ste N
Tallahassee, FL 32399-0800

WILTON SIMPSON
COMMISSIONER

Section 487.048, F.S. and Rule 5E-9.033, F.A.C.
Telephone Number (850) 617-7996

File No.: _____ Date: _____ County: _____

Firm Name: _____ RUP Dealer License No.: _____

Mailing Address: _____ Expiration Date: _____

Physical Location: _____ City: _____ Zip: _____

Person Interviewed: _____ Title: _____

Phone Number: _____

1. Are RUP's kept in a secure, clean area away from food & feed products? Yes No N/A
2. Have any leaking or broken RUP packages been properly handled? Yes No N/A
3. Describe procedure used by the firm to insure that only licensed applicators or authorized purchase agents (APAs) purchase RUP's. Example, show cards, maintain a list, etc. _____
4. If aldicarb is sold, do sales documents state "FOR USE ONLY AS AUTHORIZED BY RULE 5E-2.028, FLORIDA ADMINISTRATIVE CODE," as required by Rule 5E-2.028(1)(i). Yes No N/A
5. If methyl bromide is sold, do all formulations for use in soil fumigation contain a minimum of 0.5% chloropicrin as required by Rule 5E-2.036(2)(b)? Yes No N/A
6. If organotin antifouling paint (TBT boat paint) is sold, are all containers labeled as RUPs as required by Rule 5E-2.035(5), with the exception of 16 oz. or smaller aerosol cans with directions for use only on outboard motors or lower units? Yes No N/A
7. Review of RUP sales records. Has dealer sold any RUPs in the last 2 years? Yes No
If so, review records for at least 5 transactions and complete the chart below.

Check YES or NO for each element of each record checked. If number 6.7 and 6.8 are not applicable, leave them blank. List and attach copies of any records that indicate possible violations.

	RECORD 1		RECORD 2		RECORD 3		RECORD 4		RECORD 5	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
6.1 Date of sale										
6.2 Name of applicator or APA making purchase										
6.3 License Number										
6.4 Brand name of product sold										
6.5 EPA Registration number of product sold										
6.6 Size and number of containers sold										
6.7 Date of delivery (if applicable)										
6.8 Delivery location (if applicable)										

COMMENTS/LIST OF ATTACHMENTS. Explain if fewer than 5 records checked. _____

Signature of Firm Representative

Signature of Department Representative

FDACS-13327, Rev. 01/15

Original - Tallahassee

Copy - Department Representative/Firm

Figure 1. Pesticide Dealer Inspection Report (<https://pested.ifas.ufl.edu/media/pestedifasufledu/docs/edis-documents-links/Pesticide-Dealer-forms.pdf>)



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

Submit to:
Bureau of Incident and
Inspection Response
3125 Conner Blvd., Suite N
Tallahassee, FL 32399-0800

PESTICIDE USE INSPECTION REPORT

WILTON SIMPSON
COMMISSIONER

Section 487.071, F.S.
Telephone Number (850) 617-7996

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: _____

Figure 2a. Pesticide Use Inspection Report, first page. (<https://pested.ifas.ufl.edu/media/pestedifasufledu/docs/edis-documents-links/Pesticide-Use-inspection-form.pdf>)

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

Figure 2b. Pesticide Use Inspection Report, second page. (<https://pested.ifas.ufl.edu/media/pestedifasufledu/docs/edis-documents-links/Pesticide-Use-inspection-form.pdf>)



Florida Department of Agriculture and Consumer Services
 Division of Agricultural Environmental Services
WORKER PROTECTION STANDARD INSPECTION FORM

Respond to:
 Bureau of Inspection and Incident Response
 3125 Conner Blvd, Suite N
 Tallahassee, FL 32399-1650

WILTON SIMPSON
 COMMISSIONER

Rule 5E-2.041, F.A.C.
 (850) 617-7996

Inspection Type: Tier 1 <input type="checkbox"/> Tier 2 <input type="checkbox"/>		FILE #:	DATE:
<input type="checkbox"/> Farm <input type="checkbox"/> Forest <input type="checkbox"/> Commercial Handler <input type="checkbox"/> Nursery <input type="checkbox"/> Enclosed Space Production <input type="checkbox"/> Family Establishment (also check one of the others)		FIRM NAME:	
		COUNTY:	
# present at this inspection:	Workers	Handlers	Inspection: <input type="checkbox"/> Unannounced <input type="checkbox"/> Appointment

DUTIES FOR ALL EMPLOYERS

DISPLAY REQUIREMENTS FOR PESTICIDE SAFETY INFORMATION AND PESTICIDE APPLICATION & HAZARD INFORMATION

	40 CFR	
a. Is the required pesticide safety information displayed?	170.311	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b. Is the emergency medical contact information displayed (medical care facility name, address and telephone number)?	170.311	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c. Are the name, address, and telephone number of the state pesticide regulatory agency displayed?	170.311	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
d. Can site location(s) be readily seen and read by workers and handlers (where workers and handlers congregate, permanent decontamination sites, or decontamination sites which accommodate 11 or more workers or handlers)?	170.311	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
e. Are workers and handlers informed of the location(s) and are they allowed access to the site(s)?	170.311	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
f. Does the required pesticide safety information remain legible while posted?	170.311	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
g. Is the following pesticide application and hazard information displayed: crop or site treated and location and description of treated area; product name, EPA Reg. #, active ingredient(s) of the pesticide(s); date(s) and times the application started and ended; duration of applicable restricted-entry interval (REI); safety data sheet(s)?	170.311	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
h. Is the pesticide application and hazard information posted within 24 hours after the end of the application and maintained for at least 30 days after the end of the last applicable REI?	170.311	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
i. Are the pesticide application and hazard information records maintained on the establishment for two years after the date/time of expiration of the last REI applicable to the pesticide application conducted?	170.311	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Comments: _____

PESTICIDE SAFETY TRAINING ASSURANCE

WORKERS AND HANDLERS: (Applies to workers and handlers who are NOT certified applicators)

a. Does the agricultural or handler employer ensure that workers and handlers have been trained within the last 12 months?	170.401 & 170.501	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b. Does the agricultural or handler employer maintain the following records for two years from the date of training: worker's/handler's printed name and signature, the date of training, information identifying which EPA-approved training materials were used, trainer's name and documentation showing qualifications, agricultural or handler employer's name?	170.401 & 170.501	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c. Does the agricultural or handler employer ensure that workers and handlers are informed (in a manner the workers and handlers can understand) of the following establishment-specific information: location of pesticide safety information, pesticide application and hazard information, and decontamination supplies?	170.403 & 170.503	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Workers: (Applies to workers who are NOT certified applicators or certified crop advisors)

d. Does the agricultural employer ensure that the required training was provided to workers before entry into any area on an agricultural establishment where WPS pesticides have been applied within the last 30 days?	170.401	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Handlers: (Applies to handlers who are NOT certified applicators or certified crop advisors)

e. Does the handler employer ensure that the required training was provided to handlers before performing any handling task?	170.501	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Comments: _____

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

a. Workers and Handlers: Is the information presented in a manner the workers and handlers can understand, such as through a translator?	170.401 & 170.501	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b. Is the trainer qualified to train workers and handlers (has completed an approved Train-the-Trainer program or is certified as an applicator of restricted use pesticides)?	170.401 & 170.501	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c. Was the trainer present during the entire training program and available to respond to questions?	170.401 & 170.501	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
d. Workers: Does the content of the training materials meet the criteria listed in 170.401(c)(2)?	170.401	<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 170.501(c)(2)?	170.501	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Comments: _____

Figure 3a. Worker Protection Standard Inspection Form, first page. (<https://pested.ifas.ufl.edu/media/pestedifasufledu/docs/edis-documents-links/WPS-inspection-form.pdf>)

EMPLOYER INFORMATION EXCHANGE		
a. Does the agricultural employer notify the commercial handler employer regarding the specific location and description of any treated areas on an agricultural establishment where an REI is in effect that the handler may be in (or may walk within 1/4 mile of), and any restrictions on entering those areas?	170.309	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b. Does the commercial handler employer provide the agricultural employer all of the following information prior to the application of any pesticide on an agricultural establishment: specific location(s) and description(s) of areas to be treated; date, start time, and estimated end time of application; product name(s), EPA Reg. #(s), active ingredient(s); REI; posting/notification requirements; product-specific restrictions or use directions required to protect workers, handlers, or other persons during or after the application?	170.313	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments: _____		
EMERGENCY ASSISTANCE		
a. Is prompt transportation to an emergency medical facility available for workers or handlers who have experienced a potential pesticide exposure on the agricultural establishment?	170.309 & 170.313	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b. Does information provided to medical personnel regarding the pesticide(s) to which employees may have been exposed include product Safety Data Sheet(s), product name(s), EPA Reg. #(s), active ingredient(s), circumstances of pesticide use, and circumstances that could have resulted in exposure?	170.309 & 170.313	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments: _____		
DECONTAMINATION SUPPLIES		
The employer must follow the following decontamination requirements for WORKERS and HANDLERS:		
a. Do the decontamination supplies include soap, single-use towels, and enough water for washing and emergency eye flushing?	170.411 & 170.509	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b. Is the decontamination water of a quality and temperature that will not cause illness or injury when it contacts the skin or eyes or if it is swallowed?	170.411 & 170.509	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c. Are the decontamination supplies located together within 1/4 mile of the work site, outside any treated area or area subject to an REI, and reasonably accessible?	170.411 & 170.509	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments: _____		
The employer must follow the following additional decontamination requirements for WORKERS:		
a. Are decontamination sites provided to workers 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 following expiration)	170.411	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b. Is a minimum of 1 gallon of water available for each worker at the beginning of each work period?	170.411	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments: _____		
The employer must follow the following additional decontamination requirements for HANDLERS:		
a. Is a minimum of 3 gallons of water available for each handler and early entry worker at the beginning of each work period?	170.509	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b. Is one clean change of clothing provided to handlers for use in an emergency?	170.509	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c. Are decontamination supplies located at the mix/load site?	170.509	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
d. Are decontamination supplies for pilots kept in the airplane or at the aircraft loading site?	170.509	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
e. Are handler decontamination supplies located outside any treated area or area subject to an REI, unless they are kept in enclosed containers?	170.509	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
f. Are decontamination supplies located where handlers remove personal protective equipment (PPE) for washing thoroughly after handling activities?	170.509	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
g. For mixing and loading a pesticide product which requires protective eyewear, or mixing/loading any pesticide using a closed system under pressure, is there a system capable of delivering gently running water at 0.4 gallons per minute for 15 minutes, or at least six gallons of water in containers suitable for providing a gentle eye-flush for about 15 minutes?	170.509	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
h. Is at least 1 pint of water in portable containers, immediately available for each handler applying a pesticide which requires protective eyewear?	170.509	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments: _____		
ADDITIONAL DUTIES FOR WORKER EMPLOYERS		
RESTRICTIONS DURING APPLICATIONS		
a. Are workers prohibited in treated areas during application and until REI(s) have expired and all treated area warning signs have been removed or covered?	170.407	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b. Are workers and other persons prohibited in treated areas plus the additional exclusion zones depending on the application method for outdoor production applications?	170.405	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c. Are workers prohibited in enclosed space production areas during the application and until ventilation criteria are met?	170.405	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments: _____		
WORKER EARLY ENTRY DURING REI		
The employer must ENSURE the following for workers who perform early entry activities:		
a. Are early entry workers prohibited in treated areas during the first 4 hours after application and until any required ventilation criteria has been met?	170.603	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
b. Are early entry workers performing short-term activities that do not involve hand labor limited to 1 hour of work in a 24-hour period?	170.603	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c. Are early entry workers who perform limited contact and irrigation activities limited to 8 hours of work in a 24-hour period?	170.603	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Figure 3b. Worker Protection Standard Inspection Form, second page. (<https://pested.ifas.ufl.edu/media/pestedifasufledu/docs/edis-documents-links/WPS-inspection-form.pdf>)

d. Does the employer provide the following information to each early-entry worker, orally (in a manner the worker can understand): location of the early entry area; pesticide(s) applied; dates and times that the REI begins and ends; reason for the early entry, description of tasks that may be performed, and other limitations; PPE required; location of the pesticide safety information and decontamination supplies?	170.605	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e. Does the employer ensure that each early entry worker has been informed (in a manner the worker can understand) of all applicable pesticide labeling requirements and statements related to human hazards or precautions, first aid, and user safety?	170.605	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f. Does the employer provide the correct PPE and ensure that workers use PPE properly during early entry?	170.605	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
g. Does employer instruct each early entry worker on proper PPE use and removal, and as appropriate, cleaning, maintenance and disposal?	170.605	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
h. Is contaminated PPE disposed of properly?	170.605	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
i. Does employer ensure that no worker is allowed or directed to wear PPE without implementing measures sufficient to prevent heat-related illness?	170.605	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
j. Does employer ensure that each worker is instructed in the prevention, recognition, and first aid treatment of heat-related illness?	170.605	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments: _____				
NOTICE OF APPLICATIONS TO WORKERS				
a. Are workers given both oral and posted notification when required by the pesticide label?	170.409	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Are outdoor production areas posted with warning signs for REI(s) greater than 48 hours?	170.409	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. Are all enclosed space applications, (except for REI(s) of 4 hours or less) posted with WPS warning signs?	170.409	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d. Are workers given notification of applications (either orally or posted) for other applications?	170.409	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Posted Warning Signs				
a. Does the employer use the approved WPS warning signs for posted notification?	170.409	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Are the signs posted at all reasonable points of worker entry, including each access road, each border with any housing area within 100 feet of entry to the treated area and each footpath and other walking route that enters the treated area?	170.409	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. Are the signs posted no sooner than 24 hours prior to application?	170.409	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d. Are the signs removed or covered within 3 days after the end of the REI?	170.409	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e. Does the employer ensure that workers do not enter the treated area while the signs remain posted?	170.409	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Oral Warnings				
a. Are oral warnings given before the application begins or at the beginning of the work period in manner that the workers can understand?	170.409	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Do oral warnings include the following: location and description of treated area; dates and times of REI; instructions not to enter treated area or an application exclusion zone during the application, REI, and until all treated area warning signs have been removed or covered?	170.409	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments: _____				
ADDITIONAL DUTIES FOR HANDLER EMPLOYERS AND HANDLERS				
APPLICATION RESTRICTIONS AND MONITORING				
a. Do both the handler employer and the handler ensure that no pesticide is applied (either directly or through drift) so as to contact anyone other than trained and PPE-equipped handlers involved in the application?	170.505	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Are handlers monitored visually or by voice every 2 hours when handling Skull & Crossbones pesticides?	170.505	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. Does the handler have continuous visual or voice contact with another trained and PPE-equipped handler stationed immediately outside of the enclosed space when handling a fumigant in enclosed space production?	170.505	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d. Does the handler performing the application immediately suspend application if anyone, other than an appropriately trained and equipped handler is in the application exclusion zone?	170.505	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments: _____				
SPECIFIC INSTRUCTIONS FOR HANDLERS				
a. Does the handler employer ensure that handlers read the label or are informed (in a manner the handler can understand) about the label requirements for safe use before performing any handling activity?	170.503	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Does the handler have access to the product labeling during handling activities?	170.503	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. Is the handler aware of requirements for any entry restrictions, application exclusion zones and restricted-entry intervals as that may apply based on the handler's activities?	170.503	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
d. Does the handler employer ensure that the handler has been informed or is aware of the specific location of pesticide safety information, pesticide application and hazard information, decontamination supplies?	170.503	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments: _____				
SAFE OPERATION OF EQUIPMENT				
a. Does the handler employer ensure that the handler is instructed in the safe operation of any handling equipment before it is used?	170.313	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
b. Does the handler employer ensure that handling equipment is inspected and repaired before each day of use?	170.313	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
c. Does the handler employer ensure that any employees who repair, clean, or adjust any handling equipment that contains pesticides or pesticide residues are trained as handlers, and that non-employees who repair, clean, or adjust such handling equipment are informed that equipment may be contaminated and instructed about the potential effects of exposure, practices for preventing or limiting exposure, and decontamination procedures?	170.313	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments: _____				
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Figure 3c. Worker Protection Standard Inspection Form, third page. (<https://pested.ifas.ufl.edu/media/pestedifasufledu/docs/edis-documents-links/WPS-inspection-form.pdf>)

PERSONAL PROTECTIVE EQUIPMENT REQUIREMENTS FOR HANDLERS			
a. Does the handler employer provide the handler with the appropriate PPE in clean and proper operating condition?	170.507	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
b. Does the handler employer ensure that PPE is cleaned, inspected, and repaired or replaced before each day of use?	170.507	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
c. Does the handler employer ensure that PPE that cannot be cleaned properly is made unusable and disposed of properly?	170.507	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
d. Does the handler employer ensure that handlers have received respirator fit testing, training, and medical evaluation if they are required wear a respirator?	170.507	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
e. Does the handler employer maintain records on the establishment, for those handlers requiring fit testing, respirator training, and medical evaluation for two years?	170.507	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
f. Does the handler employer ensure that respirators and respirator filters are replaced when required?	170.507	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
g. Do handlers have a clean place to store personal clothing, put on PPE, and remove PPE after application?	170.507	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
h. Does the handler employer take appropriate measures to prevent heat-related illness for handlers using PPE?	170.507	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
i. Does the handler employer ensure that PPE is used correctly for its intended purpose and is used according to the manufacturer's instructions?	170.507	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
j. Does the handler use the clothing and PPE specified on the pesticide product labeling?	170.507	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Comments: _____			
CLOSED SYSTEMS			
a. Are written instructions for the closed system available at the mix/load site, and made available to any handlers who use the system?	170.607	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
b. Handlers operating the closed system are trained in its use and operate, clean, and maintain the system in accordance with its written operating instructions?	170.607	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
c. Is all PPE specified in the product labeling immediately available to the handler for use in an emergency?	170.607	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
d. Is protective eyewear worn when using closed systems operating under pressure?	170.607	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
e. If a handler applies a pesticide from an enclosed cab, is all PPE immediately available inside a sealed container?	170.607	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
f. If required by the label, is a respirator worn inside the enclosed cab (other than a dust/mist filtering respirator)?	170.607	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Comments: _____			
FAMILY ESTABLISHMENTS			
a. Are employees only immediate family limited to spouse, parents, stepparents, foster parents, father-in-law, mother-in-law, children, stepchildren, foster children, sons-in-law, daughters-in-law, grandparents, grandchildren, brothers, sisters, brothers-in-law, sisters-in-law, aunts, uncles, nieces, nephews, and first cousins?	170.601	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
b. Are non-handlers prohibited in treated areas during application and until REI has expired?	170.407	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
c. Does the handler employer maintain records on the establishment, for those handlers requiring fit testing, respirator training, and medical evaluation for two years?	170.507	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
d. Are non-handlers prohibited in enclosed space production areas during application and until ventilation criteria are met?	170.405	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
e. Are early entry workers prohibited in treated areas during the first 4 hours after application and until any required ventilation criteria has been met?	170.603	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
f. Are early entry workers performing short-term activities that do not involve hand labor limited to 1 hour of work in a 24-hour period?	170.603	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
g. Are early entry workers who perform limited contact and irrigation activities limited to 8 hours of work in a 24-hour period?	170.603	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
h. Is the correct PPE for early entry provided for early entry activities at this firm?	170.603	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
i. Does the handler at this firm wear the label-specified PPE during handling tasks?	170.603	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
j. Is the label-specified PPE for handling activities at this firm provided in clean and operating condition?	170.507	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
k. Does this establishment notify commercial handlers regarding the location of treated areas and REI(s) in effect on the establishment?	170.313	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Comments: _____			
Other Comments: _____			
Name of Authorized Representative: _____ Title: _____			
Signature: _____			Date: _____
Specialist Name: _____		Specialist Signature: _____	
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Figure 3d. Worker Protection Standard Inspection Form, fourth page. (<https://pested.ifas.ufl.edu/media/pestedifasufledu/docs/edis-documents-links/WPS-inspection-form.pdf>)



WILTON SIMPSON
COMMISSIONER

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

LICENSEE INSPECTION PESTICIDE PRODUCT REVIEW

Rule 5E-14.1025, F.A.C.
Telephone (850) 617-7996

FIRM INSPECTED

DATE: _____

(NAME)

(BUSINESS LICENSE NO.)

(STREET ADDRESS)

(CITY)

(COUNTY)

(ZIP CODE)

1. Review conducted with _____
(Name) _____ (Title)

2. Pesticide Product: Name: _____ ai _____

3. Manufacturer: _____

4. RUP/GUP _____ EPA Reg # _____

5. Type Formulation: Liquid _____ Dust _____ Granular _____ Gas _____ Other _____

6. Method of Application: _____

7. How is product mixed?: _____

8. Primary target pest/site: _____

9. Application volume normally applied: (i.e. per sq. ft.) _____

10. PPE required and available? _____

11. Any indications of use inconsistent with label? _____
(If yes, attach DOC sample)

Comments: _____

Signature of Company Representative

(Field Inspector)

FDACS-13673 Rev. 09/16

Figure 4. Licensee Inspection Pesticide Product Review (<https://pested.ifas.ufl.edu/media/pestedifasufledu/docs/edis-documents-links/Licensee-Inspection-Pesticide-Product-Review.pdf>)



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

PEST CONTROL BUSINESS INSPECTION

WILTON SIMPSON
COMMISSIONER

Rule 5E-14.1025, F.A.C.
Telephone: (850) 617-7996

Submit to:
Bureau of Inspection and
Incident Response
3125 Conner Blvd., Suite N,
Tallahassee, FL 32399-1650

File No.		Date:				
Firm Inspected:		License No.				
Address:						
City:		County:		Zip Code:		
C.O. in Charge:		Certificate No.		Categories:		
				YES	NO	N/A
1. Business license displayed? (482.071(3), F.S.)						
2. C.O. in charge a full time employee and performing all duties and responsibilities? (482.152, F.S.)						
3. Certificate and renewal displayed? (482.111(5), F.S.)						
4. I.D. cardholders meet definition of "Employee" and not operating as "Independent Contractors"? (482.091, 482.021(8),(13), F.S.)						
5. Specimen labels of pesticides used available? (5E-14.106(2), F.A.C.)						
6. Advertising correct? (Review phone directory and other media ads) (5E-14.142(6), F.A.C.)						
7. All service vehicles and trailers permanently marked 1 ½" or larger lettering? (5E-14.103, F.A.C.)						
8. Service vehicles equipped with lockable pesticide storage compartment? (5E-14.106(3), F.A.C.)						
9. Pesticide containers properly identified? (5E-14.106(4), F.A.C.)						
10. Spray tank air gap or anti-siphoning device present? (5E-14.106(5), F.A.C.)						
11. Does Firm have required employee training records for all ID cardholders? (Initial 5 days field, 4 hr. initial and 2 hr. annual) (5E-14.1421, F.A.C.)						
12. Signage being posted? (Review sign) (5E-14.147, F.A.C.)						
13. Notification being given to persons on Registry? (482.2267(5), F.S.)						
14. Are there canceled, suspended or unregistered pesticides present? (If yes, explain in detail below)						
15. Are pesticides stored in accordance with label directions?						
16. Are there pesticides present that are out of category of licensee (If yes, explain in detail below)						
17. Are Restricted Use Pesticides used by this firm?						
18. Are Restricted Use Pesticide records kept according to regulations?						

Violations Observed: _____

Documentation Obtained: _____

Comments: _____

(Signature of person interviewed)

(Issuing Field Inspector)

(Print Name)

(Print Name)

FDACS-13630 Rev. 07/21

Figure 5. Pest Control Business Inspection (<https://pested.ifas.ufl.edu/media/pestedifasufledu/docs/edis-documents-links/Pest-control-business-inspection-form.pdf>)



WILTON SIMPSON
COMMISSIONER

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

LICENSEE INSPECTION
TERMITES AND OTHER WOOD-DESTROYING ORGANISMS CATEGORY

Rule 5E-14.1025, F.A.C.
Telephone (850) 617-7996

1. FIRM INSPECTED

DATE: _____

(NAME)

(BUSINESS LICENSE NO.)

	YES	NO	N/A
1. WDO ID cards obtained for WDO inspectors? (482.091(9), FS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. WDO inspection/treatment notices on hand and being posted? (482.226(5), FS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do WDO contracts meet the requirements of 482.227, FS, and Chapter 5E-14.105, FAC? (Attach copy of complete executed contract and copy of contract review sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. a. Does the firm perform preconstruction subterranean termite treatments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If "yes", are treatment records being kept per 482.0815(9), FS, and 5E-14.106(8), FAC? (If records are deficient indicate supporting documentation.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. WDO Inspection reports (Form 13645) in proper format? (482.226, FS) (Current form, reporting wood decay fungi, reports appear to be filled out correctly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Licensee retaining copies of WDO (13645) reports for a minimum of 3 years? (482.226(1), FS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. WDO contract re-inspections in accordance with Chapter 5E-14.105(6), FAC? (Is the licensee providing a signed report regarding the presence or absence of the covered pest and retaining copies for 3 years?) If yes, attach a signed copy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Violations Observed: _____

Documentation Obtained: _____

Comments: _____

(Signature of persons interviewed)

(Issuing Field Inspector)

(Print Name)

Figure 6. Licensee Inspection: Termites and Other Wood-Destroying Organisms Category (<https://pested.ifas.ufl.edu/media/pestedifasufledu/docs/edis-documents-links/Termite-License-Form.pdf>)



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

LICENSEE INSPECTION FUMIGATION CATEGORY

WILTON SIMPSON
COMMISSIONER

Rule 5E-14.1025, F.A.C.
Telephone (850) 617-7996

1. FIRM INSPECTED _____

DATE: _____

(NAME)

(BUSINESS LICENSE NO.)

	YES	NO	N/A
1. Are Fumigant RUP records being kept? (5E-14.142(1), F.A.C.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there at least (2) serviceable SCBA available for use? (5E-14.108(6), F.A.C.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the firm maintain at least (2) label approved clearance devices? (5E-14.108(7), F.A.C.) Last Calibration Date _____ Type Device _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Fumigant storage and security in compliance with fumigant label?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Warning signs appropriate and in compliance? (5E-14.112(3) & (4), F.A.C.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Sample clearance notice observed and in compliance? (5E-14.113(2), F.A.C.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Fumigant Fact Sheet available and being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Secondary locking devices available and being used? (5E-14.112(7)(c), F.A.C.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Chloropicrin available and being used per fumigant label? (5E-14.111(6), F.A.C.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Proper fumigation notice being used? (5E-14.110, F.A.C.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Violations Observed: _____

Documentation Obtained: _____

Comments: _____

(Signature of persons interviewed)

(Issuing Field Inspector)

Figure 7. Licensee Inspection: Fumigation Category (<https://pested.ifas.ufl.edu/media/pestedifasufedu/docs/edis-documents-links/fumigation-category-form.pdf>)



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

FUMIGATION INSPECTION REPORT

WILTON SIMPSON
COMMISSIONER

Rule 5E-14.1025, F.A.C.
Telephone: (850) 617-7998

Respond to:
Bureau of Inspection and
Incident Response
3125 Conner Blvd., Suite N,
Tallahassee, FL 32399-1650

File No.:		Date:	
Fumigation Company:		License #:	
Fumigation Site Address:			
Subcontracted for:			
Type of Structure:	Frame Crawl <input type="checkbox"/>	Masonry Crawl <input type="checkbox"/>	Connected Structure <input type="checkbox"/> Target Pest:
No. of Stories:	Frame Slab <input type="checkbox"/>	Masonry Slab <input type="checkbox"/>	Structure Occupied <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/>
FUME SETUP AND GAS INTRODUCTION (FGI) - List All Personnel / Crew Members Involved and On Site			
Date & Time of Arrival of Inspector:		AM/PM	COIC Per Warning Sign:
Name of Individual in Charge:		Credential #:	(Cert. Op./SPID)
Name of SPID/FID:		Credential #:	(SPID/FID)
Name of Additional Crew Member:		Credential #:	
*Name of Additional Crew Member:		Credential #:	
Est. Volume (MCF):	Warning Signs Correct and Present on All Entrances:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
INTERIOR FUME PREPARATIONS			
Food Bagged/Removed:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Windows Opened: <input type="checkbox"/> Yes <input type="checkbox"/> No
Interior Doors Opened	<input type="checkbox"/> Yes <input type="checkbox"/> No	Crawl Space and Attic Open:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Fans:	Pic Introduced:	AM/PM	Pic Total (oz):
Number of Pic Sites:	Ounces per Site:	PPE Used: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Final Walk through:	AM/PM	Secondary Locks:	<input type="checkbox"/> Yes <input type="checkbox"/> No Tent Sealed: AM/PM
INTRODUCTION INFORMATION			
Calculator Used:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fumigant Brand Name:	Cylinder #:
EPA Reg. No.:		Cylinder labeled:	<input type="checkbox"/> Yes <input type="checkbox"/> No Lot #:
Time of Release:	AM/PM	Pounds Applied:	PPE Used: <input type="checkbox"/> Yes <input type="checkbox"/> No Two SCBA's: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
TENT ON			
Warning Signs on all sides of structure:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Warning Signs Accurate: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Tarps sealed tightly:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Excessive holes, tears, openings: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
FUMIGATION AERATION AND CLEARANCE (FAC) - List All Personnel / Crew Members Involved and On Site			
Date & Time of Arrival of Inspector:		AM/PM	Video Recorded: <input type="checkbox"/> Yes <input type="checkbox"/> No
Crew Arrival:	AM/PM	CO or SPID Present at opening of Seal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Time Seal Broken:	AM/PM	COIC Per Warning Sign:	
Name of Individual in Charge:		Credential #:	(Cert. Op./SPID)
Name of SPID/FID:		Credential #:	(SPID/FID)
Name of Additional Crew Member:		Credential #:	
*Name of Additional Crew Member:		Credential #:	
Entered with SCBA:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pic evaporation containers present/removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Warning Signs on doors when tents removed?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Secondary locks on exterior doors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Active 1-hour Aeration	Start	AM/PM	Length of Required Aeration: <input checked="" type="checkbox"/> 6 hr <input type="checkbox"/> 8 hr
	Finish	AM/PM	Structure Re-secured with Warning Signs: <input type="checkbox"/> Yes <input type="checkbox"/> No
Any unauthorized entry into structure prior to clearance notice being posted? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in comments below			
FINAL CLEARANCE INFORMATION - Structure cleared to 1ppm or less: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date:			
Time:		AM/PM	
Cleared by:		Credential #:	
Device Name:	Serial Number:	Last Calibration Date or Days Remaining:	
COMMENTS/ISSUES REGARDING THIS JOB:			
*Additional Crew Members:			
Name of Additional Crew Member:		Credential #:	<input type="checkbox"/> FAC <input type="checkbox"/> FGI
Name of Additional Crew Member:		Credential #:	<input type="checkbox"/> FAC <input type="checkbox"/> FGI
(Signature of FDACS Field Inspector)		(Print Inspector Name)	

FDACS-13629 Rev. 05/21

Figure 8. Fumigation Inspection Report (<https://pested.ifas.ufl.edu/media/pestedifasufledu/docs/edis-documents-links/Fumigation-inspection-form.pdf>)




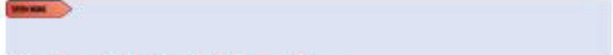

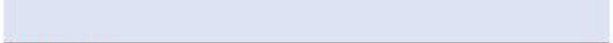
Florida Department of Agriculture and Consumer Services
Division of Agricultural Environmental Services

**PEST CONTROL AND LIMITED LANDSCAPE
MAINTENANCE SERVICE VEHICLE INSPECTION**

WILTON SIMPSON
COMMISSIONER

Rule 5E-14.1025, F.A.C.
Telephone: (850) 617-7996

Respond to:
Bureau of Inspection and
Incident Response
3125 Conner Blvd., Suite N,
Tallahassee, FL 32399-1650

File No.		Date of Inspection				
Name of Firm, Company or Individual				Telephone		
				JB License No. (if any)		
Year/Make/Model of Vehicle	Color	Vehicle Tag #				
				YES	NO	N/A
1. ID Card valid with photo and signature? – (482.091, F.S.) ID#						
2. Pesticide concentrates secured? (if unattended vehicle) (5E-14.106(3), F.A.C.)						
3. Pesticide containers properly identified? (5E-14.106(4), F.A.C.)						
4. Pesticides present out of category of license? Explain use below, if marked yes.						
5. Label specified PPE available and worn?						
6. Pesticide Use Investigation Report (FDACS-13660) conducted? If yes, attach PUIR form.						
7. Service vehicle and trailer properly identified? (5E-14.103, F.A.C.)						
8. Spray tank air gap or anti-siphoning device present? (5E-14.106(5), F.A.C.)						
9. Signage available for applications made to exterior foliage? (482.2265(2), F.S., 5E-14.147, F.A.C.)						
10. LCLM Certificate valid? (482.156, F.S.) LCLM CERT#						
11. Pesticides on hand Caution Label Only (482.156(1), F.S.)						
12. Application equipment hand held or non-powered back pack only (482.156(1), F.S.)						
13. Spray records maintained by applicator (482.156(5), F.S.)						
14. Pest and areas treated						
15. Who directed you to apply pesticides?						
16. Company Owner						
17. Signage available for applications made to exterior foliage? (482.2265(2), F.S., 5E-14.147, F.A.C.)						
18. Does individual apply fertilizer? (482.156(2), F.S.) LF CERT#						
19. Who directed you to apply fertilizer/						
20. Company Owner						
Remarks:						
 (Signature of Company Representative)			 (Signature of Issuing Field Inspector)			
 (Print Name)			 (Print Name)			

FDACS-13655 Rev. 05/21

Figure 9. Pest Control and Limited Landscape Maintenance Service Vehicle Inspection (<https://pested.ifas.ufl.edu/media/pestedifasufledu/docs/edis-documents-links/Pest-control-vehicle-inspection.pdf>)



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

MOSQUITO CONTROL PESTICIDE USE INSPECTION REPORT

Section 388.361, F.S.

Telephone: (850) 617-7996; FAX (850) 617-7968

WILTON SIMPSON
COMMISSIONER

Return to:
Bureau of Inspection and
Incident Response
3125 Conner Blvd., Suite N,
Tallahassee, FL 32309-1650

Date of Inspection:		State Approved	Open Program	Contractor
I. FACILITY				
NAME:		TELEPHONE NO.:		
ADDRESS:		COUNTY:		
CITY:		ZIP CODE:		
INDIVIDUAL IN CHARGE:		TITLE:		
INDIVIDUAL INTERVIEWED:		TITLE:		
NUMBER OF FULL TIME EMPLOYEES:	NUMBER OF PART TIME EMPLOYEES:	NUMBER CERTIFIED IN PHPC:		
II. PESTICIDE STORAGE				
		YES	NO	NA
a. Are pesticide storage area(s) secure? (5E-13.0331(4))		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Have all cancelled, suspended, unregistered, and/or chemically unstable products been properly stored or disposed?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are pesticide labels available for review? (5E-13.0331(2))		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are all pesticide concentrates or use dilutions stored in containers, other than the original container or application equipment accurately identified? (5E-13.0331(3))		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PESTICIDE STORAGE COMMENTS:				
III. DISPOSAL				
a. Are procedures for the disposal of pesticide containers consistent with label directions?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are rinsates handled according to label directions?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do wash down area(s) comply with the pesticide label(s) Environmental Hazard statement?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DISPOSAL COMMENTS:				
IV. WORKER SAFETY				
a. Is personal protective equipment required by pesticide labels available and in use by applicators?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Does the training for unlicensed applicators address all required components? (5E-13.039(3))		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Do unlicensed applicators have direct communication with licensed supervisor? (5E-13.021(28))		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are there records (for 3 years) of documented training and instruction to unlicensed applicators? (5E-13.039(3))		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORKER SAFETY COMMENTS:				
V. EQUIPMENT				
a. Is there an established procedure for flow rate calibration and (adequate flow rate equipment to determine oz/min and/or ai/acre for adjuvant usage as per label requirements) daily use determination of flow rate? (5E-13.0331(5))		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is there an established annual procedure for droplet size verification? (5E-13.0331(5))		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EQUIPMENT COMMENTS:				

Figure 10a. Mosquito Control Pesticide Use Inspection Report, first page. (<https://pested.ifas.ufl.edu/media/pestedifasufledu/docs/edis-documents-links/mosquito-pesticide-form.pdf>)

VI. RECORDS			
	YES	NO	NA
a. Are pesticide use records required by state law maintained for 3 years? (5E-13.040(8) and 5E-13.034(2)(g))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are surveillance records required by state law maintained for 3 years? (5E-13.036)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RECORDS COMMENTS:			
VII. PESTICIDES AND METHODS OF APPLICATION			
ADULT CONTROL COMMENTS:			
LARVAL CONTROL COMMENTS:			
PESTICIDE APPLICATION COMMENTS:			
VIII. NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)/PESTICIDE GENERAL PERMIT (PGP)/PESTICIDE DISCHARGE MANAGEMENT PLAN (PDMP)			
a. Is DEP NPDES Notice of Intent filed for and valid? (Interagency Agreement 017188)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. PDMP complete and signed off on annually? (Part III of the PGP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. For day-to-day pesticide application activities are regular maintenance activities to reduce leaks, spills, or other unintended discharges of pesticides undertaken? (Part II A 1. of the PGP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are all records required maintained? (Part V of the PGP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IX. FIXED-WING, ROTARY AIRCRAFT, UNMANNED AIRCRAFT SYSTEM			
a. Are all aircraft used for mosquito control currently registered on form DACS-13354? (5E-13.0371(1))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are all aircraft secured when not in use, to prevent or deter theft or unauthorized use? (5E-13.0371(3))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are aerial adulticide and surveillance records maintained for 3 years? (5E-13.037(2)(f))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are all aerial applicators who apply an arthropod control pesticide licensed in Aerial Public Health? (5E-13.040(9))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are all aerial adulticiding application conducted in the allowed time frame? (5E-13.037(2)(c))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X. BACKGROUND			
PREVIOUS INSPECTION RESULTS:			
XI. COMMENTS/PHPC LICENSE NUMBER & EXPIRATION DATE			
COMMENTS:			
FACILITY NAME:			
NAME OF INDIVIDUAL INTERVIEWED:		SIGNATURE:	
PHPC LICENSE NUMBER:		EXPIRATION DATE:	
NAME OF FDACS INSPECTOR:		SIGNATURE:	

Figure 10b. Mosquito Control Pesticide Use Inspection Report, second page. (<https://pested.ifas.ufl.edu/media/pestedifasufledu/docs/edis-documents-links/mosquito-pesticide-form.pdf>)