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

PESTICIDE USE INSPECTION REPORT  
Section 487.071, F.S.

<table>
<thead>
<tr>
<th>File Number:</th>
<th>Date:</th>
<th>County:</th>
</tr>
</thead>
<tbody>
<tr>
<td>File Name:</td>
<td></td>
<td>File Type:</td>
</tr>
</tbody>
</table>

### 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:

DACS-13333, Rev. 6/01
Page 1 of 2
### 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 ________________________________
Florida Department of Agriculture & Consumer Services
Division of Agricultural Environmental Services

SUGGESTED PESTICIDE RECORDKEEPING FORM
Sections 487.051(2) and 487.160, F.S., Rules 5E-2.039 and 5E-9.032, F.A.C.

FDACS recommends recordkeeping for all pesticide applications regulated by Chapter 487, F.S., using this form or similar format. When properly completed, this form meets the recordkeeping requirements for restricted use pesticides and the central posting requirements for the federal Worker Protection Standard.

<table>
<thead>
<tr>
<th>Licensed Applicator (R)</th>
<th>License No. (R)</th>
<th>Property Owner Authorizing Application (R)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>1. Date</th>
<th>2. Start Time</th>
<th>3. End Time (All - R/W)</th>
<th>Actual applicator if different from above (Include license no. if licensed) (R)</th>
<th>1. Location/Description of Treatment Site (R/W)</th>
<th>2. Target Site or Crop (R)</th>
<th>Total Size of Treatment Area (R)</th>
<th>1. Pesticide Brand Name (R/W)</th>
<th>2. EPA Reg. No. (R/W)</th>
<th>3. Active Ingredients (W)</th>
<th>Total Amt. of Pesticide Applied (R)</th>
<th>Application Method (R)</th>
<th>Restricted Entry Interval (W)</th>
</tr>
</thead>
</table>

(R) = For Restricted Use Pesticides
(W) = For Worker Protection Standard central posting (on farms, forests, nurseries and greenhouses)
Florida Department of Agriculture & Consumer Services
Division of Agricultural Environmental Services

WORKER PROTECTION STANDARD INSPECTION FORM
Chapter 487.071(1), F.S.

Inspection Type: Tier I _______ Tier II _______

AGRICULTURE ESTABLISHMENT
☐ Farm ☐ Forest ☐ Commercial Handler
☐ Nursery ☐ Greenhouse ☐ Nursery/Greenhouse
☐ Family Establishment (Also check one of the others)

.getFile

COUNTY

FILE #

DATE

# present at this inspection:

workers handlers

Inspection: ______ Unannounced ______ Appointment

DUTIES FOR ALL EMPLOYEES

INFORMATION AT A CENTRAL LOCATION
☐ Yes ☐ No ☐ N/A a. Is the approved SAFETY POSTER displayed?

☐ Yes ☐ No ☐ N/A b. Is EMERGENCY MEDICAL INFORMATION displayed? (name, address & telephone)

☐ Yes ☐ No ☐ N/A c. Is the site LOCATED where it can be readily seen and read by workers & handlers?

☐ Yes ☐ No ☐ N/A d. Are workers & handlers INFORMED of the location and are they allowed ACCESS to the site?

☐ Yes ☐ No ☐ N/A e. Does the information remain LEGIBLE while posted?

☐ Yes ☐ No ☐ N/A f. Is the following APPLICATION INFORMATION displayed? Location and description of the treated area; Product Name; EPA REG #: Active ingredient(s) of the pesticide; Time & Date of application; REI (restricted entry interval)

Comments:

PESTICIDE SAFETY TRAINING ASSURANCE

WORKERS: (Applies to workers who are NOT certified applicators or trained handlers)

☐ Yes ☐ No ☐ N/A a. Does Ag employer ASSURE that workers have been trained within the last 5 years?

☐ Yes ☐ No ☐ N/A b. Does Ag employer ASSURE that workers have been trained before EARLY ENTRY activities during REI?

☐ Yes ☐ No ☐ N/A c. Is the Ag employer able to VERIFY that the required PESTICIDE SAFETY INFORMATION was provided to workers before entry into any area on an Ag Establishment where WPS pesticides have been applied within the last 30 days?

☐ Yes ☐ No ☐ N/A d. Does Ag employer ASSURE that workers have received the required ADDITIONAL TRAINING before the 6th day of entry into any area on an Ag Establishment where WPS pesticides have been applied within the last 30 days?

HANDLERS: (Applies to handlers who are NOT certified applicators or certified crop advisors).

☐ Yes ☐ No ☐ N/A a. "Does Ag employer ASSURE the handlers have been trained within the last 5 years?"

☐ Yes ☐ No ☐ N/A b. "Does Ag employer ASSURE that handlers have been trained before performing any handling task?"

Comments:

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

☐ Yes ☐ No ☐ N/A a. "WORKERS & HANDLERS: Is the information presented in a manner that the workers & handlers can understand?" (Such as through a translator & using nontechnical terms & presenter answers questions)

☐ Yes ☐ No ☐ N/A b. WORKERS: Does the PESTICIDE SAFETY INFORMATION meet the criteria listed in 170.130(b)?

☐ Yes ☐ No ☐ N/A c. WORKERS: Does the content of the ADDITIONAL TRAINING materials meet the criteria listed in 170.130(c)(4)?

☐ Yes ☐ No ☐ N/A d. Is trainee qualified to train WORKERS? (Certified applicator, completed train-the-trainer program or a trained handler)

☐ Yes ☐ No ☐ N/A e. "HANDLERS: Does the content of the training materials meet the criteria listed in 170.230(c)(4)?"

☐ Yes ☐ No ☐ N/A f. "Is the trainer qualified to train HANDLERS? (Certified applicator or completed train-the-trainer program)

Comments:
### EMPLOYER INFORMATION EXCHANGE

<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the Ag establishment notify the commercial handler regarding the location of treated areas and REI’s?</td>
<td>124</td>
</tr>
<tr>
<td><em>Does commercial handler notify the Ag establishment of required application information before the application?</em></td>
<td>224</td>
</tr>
</tbody>
</table>

Comments:

### EMERGENCY ASSISTANCE

<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Is prompt transportation to an emergency medical facility available for employees who become sick/injured by pesticide?</em></td>
<td>160-a &amp; 260-a</td>
</tr>
<tr>
<td><em>Is information provided to medical personnel regarding the pesticide to which employees may have been exposed?</em></td>
<td>160-b &amp; 260-b</td>
</tr>
</tbody>
</table>

Comments:

### DECONTAMINATION SITES

The employer must follow these Worker & Handler decontamination requirements:

<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do decontamination sites have soap, single-use towels, and enough water for washing &amp; emergency eye flushing?</td>
<td>150-b &amp; 250-b</td>
</tr>
<tr>
<td><em>Is the decontamination water of a quality &amp; temperature as required?</em></td>
<td>150-b-1 &amp; 250-b-1</td>
</tr>
<tr>
<td><em>Is 1 pint of eye flush water immediately available to handlers using pesticides requiring protective eye wear and to early entry workers when working in areas treated with pesticides requiring protective eye wear for early entry?</em></td>
<td>150-b-4 &amp; 250-b-4</td>
</tr>
<tr>
<td><em>Is the decontamination site within 1/4 mile of the work site?</em></td>
<td>150-c-1 &amp; 250-c-1</td>
</tr>
</tbody>
</table>

Comments:

The employer must follow these additional Worker decontamination requirements:

<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>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)</td>
<td>150-a-1</td>
</tr>
<tr>
<td>Are decontamination sites provided for early entry workers during and after early entry?</td>
<td>150-A-2</td>
</tr>
</tbody>
</table>

Comments:

The employer must follow these additional Handler decontamination requirements:

<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Is enough water provided to handlers for washing the entire body in case of an emergency?</em></td>
<td>250-b-1</td>
</tr>
<tr>
<td><em>Is one clean change of clothing provided to handlers for use in an emergency?</em></td>
<td>250-b-4</td>
</tr>
<tr>
<td><em>Are decontamination supplies located at the mix/load site?</em></td>
<td>250-c-1</td>
</tr>
<tr>
<td><em>Are decontamination supplies for PILOTS kept in the airplane or at the aircraft loading site?</em></td>
<td>250-c-2</td>
</tr>
<tr>
<td><em>Are handler decontamination supplies kept out of treated areas unless they are in enclosed containers?</em></td>
<td>250-c-4</td>
</tr>
<tr>
<td><em>Are decontamination supplies located where handlers remove PPE for washing thoroughly after handling activities?</em></td>
<td>250-e</td>
</tr>
</tbody>
</table>

Comments:

### ADDITIONAL DUTIES FOR EMPLOYERS OF WORKERS

### RESTRICTIONS DURING APPLICATIONS

<table>
<thead>
<tr>
<th>Question</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are workers prohibited in treated areas during application and until REI’s have expired?</td>
<td>110-a &amp; 112-a</td>
</tr>
<tr>
<td>Are workers prohibited in treated areas plus the additional buffer area during application in NURSERIES?</td>
<td>110-b</td>
</tr>
<tr>
<td>Are workers prohibited in a GREENHOUSE during application and until ventilation criteria are met?</td>
<td>110-c</td>
</tr>
</tbody>
</table>

Comments:
**WORKER EARLY ENTRY DURING REI**

- **Yes**
- **No**
- **N/A**

<table>
<thead>
<tr>
<th>Question</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Does the employer PROVIDE the correct PPE and ASSURE that workers wear PPE for early entry?</td>
<td>112-a-4 &amp; 112-c-4</td>
</tr>
<tr>
<td>b. Does the employer ASSURE that early entry workers receive human hazard and safe use information before early entry?</td>
<td>112-c-5</td>
</tr>
<tr>
<td>c. Are early entry workers prohibited in treated areas during the first 4 hours after application?</td>
<td>112-c-3</td>
</tr>
<tr>
<td>d. Are early entry workers limited to 1 hour of work in a 24 hour period in treated areas during the REI?</td>
<td>112-c-2</td>
</tr>
<tr>
<td>e. Are early entry workers who perform irrigation &amp; limited contact activities limited to 8 hours of work in a 24 hour period?</td>
<td>112-e-7, ii, iii</td>
</tr>
</tbody>
</table>

**Does the employer ASSURE the following for workers who wear PPE during early entry:**

- **Yes**
- **No**
- **N/A**

<table>
<thead>
<tr>
<th>Question</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Is PPE worn correctly, inspected, cleaned, maintained and stored properly?</td>
<td>112-c-8-i, ii, iv, v</td>
</tr>
<tr>
<td>b. Is contaminated PPE disposed of properly?</td>
<td>112-c-8-iii</td>
</tr>
<tr>
<td>c. Do workers receive instructions on using &amp; cleaning PPE?</td>
<td>112-c-6-ix</td>
</tr>
<tr>
<td>d. Do employer have measures to prevent HEAT-RELATED ILLNESS for early entry workers using PPE?</td>
<td>112-c-7</td>
</tr>
</tbody>
</table>

**NOTICE OF APPLICATIONS TO WORKERS**

- **Yes**
- **No**
- **N/A**

<table>
<thead>
<tr>
<th>Question</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Are all GREENHOUSE applications posted with WPS warning signs?</td>
<td>120-a</td>
</tr>
<tr>
<td>b. Are workers given BOTH oral and posted notification when required by the pesticide label?</td>
<td>120-b-1</td>
</tr>
<tr>
<td>c. Are workers given notification of applications (EITHER orally or posted) for other applications?</td>
<td>120-b-2</td>
</tr>
<tr>
<td>d. Are workers told which method will be routinely used at this firm (oral or posted notification)?</td>
<td>120-b-2</td>
</tr>
</tbody>
</table>

**Posted Warning Signs**

- **Yes**
- **No**
- **N/A**

<table>
<thead>
<tr>
<th>Question</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Does the employer use the approved WPS warning signs for posted notification?</td>
<td>120-c-1 &amp; 2</td>
</tr>
<tr>
<td>b. Are the signs posted at all entrances of worker entry to the treated area?</td>
<td>120-c-4</td>
</tr>
<tr>
<td>c. Are the signs put up no sooner than 24 hours prior to application?</td>
<td>120-c-6-i</td>
</tr>
<tr>
<td>d. Are the signs removed within 3 days after the end of the REI?</td>
<td>120-c-6-ii</td>
</tr>
</tbody>
</table>

**Oral Warnings**

- **Yes**
- **No**
- **N/A**

<table>
<thead>
<tr>
<th>Question</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Are oral warnings given in manner the workers can understand?</td>
<td>120-d</td>
</tr>
<tr>
<td>b. Do oral warnings include: 1. location &amp; description of treated area; 2. REI; 3. instructions not to enter during the REI?</td>
<td>120-d</td>
</tr>
</tbody>
</table>

**APPLICATION RESTRICTIONS & MONITORING**

- **Yes**
- **No**
- **N/A**

<table>
<thead>
<tr>
<th>Question</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. <em>Do both the employer &amp; the handler assure that no pesticide is applied (either directly or through drift) so as to contact anyone other than trained and PPE-equipped handlers?</em></td>
<td>210-a</td>
</tr>
<tr>
<td>b. <em>Are handlers monitored visually or by voice every 2 hours when handling SKULL &amp; CROSSBONES pesticides?</em></td>
<td>210-b</td>
</tr>
<tr>
<td>c. <em>Does the handler have continuous visual or voice contact with another trained and PPE-equipped handler when handling a FUMIGANT in a GREENHOUSE.</em></td>
<td>210-c</td>
</tr>
</tbody>
</table>

**SPECIFIC INSTRUCTIONS FOR HANDLERS**

- **Yes**
- **No**
- **N/A**

<table>
<thead>
<tr>
<th>Question</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. <em>Does the employer assure that handlers read the label or are informed (in a manner they can understand) about the label requirements for safe use before performing any handling activity?</em></td>
<td>232-a-1</td>
</tr>
<tr>
<td>b. <em>Does the handler have access to the product labeling during handling activities?</em></td>
<td>232-a-2</td>
</tr>
<tr>
<td>c. <em>Does the COMMERCIAL HANDLER EMPLOYER inform the commercial handler of treated areas, REIs and entry restrictions on the Ag establishment that they may be within 1/4 mile of?</em></td>
<td>232-b</td>
</tr>
</tbody>
</table>

Comments:
**SAFE OPERATION OF EQUIPMENT**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Question</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
<td>&quot;Is the handler instructed in the safe operation of any handling equipment before it is used?&quot;</td>
<td>234-a</td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td>&quot;Is handling equipment inspected and repaired before each day of use?&quot;</td>
<td>234-b</td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td>&quot;Does the employer assure that only trained and PPE-equipped handlers repair, clean, adjust any handling equipment that contains pesticides or pesticide residues?&quot;</td>
<td>234-c</td>
</tr>
</tbody>
</table>

Comments: _________________________________

**PERSONAL PROTECTIVE EQUIPMENT REQUIREMENTS FOR HANDLERS**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Question</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
<td>&quot;Does the handler employer provide the handler with the appropriate PPE in clean and operating condition?&quot;</td>
<td>240-a</td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td>&quot;Does the employer assure that PPE is worn and is used correctly?&quot;</td>
<td>240-a</td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td>&quot;Does the handler employer assure that PPE is cleaned, inspected, and repaired or replaced before each day of use?&quot;</td>
<td>240-a</td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td>&quot;Does the handler employer assure that filters are replaced on respirators when required?&quot;</td>
<td>240-a</td>
</tr>
<tr>
<td>e</td>
<td></td>
<td></td>
<td></td>
<td>&quot;Do handlers have a clean place to store personal clothing, put on PPE and remove PPE after application?&quot;</td>
<td>240-a</td>
</tr>
<tr>
<td>f</td>
<td></td>
<td></td>
<td></td>
<td>&quot;Does the handler employer take appropriate measures to prevent heat-related illness for handlers using PPE?&quot;</td>
<td>240-a</td>
</tr>
</tbody>
</table>

Comments: _________________________________

**FAMILY ESTABLISHMENTS**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Question</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
<td>Are employees only spouse, children, stepchildren, foster children, parent, stepparents, foster parents, brothers &amp; sisters?</td>
<td>170.104-a</td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td>Are non-handlers prohibited in treated areas during application and until REI have expired?</td>
<td>110-a</td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td>Are non-handlers prohibited in treated areas and the additional buffer area during application in NURSERIES?</td>
<td>110-b</td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td>Are non-handlers prohibited in a GREENHOUSE during application and until ventilation criteria are met?</td>
<td>110-c</td>
</tr>
<tr>
<td>e</td>
<td></td>
<td></td>
<td></td>
<td>Are early entry workers prohibited in treated areas during the first 4 hours after application?</td>
<td>112-c-3</td>
</tr>
<tr>
<td>f</td>
<td></td>
<td></td>
<td></td>
<td>Are early entry workers limited to 1 hour of work in a 24 hour period in treated areas during the REI?</td>
<td>112-c-2</td>
</tr>
<tr>
<td>g</td>
<td></td>
<td></td>
<td></td>
<td>Are early entry workers who perform irrigation and limited contact activities limited to 8 hours of work in a 24 hour period?</td>
<td>112-e-7, ii, iii</td>
</tr>
<tr>
<td>h</td>
<td></td>
<td></td>
<td></td>
<td>Is the correct PPE for early entry PROVIDED for early entry activities at this firm?</td>
<td>112-a-4</td>
</tr>
<tr>
<td>i</td>
<td></td>
<td></td>
<td></td>
<td>Does the handler at this firm wear the label-specified PPE during handling tasks?</td>
<td>240-a</td>
</tr>
<tr>
<td>j</td>
<td></td>
<td></td>
<td></td>
<td>Is the label specified PPE for handling activities at this firm PROVIDED in clean and operation condition?</td>
<td>240-a</td>
</tr>
<tr>
<td>k</td>
<td></td>
<td></td>
<td></td>
<td>Does this establishment notify commercial handlers regarding the location of treated areas and REIs on the establishment?</td>
<td>124</td>
</tr>
<tr>
<td>l</td>
<td></td>
<td></td>
<td></td>
<td>Do commercial handlers notify this establishment of the required application information before application takes place?</td>
<td>224</td>
</tr>
</tbody>
</table>

Comments: _________________________________

**INDICATES DUTIES REQUIRED FOR COMMERCIAL HANDLER EMPLOYERS**

**OTHER COMMENTS:**

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Interviewee's Signature: ___________________________ Interviewee's Name: ___________________________ (Print)

Inspector's Signature: ___________________________ Inspectors’s Name: ___________________________ (Print)

Inspector's No. ___________________________
# Organo-Auxin Herbicide Rule Check List

**Chapter 487.051(i)(b), F.S. and 5E-2.028, F.A.C.**

<table>
<thead>
<tr>
<th>File #</th>
<th>Firm Name</th>
<th>Date</th>
<th>Organo-auxin herbicides (includes all forms, such as esters)</th>
<th>Minimum Distance From Susceptible Crops</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>2,4-D 2,4-dichlorophenoxyacetic acid</td>
<td>Wind Speed Aerial Ground</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2,4,5-T 2,4,5-trichlorophenoxyacetic acid</td>
<td>0-3 mph 1/2 mi DW 1/8 mi DW</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Silvex 2-(2,4,5-trichlorophenoxy)propionic acid</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>MCPA 4-chloro-2-methylphenoxyacetic acid</td>
<td>1/2 mi CW 1/8 mi CW</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2,4-DP 2-(2,4-dichlorophenox) propionic acid</td>
<td>50 ft. UW 20 ft UW</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>MCPB 2-(2-methyl-4-chlorophenoxy) propionic acid</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>MCPB 4-(2-methyl-4-chlorophenoxy) butyric acid</td>
<td>3-6 mph 1 mi DW 1/4 mi DW</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dicamba 2-methoxy-3,6-dichlorobenzoic acid</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Triclopyr (3,5,6-trichloro-2-pyridinyl) oxyacetic acid</td>
<td>1/2 mi CW 1/8 mi CW</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Examples of Susceptible Crops</td>
<td>50 ft UW 5 ft UW</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>tomatoes, peppers, watermelon, eggplant, and ornamental broadleaf plants</td>
<td>6-10 2 mi DW 1/2 mi DW</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>&gt;10 mph Prohibited Prohibited</td>
<td></td>
</tr>
</tbody>
</table>

### Prohibited uses

1. Use of the methyl, ethyl, propyl, isopropyl, and butyl esters of 2,4-D and 2,4,5-T, except as plant growth regulators in citrus.
2. Aerial application of any organo-auxin herbicide from January 1 until May 1 each year in Hendry, Palm Beach, Glades, and Martin Counties by fixed wing aircraft. Application by rotary wing aircraft (helicopter) is allowed.

### Use Restrictions

1. Was use of the herbicide legal (form or use is not prohibited) □ Yes □ No
2. Did the applicator take wind speed and direction measurements before application and every hour during application? □ Yes □ No
3. Based on wind speed and direction at the time of application, did the applicator observe the appropriate setback distance from susceptible crops? □ NA □ Yes □ No
4. If ground spray boom equipment was used, was the application pressure 35 pounds per square inch or less? □ NA □ Yes □ No
   - Was a flat fan nozzle or equivalent used (producing fairly large droplet)? (Should not use a hollow cone nozzle) □ NA □ Yes □ No
5. If applicator treated more than 5 acres in a 24-hour period, were the following records kept? □ NA
   - Name and address of applicator □ Yes □ No
   - Name and address of land owner, lessee, or tenant authorizing application □ Yes □ No
   - Location of treated site □ Yes □ No
   - Location of herbicide mixing/loading site □ Yes □ No
   - Description of application equipment used □ Yes □ No
   - Date and time of application □ Yes □ No
   - Brand name, manufacturer, and formulation of product applied □ Yes □ No
   - Amount of product applied per acre □ Yes □ No
   - Total acreage treated □ Yes □ No
   - Crop or site treated □ Yes □ No
   - Average hourly wind speed and direction □ Yes □ No
   - Nozzle type □ Yes □ No
6. Did applicator assure treated water would not be used to irrigate sensitive crops? □ NA □ Yes □ No
# Pesticide Use Investigation Report

**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**

**SUPPLEMENTAL LABEL USED**  
**NO.**  
**YES** (but type and no.)

**TYPE OF FORMULATION**

**LIQUID**  
**DUST**  
**GRANULAR**  
**CAN**  
**OTHER** (DESCRIBED)

**METHOD OF APPLICATION/TYPE OF EQUIPMENT USED**

(example: backpack, aerial, air blast, 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**
Methyl Bromide Rule Check List

Chapter 487.051(1)(b), F.S. and 5E-2.036, F.A.C.

File # ______________________  Firm Name ______________________  Date ________________

Exemptions from methyl Bromide Rule

1. Fumigation of plant beds and other small areas by raised tarp method.
2. Fumigation of potting mix, greenhouse soils, and sites treated specifically for control of ants.

Definitions

"designated agent" - a commercial applicator retained for the purpose of applying methyl bromide. The term may also apply to grower's employee who is a certified applicator.

"operator" - a person on the application equipment during methyl bromide application.

Sale Restrictions

1. Did all methyl bromide products in channels of trade or sold/distributed in Florida after January 31, 1992, with directions for use as a soil fumigant, contain a minimum of 0.5% chloropicrin? □ NA  □ Yes  □ No

Use Restrictions

1. Was a designated agent present at the application site during all phases of methyl bromide application and handling? □ Yes  □ No
2. Was all application equipment used for methyl bromide application purgeable? □ Yes  □ No
3. Were hoses between the fumigant container and the flow divider made of Teflon reinforced with stainless steel wire braid or equivalent? □ Yes  □ No
4. Were the lines from the flow divider to the point of injection made of materials approved by the manufacturer for methyl bromide services? □ Yes  □ No
5. Was the injection apparatus of sufficient length to insure an injection depth of at least 6 inches below the soil surface? (If product label directs otherwise, request review by Tallahassee for possible discrepancy.) □ Yes  □ No
6. Was soil adequately sealed by rolling, tarping, or packing after application to prevent escape of methyl bromide? □ Yes  □ No
7. Were operator seats located over the injection apparatus in such a position to prevent worker exposure? □ Yes  □ No
8. Was there at least 5 gallons of potable water, clearly marked "Decontamination Water - Not to Be Used For Drinking," on the application equipment during application? □ Yes  □ No
9. Was there at least another 5 gallons of water marked as above, at a separate location on the application site during application? □ Yes  □ No
10. Was there a self-contained breathing apparatus on site during application, but not located on the application equipment? □ Yes  □ No
11. Were warning signs posted at all field entrances and exits and not farther than 500 feet apart on the accessible perimeter of the treated site prior to methyl bromide application, using 2-inch or larger lettering? □ Yes  □ No
12. Did posted signs remain in place at least 7 days after application? □ Yes  □ No
Aldicarb Rule Check List

Chapter 487.051(b), F.S. and 5E-2.028, F.A.C.

File # ___________________________ Firm Name ___________________________ Date ___________________________

Use Restrictions

1. Was a permit application (Form DACS 13317) filed and approved before the application was made? □ Yes □ No

2. Was application made during the approved application interval? (Check Form DACS 13317) □ Yes □ No

   For citrus applications, was application between January 1 and April 30? □ NA □ Yes □ No

3. Was application made at the approved application site? □ Yes □ No

4. Was a 300-ft setback observed around drinking water wells? □ NA □ Yes □ No

   On restricted soils, was a 1000-ft setback observed around drinking water wells? □ NA □ Yes □ No

   Did wells meet casing requirement to make them exempt from setbacks? □ NA □ Yes □ No

   If so, obtain copy of well construction documentation.

5. Are non-drinking (irrigation) wells within 300-ft of the treated area posted “NOT FOR HUMAN CONSUMPTION”? □ NA □ Yes □ No

   On restricted soils, are non-drinking wells within 1000-ft of the treated areas posted “NOT FOR HUMAN CONSUMPTION”? □ NA □ Yes □ No

   For wells posted “NOT FOR HUMAN CONSUMPTION” on property under different ownership, has a signed statement been obtained from the property owner to allow posting? If so, get a copy for the file.

6. For citrus applications, was only one application made per season per site? □ NA □ Yes □ No

7. For citrus applications, was application rate at or below 33 lbs per acre (5 lbs active ingredient per acre)? □ NA □ Yes □ No

8. Does applicator keep a copy of all DACS-13317 forms for two (2) years after they are filed with Department? □ Yes □ No

Comments:

__________________________  ___________________________
Date  Signature of Department Representative

DACS-13347, Rev. 9/03

Original - Tallahassee  Copy - Firm  Copy - Department Representative
Bromacil Rule Check List

Chapter 487.051(1)(b), F.S. and 5E-2.038, F.A.C.

File # __________________________ Firm Name __________________________ Date ________________

Prohibited Uses

Use of bromacil is prohibited in non-bedded citrus on sites containing permeable, better drained soils.

Soil Series Classifications on which Bromacil use is Prohibited

<table>
<thead>
<tr>
<th>Adamsvill</th>
<th>Canaveral</th>
<th>Fort Meade</th>
<th>Orlando</th>
<th>Satellite</th>
</tr>
</thead>
<tbody>
<tr>
<td>Archbold</td>
<td>Candler</td>
<td>Gainesville</td>
<td>Orsino</td>
<td>St. Augustine</td>
</tr>
<tr>
<td>Astutula</td>
<td>Cocoa</td>
<td>Lake</td>
<td>Palm Beach</td>
<td>St. Lucie</td>
</tr>
<tr>
<td>Bahlahonda</td>
<td>Dade</td>
<td>Lakeland</td>
<td>Paola</td>
<td>Tavares</td>
</tr>
<tr>
<td>Broward</td>
<td>Florahome</td>
<td>Nellhurst</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Use Restrictions

1. Was bromacil applied to non-bedded citrus?  □ Yes □ No

2. Does the application site contain any of the above soil series?  □ Yes □ No

   If so, list: ________________________________

3. Comments: ________________________________

4. Describe the location of the grove or provide a map, photos, etc.