



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

MOSQUITO CONTROL PESTICIDE USE INSPECTION REPORT

Return to:
 Bureau of Inspection and
 Incident Response
 3125 Conner Blvd, Suite N,
 Tallahassee, FL 32399-1650

WILTON SIMPSON
 COMMISSIONER

Rule 5E-13.0332, F.S.
 Telephone: (850) 617-7996; FAX (850) 617-7968

Date of Inspection:		State Approved		Open Program		Contractor		
I. FACILITY								
NAME:				TELEPHONE NO.: ()				
ADDRESS:				COUNTY:				
CITY:				ZIP CODE:				
INDIVIDUAL IN CHARGE:				TITLE:				
INDIVIDUAL INTERVIEWED:				TITLE:				
NUMBER OF FULL TIME EMPLOYEES:		NUMBER OF PART TIME EMPLOYEES:		NUMBER CERTIFIED IN PHPC:				
II. PESTICIDE STORAGE								
						YES	NO	NA
a. Are pesticide storage area(s) secure? (5E-13.0331(4))								
b. Have all cancelled, suspended, unregistered, and/or chemically unstable products been properly stored or disposed?								
c. Are pesticide labels available for review? (5E-13.0331(2))								
d. Are all pesticide concentrates or use dilutions stored in containers, other than the original container or application equipment, accurately identified? (5E-13.0331(3))								
PESTICIDE STORAGE COMMENTS:								
III. DISPOSAL								
a. Are procedures for the disposal of pesticide containers consistent with label directions?								
b. Are rinsates handled according to label directions?								
c. Do wash down area(s) comply with the pesticide label(s) Environmental Hazards statement?								
DISPOSAL COMMENTS:								
IV. WORKER SAFETY								
a. Is personal protective equipment required by pesticide label(s) available and in use by applicators?								
b. Does the training for unlicensed applicators address all required components? (5E-13.039(3))								
c. Do unlicensed applicators have direct communication with licensed supervisor? (5E-13.021(11))								
d. Are there records (for 3 years) of documented training and instruction to unlicensed applicators? (5E-13.039(3))								
WORKER SAFETY COMMENTS:								
V. EQUIPMENT								
a. Is there an established procedure for flow rate calibration and (adequate flow rate equipment to determine oz/min and/or ai/acre for aduulticide usage as per label requirements) daily use determination of flow rate? (5E-13.0331(5))								
b. Is there an established annual procedure for droplet size verification? (5E-13.0331(5))								
EQUIPMENT COMMENTS:								

VI. RECORDS			
	YES	NO	NA
a. Are pesticide use records required by state law maintained for 3 years? (5E-13.040(8) and 5E-13.034(2)(g))			
b. Are surveillance records required by state law maintained for 3 years? (5E-13.036)			
RECORDS COMMENTS:			
VII. PESTICIDES AND METHODS OF APPLICATION			
ADULT CONTROL COMMENTS:			
LARVAL CONTROL COMMENTS:			
PESTICIDE APPLICATION COMMENTS:			
VIII. NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)/PESTICIDE GENERAL PERMIT (PGP)/PESTICIDE DISCHARGE MANAGEMENT PLAN (PDMP)			
a. Is DEP NPDES Notice of Intent filed for and valid? (Interagency Agreement 017188)			
b. PDMP complete and signed off on annually? (Part III of the PGP)			
c. For day-to-day pesticide application activities are regular maintenance activities to reduce leaks, spills, or other unintended discharges of pesticides undertaken? (Part II A 1. of the PGP)			
d. Are all records required maintained? (Part V of the PGP)			
IX. FIXED-WING, ROTARY AIRCRAFT, UNMANNED AIRCRAFT SYSTEM			
a. Are all aircraft used for mosquito control currently registered on form DACS-13354? (5E-13.0371(1))			
b. Are all aircraft secured when not in use, to prevent or deter theft or unauthorized use? (5E-13.0371(3))			
c. Are aerial adulticide and surveillance records maintained for 3 years? (5E-13.037(2)(f))			
d. Are all aerial applicators who apply an arthropod control pesticide licensed in Aerial Public Health? (5E-13.040(9))			
e. Are all aerial adulticiding application conducted in the allowed time frame? (5E-13.037(2)(c))			
X. BACKGROUND			
PREVIOUS INSPECTION RESULTS:			
XI. COMMENTS/PHPC LICENSE NUMBER & EXPIRATION DATE			
COMMENTS:			
FACILITY NAME:			
NAME OF INDIVIDUAL INTERVIEWED:	SIGNATURE:		
PHPC LICENSE NUMBER:	EXPIRATION DATE:		
NAME OF FDACS INSPECTOR:	SIGNATURE:		