



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