



CHARLES H. BRONSON
COMMISSIONER

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

**LICENSEE INSPECTION
PEST CONTROL BUSINESS**

Sections 482.032, 482.061 and 482.161(1)(g), F.S.
Telephone: (850) 921-4177

I. FIRM INSPECTED

DATE: _____

(NAME)

(BUSINESS LICENSE NO.)

(STREET ADDRESS)

(CITY)

(COUNTY)

(ZIP CODE)

(C.O. IN CHARGE)

(CERTIFICATE NO.)

(CATEGORIES)

(PERSON INTERVIEWED)

(TITLE/POSITION)

II. PESTICIDES:

1. Are there canceled, suspended or unregistered pesticides present? (If yes, explain in detail) _____

2. Are pesticides stored in accordance with label directions? _____

3. Are there pesticides present that are out of category of licensee? (If yes, explain in detail) _____

4. Are Restricted Use Pesticides used by this firm? _____

5. Are Restricted Use Pesticide records kept according to regulations? _____

III. WORKER SAFETY

1. Personal protective equipment (PPE) required by label available? _____

IV. DISPOSAL:

1. How are pesticide containers disposed of? _____

2. What is done with excess container rinsate? _____

3. What is done with excess sprays and equipment rinsates? _____

4. Describe the firm's spill control procedure. _____

Violations Observed: _____

Documentation Obtained: _____

Comments: _____

(Signature of Company Representative)

(Field Inspector)