

USE INSPECTION FORM

				USE INSPECTION FORM									
DATE OF INSPECTION		TIME OF INSPECTION		<input type="checkbox"/> AM <input type="checkbox"/> OVERT <input type="checkbox"/> PM <input type="checkbox"/> COVERT		INSPECTION CATEGORY							
						GEN	WOOD	WEED	FUME	T&O	OTHER:		
BUSINESS NAME				LIC. #:		APPLICATOR NAME							
BUSINESS ADDRESS (Street)						ADDRESS (Street, City, Zip)							
BUSINESS ADDRESS (City, State, Zip)						APPLICATOR LIC. #:			CATEGORIES:				
OWNER/AGENT/BUILDER						SPECIFIC AREA TREATED:				<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE			
ADDRESS (Street, City, Zip)						TARGET PEST:							
PROPERTY TYPE						OBSERVED WEATHER CONDITIONS AT TIME OF APPLICATION							
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> PUBLIC <input type="checkbox"/> OTHER:						TEMP:		WIND SPEED:		DIRECTION:			
<input type="checkbox"/> APPLICATION				<input type="checkbox"/> STORAGE				<input type="checkbox"/> DISPOSAL					
PRODUCT BRAND NAME						EPA REGISTRATION NUMBER			BATCH NUMBER			RESTRICTED	
1.												<input type="checkbox"/> YES <input type="checkbox"/> NO	
2.												<input type="checkbox"/> YES <input type="checkbox"/> NO	
FORMULATION											TANK MIX		
<input type="checkbox"/> EC <input type="checkbox"/> SC <input type="checkbox"/> WP <input type="checkbox"/> DUST <input type="checkbox"/> AEROSOL <input type="checkbox"/> GRANULAR <input type="checkbox"/> FUMIGANT <input type="checkbox"/> BAIT <input type="checkbox"/> OTHER :											<input type="checkbox"/> YES <input type="checkbox"/> NO		
DESCRIBE IN DETAIL APPLICATION EQUIPMENT:													
METHOD OF APPLICATION:										OBSERVED FROM A DISTANCE <input type="checkbox"/> YES <input type="checkbox"/> NO		GPM	
FIELD DILUTION (DESCRIBE MIX RATIO)													
AMOUNT OF MATERIAL APPLIED (INCLUDE AMOUNT AND UNIT)									USE DILUTION (LIST AS %)				
COMPLIANCE				<u>LABEL INSTRUCTIONS FOLLOWED?</u>								SAMPLES COLLECTED <input type="checkbox"/> YES <input type="checkbox"/> NO (LIST SAMPLE NUMBERS BELOW)	
#	YES	NO	NA										
1				TARGET								FORMULATION (LIQUID)	
2				SITE								DILUTED MATERIAL (WATER)	
3				METHOD OF APPLICATION								RESIDUE (SWAB, SOIL, PLANT)	
4				DILUTION USED								ACTION TAKEN/SAMPLE NUMBERS/CHILD CARE FACILITY COMMENTS/ETC:(LIST AND DESCRIBE IN DETAIL ANY LABEL VIOLATION(S) OR ADVERSE EFFECTS FROM USE):	
5				RATE OF APPLICATION									
6				CAUTIONARY LABELING									
7				PROTECTIVE EQUIPMENT									
8				REENTRY INTERVAL									
9				LICENSED APPLICATOR									
10				APPLICATOR UNDER DIRECT/IMMEDIATE SUPERVISION									
11				STORAGE/DISPOSAL/DIRECT VIEW									
12				DISPENSING EQUIPMENT CALIBRATED								REPORT ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO	
INSPECTOR NAME (PRINT)												INSPECTOR ADDITIONAL COMMENTS:	
SUPERVISOR (SIGNATURE)													
												APPLICATOR (SIGNATURE)	