

# USE INSPECTION FORM

				<b>USE INSPECTION FORM</b>							
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				<b><u>LABEL INSTRUCTIONS FOLLOWED?</u></b>				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				LABEL/INSPECTOR'S STATEMENT ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO			
										REPORT ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO	
INSPECTOR NAME (PRINT)										INSPECTOR ADDITIONAL COMMENTS:	
SUPERVISOR (SIGNATURE)										APPLICATOR (SIGNATURE)	