



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

WILTON SIMPSON  
COMMISSIONER

**STEWARDSHIP MONITORING REPORT**

Rule 5E-2.0312, F.A.C.  
Telephone: (850) 617-7996

**Submit to:**  
Bureau of Inspection and  
Incident Response  
3125 Connor Blvd., Suite N  
Tallahassee, FL 32399-1650

(PROGRAM TITLE)

(PROGRAM ID.)

(DATE MONITORED)

(CLASS LOCATION – BUILDING NAME, ADDRESS, CITY, COUNTY, STATE, ZIPCODE)

(PROVIDER/INSTRUCTOR NAME)

PROGRAM TYPE:  Initial Stewardship Training  Annual Stewardship Training

RESIDENTIAL FUMIGANT INVOLVED:  VIKANE®  ZYTHOR®  MASTERFUME®  OTHER \_\_\_\_\_

Please verify the following items	YES	NO	N/A
1. Were all courses, sessions and training instruction identified as either Initial or Annual training?			
2. Was the training conducted by the product registrant or their designated representative?			
3. Was training offered to any end user performing fumigation using their product?			
<u>4. Was the training offered to distributors of the registrant's residential fumigant?</u>			
5.4. IF this was an Initial Stewardship Training Program, did the training cover:			
a. The proper use, handling and storage of the registrant's residential fumigant?			
b. The proper use and calibration requirements for <u>permissible label approved</u> clearance devices?			
c. The proper use of label required safety equipment and safety procedures?			
d. A review of the label, manual, Safety Data Sheets (SDS) and written stewardship policy?			
e. How to calculate the proper residential fumigant dosage?			
f. Fumigation good practices and requirements?			
g. Label-required procedures for fumigations?			
6.5. IF this was an Annual Stewardship Training Program, did the training cover:			
a. A review of the proper use, handling, and care of safety equipment, including but not limited to <u>permissible label approved</u> clearance device and/or self-contained breathing apparatus?			
b. A review of the key labeling and registrant stewardship requirements for worker protection and public safety?			
c. A review of any updates to the registrant's residential fumigant labeling?			
d. A review of any updates to the registrant's residential fumigant stewardship policy?			
e. Review of and any updates to fumigation good practices and requirements?			
7.6. Did the registrant apply for Continuing Education Units for this program using the web-based program?			
8.7. Start Time: _____ am/pm End Time: _____ am/pm Was time sufficient for awarded credit hours?			
9.8. Did the registrant/instructor appear to have a working knowledge of the training subjects?			
10.9. Did the registrant/instructor keep a sign-in sheet to verify attendance?			
11.10. Did the registrant/instructor provide proof of training and/or distribute the CEU Attendance form at the end of training to all attendees?			

(If any item was NO, please explain:

Comments: \_\_\_\_\_

(Signature of Provider person interviewed)

(Issuing Field Inspector)

\_\_\_\_\_  
(Print Name)\_\_\_\_\_