

# Structural HQ/Records Inspection Report Form 110

Catherine Yee  
California Department of Pesticide Regulation  
2019



# Structural HQ / Records Inspection Report 110

- Completing the Inspection Report:
  - B & D Information Blocks
- Requirements
- Compliance Actions
- Remarks
- Violation(s)
- Signatures



# Completing the Inspection Report



<b>102</b> Pesticide Pre-Application Site Evaluation	<b>103</b> Field Worker Safety Inspection	<b>104</b> Pesticide Use Monitoring Inspection
<b>105</b> Commodity Fumigation Use Monitoring Inspection	<b>106</b> Field Fumigation Use Monitoring Inspection	<b>107</b> Structural Fumigation Use Monitoring Inspection
<b>108</b>	<b>109</b> Control Quarters Inspection	<b>110</b> Pest Control Business Headquarters Inspection

STATE OF CALIFORNIA  
DEPARTMENT OF PESTICIDE REGULATION

## PEST CONTROL BUSINESS HEADQUARTER INSPECTIONS REPORT

PR-ENF-110 (REV. 01/10) Page 1 of 1

- COMPLETE  
 PARTIAL  
 FOLLOW-UP INSPECTION

ORIGINAL INSP. # \_\_\_\_\_ - \_\_\_\_\_

110-

### INSPECTING COUNTY

FIRM INSPECTED	BUSINESS TYPE <input type="checkbox"/> Pest Control Business <input type="checkbox"/> Maintenance Gardener <input type="checkbox"/> PR <input type="checkbox"/> BR (Structural)	BUSINESS LICENSE / REG # _____ or <input type="checkbox"/> UNL _____	CAT / BRANCH(S) _____	EXPIRES _____
TELEPHONE NUMBER				
FIRM MAILING ADDRESS	FIRM LOCATION			
PERSON INSPECTED (Agricultural)	LICENSE TYPE <input type="checkbox"/> QAL <input type="checkbox"/> QAC <input type="checkbox"/> UNL	INDIVIDUAL LICENSE # _____	CATEGORY(S) _____	EXPIRES _____
PERSON INSPECTED (Structural)	LICENSE TYPE <input type="checkbox"/> OPR <input type="checkbox"/> FR <input type="checkbox"/> UNL	INDIVIDUAL LICENSE # _____	BRANCH(S) _____	EXPIRES _____
Name of Handler Trainer	Name of RPA			

# Structural Pest Control Business HQ/ Employee Safety Inspection

## Pest Control Business Headquarters Inspection

SAFETY AG SAFETY STRUCTURAL RECORDS AG RECORDS STRUCTURAL

REQUIREMENTS	SECTION		COMPLIANCE		
2. Emergency Med. Care Planned	6726	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Change Area	6732	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Proper Storage of PPE	6738(a)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Haz Com/Training: Hazard Communication	6723	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Haz Com/Training: Written Training Program	6724(a)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Haz Com/Training: Handler Training	6724(b-e)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Respiratory Protection: Written Program	6739(a),(p)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Respiratory Protection: Medical Evaluation	6739(d)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Respiratory Protection: Fit Test Records	6739(e),(p)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Respiratory Protection: Respirators Inspected	6739(j)(1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Respiratory Protection: Respirator Storage	6739(h)(4)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Respiratory Protection: Voluntary Use Display	6739(b)(2)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEADQUARTERS AND EMPLOYEE SAFETY INSPECTION				
GENERAL PCB		B. STRUCTURAL PCB		
REQUIREMENTS	Section	COMPLIANCE		
		YES	NO	N/A
1. Notice Prior to Application	6618			
2. Emergency Med. Care Planned	6726			
3. Change Area	6732			
4. Proper Storage of PPE	6738(a)			
<b>Haz Com / Training Program</b>				
5. Hazard Communication	6723			
6. Trainer Qualified	6724(f)			
7. Written Training Program	6724(a)			
8. Handler Training	6724(b-e)			
<b>Respiratory Protection Program</b>				
9. Written Program	(a),(p)			
10. Medical Evaluation	(d),(s)			
11. Fit Test Records	(e),(p)			
12. Respirators Inspected	(j)(1)			
13. Respirator Storage	(h)(4)			
14. Voluntary Use Display	(b)(2)			
<b>Medical Supervision Program</b>				
15. Use Records Retained / 3 years	(a)			
16. Drs. Agreement Available / 3 yrs	(b)			
17. Records / 3 years	(c)			
18. Medical Supervision Posting	(c)(5)			



# SPCB HQ/Employee Safety

## 2. Emergency Medical Care Planned 3CCR § 6726

- Planned for in advance: facility handles pesticide injury or illness
- Posted at worksite or work vehicle
- Facility name, address, phone; procedures when no facility nearby
- Take handler(s) to a medical facility if there is reasonable grounds to suspect the exposure will lead to illness.



# SPCB HQ/Employee Safety

## 3. Change Area 3CCR § 6732

- Clean area to store personal clothing
- Place where employees can remove PPE
- Soap, clean towels, water available
- Changing and washing

## 4. PPE Storage 3CCR § 6732

- PPE kept in a clean area separate from personal clothing
- Not in pesticide storage area



# SPCB HQ/Employee Safety

## Hazard Communication/Training Program



### Safety Rules for Pesticide Handlers in Non-Agricultural Settings

The pesticide label, your training, and the Pesticide Safety Information Series (PSIS) leaflets tell you about pesticide dangers at work. You must be at least 18 years old to mix or load a pesticide that requires an air-supplied respirator, a closed system, or full-body chemical-resistant clothing.



#### EMERGENCY MEDICAL CARE

Your employer must make plans for emergency medical care before you start working with pesticides. If you think that pesticides made you sick or hurt you at work, immediately tell your employer. They must make sure that you are taken to a doctor right away. **DO NOT TAKE YOURSELF.**

Emergency medical care is available at:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

If more space is needed to list medical facilities, your employer may attach a list to this leaflet and write, "See attached list" in the above space.

**REMEMBER:** You **DON'T** have to seek medical care if you get sick or hurt from pesticides at work.

**EMPLOYERS:** This is the hazard communication leaflet for pesticide handlers. Fill in the blank lines in this leaflet and display a copy of this handout at a central location in the workplace (such as an employee break room). If requested, you must read this leaflet to an employee in a language the employee understands.

- ### 5. Hazard Communication
- #### 3CCR § 6723
- Is it displayed?
  - Is it complete?
  - At central location

#### WHAT ARE MY RIGHTS?

Your employer must explain your rights to you. If you need help understanding your rights, call or go to your local County Agricultural Commissioner's office, local legal aid and worker's rights organization, union, or the Department of Pesticide Regulation (DPR).

##### 1. Right to Access and Review Records

You have the right to look at pesticide use records, applicable safety series leaflets, and Safety Data Sheets (SDSs) for all pesticides used in the last two years where you work. A SDS tells you about the pesticide and its dangers. You also have the right to review your training records and any other documents related to monitoring or potential exposure. You must be informed of this location before you handle pesticides and in your annual training.

These records are kept at:

ADDRESS: \_\_\_\_\_

If this location changes, your employer must promptly tell you of the new location.



# SPCB HQ/Employee Safety

## Hazard Communication/Training Program

### 7. Written Training Program

#### 3CCR § 6724(a)

- For all handlers
- OP & FR = “Certified applicators” are considered trained

**WRITTEN TRAINING PROGRAM**

Employer Name: \_\_\_\_\_

Trainer's Name: \_\_\_\_\_

Trainer's Qualification: \_\_\_\_\_ PA: \_\_\_\_\_ QAL/QAC: \_\_\_\_\_ PCA: \_\_\_\_\_

**Training Materials:**  
Name of videos, pamphlets, or other training materials, and a brief description:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Pesticide labeling from the following products:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Pesticide Safety Information Series (PSIS) leaflets used:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Materials Safety Data Sheets (MSDS) for the following products:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





# SPCB HQ/Employee Safety Respiratory Protection Program



# SPCB HQ/Employee Safety

## Respiratory Protection Program 3CCR § 6739



### RESPIRATORY PROTECTION

#### Summary of required elements of a respiratory protection program when using pesticides

1. Is a respirator required by label, permit conditions, regulation or employer policy?	Yes	No		
2. Who provides respirator?	Employer	Employer		Employee
3. What type of respirator is it?	All	Filtering Facepiece	All others <sup>1</sup>	All
Requirement				
Respirator Program Administrator 3CCR Section 6000, 6739(a)(2)(l)	Required	NR	NR	NR
Written Respiratory Protection Program 3CCR Section 6739(a)	Required	NR	Required <sup>2</sup>	NR
Respirator Selection and Fit Testing 3CCR Section 6739 (c) & (e)	Required	NR	NR	NR
Medical Evaluation 3CCR Section 6739(d)	Required	NR	Required	NR
Facepiece Seal Protection 3CCR Section 6739(f)	Required	NR	NR	NR
Cleaning, Inspection, Repair, and Storage 3CCR Section 6739(h), (i) & (j)	Required	NR	Required	NR
Employee Training & Program Evaluation 3CCR Section 6739(m) & (n)	Required	NR	NR <sup>3</sup>	NR
End of Service Life Replacement 3CCR Section 6739(o)	Required	NR	NR	NR
Record Keeping 3CCR Section 6739(p)	Required	NR	Required <sup>2</sup>	NR
Medical Evaluation Questionnaire 3CCR Section 6739(q)	Required	NR	Required	NR
VRP posting 3CCR Section 6739(r)	NR	Required	Required	Required
Medical Recommendation Form 3CCR Section 6739(s)	Required	NR	Required	NR

NR - Not Required

<sup>1</sup> Includes half-face and full-face elastomeric, supplied-air, SCBA, and powered air-purifying respirators

<sup>2</sup> Only medical evaluation and respirator cleaning, storage and maintenance elements are required

<sup>3</sup> However, training in medical evaluation and respirator cleaning, storage, and maintenance elements is required

# SPCB HQ/Employee Safety Respiratory Protection Program

## 9. Written Program 3CCR § 6739 (a)

- Trained prior to handling
- Trained annually

## 10. Medical Evaluation 3CCR § 6739 (q)(s)

- Employees wearing respirators per:
  - Pesticide labeling
  - Permit condition or regulation
  - Employer policy
  - Employer provided voluntary use

**Generic Guidelines for Development of a Respiratory Protection Program in Accordance with Department of Pesticide Regulation Requirements**

by

Harvard R. Fong, Senior Industrial Hygienist

HS-1513 August 3, 1989

Revision No. 1 February 19, 1997

Revision No. 2 February 26, 2002

Revision No. 3 July 9, 2007\*

California Environmental Protection Agency  
Department of Pesticide Regulation  
Worker Health and Safety Branch  
1001 I Street  
Sacramento, CA 95814

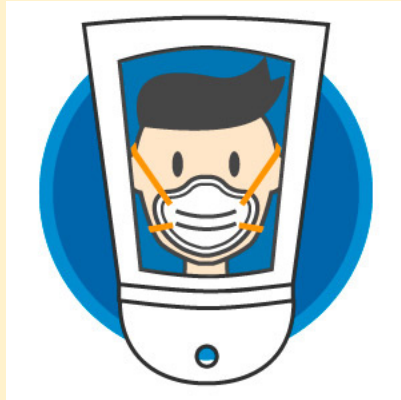
This outline serves as a guide for companies ("ORGANIZATION") to develop a written respiratory protection program ("WRITTEN PROGRAM") with work-site specific procedures for respirator selection, medical clearance, fit-testing, maintenance and use. Companies are directed to insert the appropriate name(s) in the (**BOLDFACE**) sections and to customize this document to their specific WRITTEN PROGRAM. Suggestions and explanations are given in (*italic bold*). It is to be used in conjunction with the Pesticide Safety Information Series A-5 (HS-632). This is a guideline. Some of the suggested procedures may exceed the minimum requirements of the regulations. Other sections of this document require you to develop procedures specific to your company. Your company's WRITTEN PROGRAM, based on this document, may benefit from review by the Department of Industrial Relations' Division of Occupational Safety and Health (Cal/OSHA), the Department of Pesticide Regulation, Worker Health and Safety Branch (DPR/WH&S), or your insurance company's loss prevention agent.

**Once again, it is required that you customize this document to reflect your actual program. There are portions that require you to develop procedures specific to your company and its WRITTEN PROGRAM. You will be held responsible for all elements of your WRITTEN PROGRAM. Make sure it reflects what you are actually doing.**

<https://www.cdpr.ca.gov/docs/whs/pdf/hs1513.pdf>

# SPCB HQ/Employee Safety

## Respiratory Protection Program



### 11. Fit Test Records

3CCR § 6739(p)(2)

When required by:

- Labeling
- Regulation
- Employer requirement

#### Appendix One

##### Respirator Fit Test Record for ORGANIZATION

ID Number: \_\_\_\_\_ Date of Test: \_\_\_\_\_

Employee Last Name: \_\_\_\_\_

Employee First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Trainer: \_\_\_\_\_

Respirator Name: \_\_\_\_\_ Size/Type: \_\_\_\_\_

Tests Used: 

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*(This form provides a basic example of the information that may be recorded on a fit test record. Other data recording methods that record the same basic information are acceptable.)*

# SPCB HQ/Employee Safety

## Respiratory Protection Program



### 12. Respirators Inspected 3CCR § 6739(j)(1)

- Routine-use
  - Before each use
  - During cleaning
  - SCBA cylinder  $\geq 80\%$  @ start of workday
- Stand-by/Emergency
  - Monthly Inspection (manufacturer's recommendation)
  - Record of Inspection

# SPCB HQ/Employee Safety Respiratory Protection Program

## 13. Respirator Storage

3CCR § 6739(h)(4)

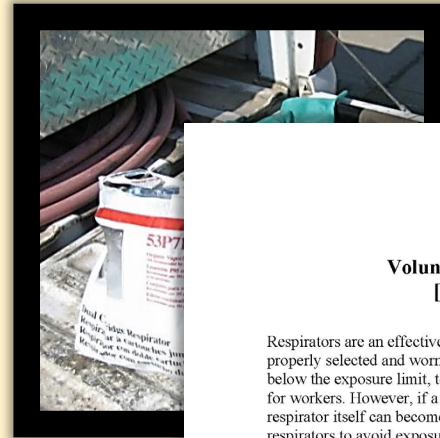
- Protection from damage & contamination

## 14. Voluntary Display

3CCR § 6739(b)(2)

When allowed by employers:

- Not required by labeling;
- Regulation; or
- Employer



### Appendix Four

#### Voluntary Respirator Use Posting [Subsection (r) posting]

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and follow all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designated to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.
5. Air filtering respirators DO NOT SUPPLY OXYGEN. Do not use in situations where the oxygen levels are questionable or unknown.

# Structural Pest Control Business Records

## Pest Control Business Headquarters Inspection

SAFETY AG SAFETY STRUCTURAL RECORDS AG **RECORDS STRUCTURAL**

REQUIREMENTS	SECTION	COMPLIANCE
11. Monthly PUR Submitted	8505.17	✓ ✗ ☐
12. Registered in County	15204/5	✓ ✗ ☐
13. SPCB Registration	8610	✓ ✗ ☐
14. Qualified Branch Supervisor	8611	✓ ✗ ☐
15. Pest. Use Records Available	15205	✓ ✗ ☐
16. Fumigation Log / 3 years	1970(a)	✓ ✗ ☐
17. Pest. Use Records / Kept 3 years	1970(b)	✓ ✗ ☐
18. Notice to Occupant	8538	✓ ✗ ☐
19. Pesticide Storage: Containers Secured	6672(b)	✓ ✗ ☐
20. Pesticide Storage: Posted "Warning/Danger"	6674	✓ ✗ ☐
21. Pesticide Storage: Containers Labeled / Closures	6676	✓ ✗ ☐
22. Pesticide Storage: Service Container Labeling	6678	✓ ✗ ☐
23. Pesticide Storage: Proper Containers	6680	✓ ✗ ☐
24. Pesticide Storage: Containers Properly Rinsed	6684	✓ ✗ ☐



LICENSED PEST CONTROL BUSINESS  PRINCIPAL  
 RECORDS / STORAGE INSPECTION  BRANCH  
 RAL PCB **D. STRUCTURAL P: B**

REQUIREMENTS	Section	COMPLIANCE		
		YES	NO	N/A
<b>Records</b>				
1. Business Licensed	11701			
2. Business Registered in County	11732			
3. Work Sup. by Qualified Person	11701.5			
4. Pilot(s) Holds a Valid Certificate	11901			
5. Pilot(s) Reg'd. in the County	11920			
6. Recommendations Retained / 1 yr	12004			
7. Valid Permits for Restricted Mat.	6412/6632			
8. App Completion Records / 2 yrs	6619			
9. Pest. Use Records Kept / 2 years	6624			
10. Pest. Use Reports Submitted	6626-28			
11. Monthly PUR Submitted	8505.17			
12. Registered in County	15204/5			
13. SPCB Registration	8610			
14. Qualified Branch Supervisor	8611			
15. Pest. Use Records Available	15205			
16. Fumigation Log / 3 Years	1970(a)			
17. Pest. Use Records / Kept 3 years	1970(b)			
18. Notice to Occupant	8538			



# SPCB Business Records

## 11. Monthly Summary PURs Submitted

### B&P Code § 8505.17(c) & 3CCR § 6628(b)

- Submit to CAC by 10<sup>th</sup> day of the following month:
- Monthly Summary –
  - When mailed – with a stamp on PUR
  - When sent electronically – stamp number on PUR
- Negative Use Report –
  - No “stamp” or “stamp number” required

STATE OF CALIFORNIA  
**MONTHLY SUMMARY PESTICIDE USE REPORT**  
 DPR-PML-060 (REV. 8/15) PAGE 1 OF 2

DEPARTMENT OF PESTICIDE REGULATION  
 PEST MANAGEMENT AND LICENSING BRANCH

*INSTRUCTIONS FOR COMPLETING THIS FORM ARE INDICATED BELOW AND ON THE REVERSE SIDE*

OPERATOR (FIRM NAME) \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

OPERATOR ID/PERMIT NUMBER \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_ COUNTY WHERE APPLIED \_\_\_\_\_ COUNTY NUMBER \_\_\_\_\_ MONTH/YEAR OF USE \_\_\_\_\_ TOTAL NUMBER OF APPLICATIONS \_\_\_\_\_

1. Complete Columns A, B, C, and D for *All Users*  
 2. Complete Column E by using one of the following codes:  
 Code 10 - Structural Pest Control ..... includes any pest control work performed within or on buildings and other structures.  
 Code 30 - Landscape Maintenance Pest Control ..... includes any pest control work performed on landscape plantings around residences or other buildings, golf courses, parks, cemeteries, etc.  
 Code 40 - Right-of-Way Pest Control ..... includes any pest control work performed along roadsides, power lines, median strips, ditch banks, and similar sites.  
 Code 50 - Public Health Pest Control ..... includes any pest control work performed by or under contract with State or local public health or vector control agencies.  
 Code 70 - Marijuana ..... includes any pest control for work performed on or around marijuana.  
 Code 80 - Vertebrate Pest Control ..... includes any vertebrate pest control work performed by public agencies or work under the supervision of the State or county agricultural commissioner.  
 Code 91 - Commodity Fumigation (Nonfood/Nonfeed) ..... includes fumigation of nonfood/nonfeed commodities such as pallets, dunnage, furniture, burlap bags, etc.  
 Code 100 - Regulatory Pest Control ..... includes any pest control work performed by public employees or contractors in the control of regulated pests.  
 3. Complete Columns F and G, if use *does not* fit one of the above codes

A	B	C	D	E	F	G
MANUFACTURER AND NAME OF PRODUCT APPLIED	EPA/CALIFORNIA REGISTRATION NUMBER FROM LABEL INCLUDE ALPHA CODE	TOTAL PRODUCT USED (Check One Unit of Measure)	NUMBER OF APPLICATIONS	CODE	COMMODITY OR SITE TREATED	ACRES/UNITS TREATED
		<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
		<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
		<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
		<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
		<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				



# SPCB Business Records

## 12. County Registration

### FAC § 15204

- All SPCBs must register in a county prior to working in it

## 13. Must be registered by the Board

### B&P Code § 8610

- <http://www.pestboard.ca.gov/license.shtml>

## 14. Qualified Branch Supervisor

### B&P Code § 8611

## 15. Operator or Field Rep. required per branch

*EXAMPLE ONLY*  
ORANGE COUNTY AGRICULTURAL COMMISSIONER  
STRUCTURAL PEST CONTROL BUSINESS / QUALIFYING MANAGER REGISTRATION  
BRANCH 2 & 3

Date Submitted: 12-24-09 For Year: **2010**

**COMPANY INFORMATION:** Performing work in: Branch 2 &/or Branch 3  
Company Name: Western Exterminators Registration No. PR0729  
Mailing Address: 305 N. CRESCENT WAY  
ANAHEIM, CA Zip: 92801  
Telephone: (714) 555-1212 Fax: (714) 555-8888 Email: \_\_\_\_\_  
Physical Address: Same as above  
(If different than above) Zip: \_\_\_\_\_

OPR: Daniel W. Scott Lic: 10791 Exp: 6-30-12 Branch 2 / Branch 3  
(Print Name) (Please Circle)

**SUPERVISION:** Qualifying Manager - QM; Branch Supervisor - BS (Responsible Person)  
QM: Daniel Scott Lic: 10791 Exp: 6-30-12 Branch 2 / Branch 3  
(Print Name) (Please Circle)  
BS: Jose Padilla Lic: 10830 Exp: 6-30-12 Branch 2 / Branch 3  
(Print Name) (Please Circle)

Print Name: Peggy Byerly, Secretary Date: 12-24-09  
Signature: [Signature] Title: secretary  
I certify that the information provided is TRUE and CORRECT

**THIS REGISTRATION WILL NOT BE VALID IF IT IS NOT ACCOMPANIED BY THE REQUIRED FEE.** The registration shall cover a calendar year. Food and Agricultural Code section 15204(c) requires each licensed Branch 2 and Branch 3 structural pest control operator, qualifying manager and (SPCB) registered company to register with the commissioner prior to operating a structural pest control business in the county.  
Registration fee is \$5, which is a flat fee regardless of conducting Branch 1, Branch 2 or Branch 3 business. (For example a company conducting Branch 1, 2 and 3 work the registration fee would be a total of \$5.)  
Please mail to: AGRICULTURAL COMMISSIONER  
222 EAST BRISTOL LANE  
ORANGE, CALIFORNIA 92865-2714  
PHONE: (714) 955-0100 FAX: (714) 921-2713

*EXAMPLE ONLY*  
ORANGE COUNTY AGRICULTURAL COMMISSIONER  
REGISTRATION FOR  
BRANCH 1 - STRUCTURAL FUMIGATION

Date Submitted: 12-30-09 For Year: **2010**

**COMPANY INFORMATION:**  
Company Name: XYZ Fumes R-US Registration No. PR 9998  
Mailing Address: P.O. Box 999  
ANAHEIM, CA Zip: 92801  
Telephone: (714) 555-8888 Fax: (714) 555-8990 Email: XYZ.fumes@cahko.com  
Physical Address: 1001 MAIN ST  
(If different than above) ANAHEIM, CA Zip: 92801

OPR: Peggy Byerly Lic: PR 9999 Exp: 6-30-12  
(Print Name)

**SUPERVISION:** Qualifying Manager - QM; Branch Supervisor - BS (Responsible Person)  
QM: Peggy Byerly Lic: PR 9999 Exp: 6-30-12  
(Print Name)  
BS: Greg Creekmore Lic: PR 9998 Exp: 6-30-12  
(Print Name)

Print Name: Peggy Byerly Date: 12-30-09  
Signature: [Signature] Title: owner/operator  
I certify that the information provided is TRUE and CORRECT

**THIS REGISTRATION WILL NOT BE VALID IF IT IS NOT ACCOMPANIED BY THE REQUIRED FEE.** Food and Agricultural Code section 15201.5(a) requires each licensed structural pest control operator, field representative and (SPCB) registered company to register with the commissioner prior to conducting fumigations in any county. The registration shall cover a calendar year.  
Registration fee is \$5, which is a flat fee regardless of conducting Branch 1, Branch 2 or Branch 3 business. (For example a company conducting Branch 1, 2 and 3 work the registration fee would be a total of \$5.)  
Please mail to: AGRICULTURAL COMMISSIONER  
222 EAST BRISTOL LANE  
ORANGE, CALIFORNIA 92865-2714  
PHONE: (714) 955-0100 FAX: (714) 921-2713

# SPCB Business Records

## 15. Pesticide Use Records Available

FAC § 15205

- Training & application records
- Employee safety records



## 16. Fumigation Log - 3 yrs

3CCR § 1970(a), Form 43M-47

- Subcontractor to forward copy of completed log to primary contractor within 10 business days



# SPCB Business Records

## 17. Pesticide Use Records Kept 3 years

16 CCR § 1970(b)

- Service contracts, Invoices, Route slips, Service tickets



## 18. Prior Notice to Owner, Owner's Agent, and the Occupant B&P Code § 8538

- 1<sup>st</sup> class or email, if email address is provided
- Posting in a conspicuous place on property by personal delivery
- 48 hours prior for a fumigation





# Structural Pest Control Business

## Pesticide Storage Inspection

### Pest Control Business Headquarters Inspection

SAFETY AG	SAFETY STRUCTURAL	RECORDS AG	RECORDS STRUCTURAL
REQUIREMENTS	SECTION		COMPLIANCE
11. Monthly PUR Submitted	8505.17	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12. Registered in County	15204/5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
13. SPCB Registration	8610	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14. Qualified Branch Supervisor	8611	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
15. Pest. Use Records Available	15205	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
16. Fumigation Log / 3 years	1970(a)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
17. Pest. Use Records / Kept 3 years	1970(b)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
18. Notice to Occupant	8538	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
19. Pesticide Storage: Containers Secured	6672(b)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
20. Pesticide Storage: Posted "Warning/Danger"	6674	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
21. Pesticide Storage: Containers Labeled / Closures	6676	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
22. Pesticide Storage: Service Container Labeling	6678	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
23. Pesticide Storage: Proper Containers	6680	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
24. Pesticide Storage: Containers Properly Rinsed	6684	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Pesticide Storage			
19. Containers Secured	6672(b)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
20. Storage Posted "Warning/Danger"	6674	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
21. Containers Labeled / Closures	6676	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
22. Service Container Labeling	6678	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
23. Proper Containers	6680	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
24. Containers Properly Rinsed	6684	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

# SPCB Pesticide Storage

## 19. Container Secure

3CCR § 6672(b)

- Pesticides, equipment, empty unrinsed containers
- Attended or in a locked enclosure



## 20. Storage Posted

3CCR § 6674

- Danger / Warning
- Containers that hold or have held



# SPCB Pesticide Storage

## 21. Container Labeled/ Closures

3CCR § 6676

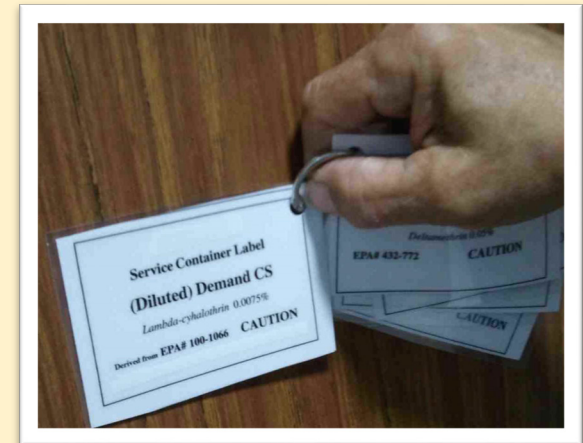
- Registrant labeling & proper lids or closures



## 22. Service Container Labeling

3CCR § 6678

- Name & address of responsible person
- Pesticide name
- Signal word (Danger, Warning, Caution)





# SPCB Pesticide Storage

## 23. Proper Containers

3CCR § 6680

- No pesticides in food or drink containers

## 24. Containers Properly Rinsed

3CCR § 6684

- Triple rinse at time of use
- Rinsate in mix tank or application equipment



# Structural HQ/ Records Inspection Report

## Remarks, Signatures, Violations

### Pest Control Business Headquarters Inspection

110-30-18-D016-002

Martinez, Misael 8/13/2018

DETAILS

In Progress

CONTACTS

REQUIREMENTS

REMARKS

SIGNATURES

#### Safety Structural

REQUIREMENTS	SECTION	COMPLIANCE		
		YES	NO	N/A
2. Emergency Med. Care Planned	6726			
3. Change Area	6732			
4. Proper Storage of PPE	6738(a)			
5. Haz Com/Training: Hazard Communication	6723			
7. Haz Com/Training: Written Training Program	6724(a)			
8. Haz Com/Training: Handler Training	6724(b-e)			
9. Respiratory Protection: Written Program	6739(a),(p)			
10. Respiratory Protection: Medical Evaluation	6739(d)			
11. Respiratory Protection: Fit Test Records	6739(e),(p)			
12. Respiratory Protection: Respirators Inspected	6739(j)(1)			
13. Respiratory Protection: Respirator Storage	6739(h)(4)			
14. Respiratory Protection: Voluntary Use Display	6739(b)(2)			

#### Records Structural Principal Branch

REQUIREMENTS	SECTION	COMPLIANCE		
		YES	NO	N/A
11. Monthly PUR Submitted	8505.17			
12. Registered in County	15204/5			
13. SPCB Registration	8610			
14. Qualified Branch Supervisor	8611			
15. Pest. Use Records Available	15205			
16. Fumigation Log / 3 years	1970(a)			
17. Pest. Use Records / Kept 3 years	1970(b)			
18. Notice to Occupant	8538			
19. Pesticide Storage: Containers Secured	6672(b)			
20. Pesticide Storage: Posted "Warning/Danger"	6674			
21. Pesticide Storage: Containers Labeled / Closures	6676			
22. Pesticide Storage: Service Container Labeling	6678			
23. Pesticide Storage: Proper Containers	6680			
24. Pesticide Storage: Containers Properly Rinsed	6684			

#### COMPLIANCE ACTIONS:

Cease and Desist Order:

Correct Noncompliance By:

Follow-up Frequency:

REMARKS  
General Remarks

Requirement Remarks

# Review

## completing Inspection Report Form 110

- Inspection Requirements
  - Employee Safety
  - Business Records
  - Pesticide Storage
- Compliance Action
- Remarks / Signatures / Violation Notice

Thanks Everyone  
For your time and attention!

QUESTIONS?

Enforcement Branch Liaison (EBL) Contact

Ahmed Elhawary (Los Angeles & Santa Barbara)

Catherine Yee (Orange & San Luis Obispo)

Kamrul Bhuiyan (San Diego & Ventura)

Misael Martinez (Riverside and Imperial)

Stephanie Taing (San Bernardino)

