



WILTON SIMPSON  
COMMISSIONER

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

**LICENSEE INSPECTION FUMIGATION CATEGORY**

Rule 5E-14.1025, F.A.C.  
Telephone (850) 617-7996

1. FIRM INSPECTED

DATE: \_\_\_\_\_

(NAME)

(BUSINESS LICENSE NO.)

	YES	NO	N/A
1. Are Fumigant Restricted Use Pesticides (RUP) records being kept? (5E-14.142(1), F.A.C.)			
2. Are there at least (2) serviceable Self Contained Breathing Apparatus available for use? (5E-14.108(6), F.A.C.)			
3. Does the firm maintain at least (2) <del>permissible label approved</del> clearance devices? (5E-14.108(7), F.A.C.) Last Calibration Date _____ Type Device(s) _____			
4. Fumigant storage and security in compliance with fumigant label?			
5. Warning signs appropriate and in compliance? (5E-14.112(3) & (4), F.A.C.)			
6. Sample clearance notice observed and in compliance? (5E-14.113(2), F.A.C.)			
7. Fumigant Fact Sheet available and being used?			
8. Secondary locking devices available and being used? (5E-14.112(7)(b) & (c), F.A.C.)			
9. Chloropicrin available and being used per fumigant label? (5E-14.111(5)(6), F.A.C.)			
10. Proper fumigation notice being used? (5E-14.110, F.A.C.)			
11. Subcontracted fumigations in compliance? (5E-14.105(10) & 5E-14.108(11), F.A.C.)			

Violations Observed: \_\_\_\_\_

Documentation Obtained: \_\_\_\_\_

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

\_\_\_\_\_  
(Signature of persons interviewed)

\_\_\_\_\_  
(Issuing Field Inspector)