A STATE OF CONTRACT OF CONTRACT.	Florida Department of Agriculture and Consumer Services Division of Agricultural Environmental Services <b>PESTICIDE USE INSPECTION REPORT</b>				Submit to: Bureau of Incident and Inspection Response 3125 Conner Blvd., Suite N Tallahassee, FL 32399-0800						
WILTON SIMPSON COMMISSIONER	Section 487.071, F.S. Telephone Number (850) 617-7996										
File Number:	Date:	County:									
File Name:		File Type:									
I. FIRM OR INDIVIDU	AL INSPECTED										
Name:											
Mailing Address:											
City:		Zip Code:									
		F 00001									
Physical Address:		City:									
Telephone Number: (	)										
II. HISTORY OF BUS	SINESS										
Corporate/Company C	officers Title and Responsibility										
	Related Firms:										
Per	Title										
Number of Licensed A	applicators at Firm:										
III. PESTICIDE STOP	RAGE										
1. Are RUP's stored i	n a secure manner?	C	) Yes	🗆 No		N/A					
2. Are pesticides store	d according to label directions?	C	) Yes	🛛 No		N/A					
3. Condition of storage	area appears not to injure or endanger water/hu	Imans/wildlife/livestock/crops?	Yes	🛛 No		N/A					
Comments:											
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IV. APPLICATION INFORMATION	l											
<ol> <li>Are the crops/target sites at this firm listed on the product labeling?</li> </ol>						No		N/A				
2. Are application rates/methods/equipment consistent with label directions?						No		N/A				
3. Are pre-harvest intervals consistent with label directions?						No		N/A				
<ol> <li>Does applicator have supplemental labeling in possession at time of application?</li> </ol>						No		N/A				
5. Is PPE available and used as required by the pesticide label?						No		N/A				
6. Are REI's and posting requirements observed according to label directions?						No		N/A				
7. Are specific label restrictions foll						No		N/A				
<ol> <li>Are all pesticide containers/rinsates/excess chemical disposed of according to label directions?</li> </ol>						No		N/A				
						No		N/A				
10. Are products with special state re	egulations used properly?			Yes		No		N/A				
Organo-auxin Aldicarb Methyl Bromide Bromacil Chemigation TBT												
V. RESTRICTED USE PESTICID	ES & PESTICIDES REQU	RING LICENSURE										
1. Are USE records maintained a	ccording 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 Interviewee Signature of Department Representative											
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