

El Dorado County Dept.
of Agriculture
Pesticide Laws and
Regulations Review and
Update

Charlene Carveth
Acting Agricultural Commissioner
LeeAnne Mila
Senior Agricultural Biologist

COMPLETE
 PARTIAL
 FOLLOW-UP INSPECTION
ORIGINAL INSP. # _____

INSPECTING COUNTY _____

FIRM / PERSON INSPECTED (Check one) <input type="checkbox"/> FLC <input type="checkbox"/> GROWER <input type="checkbox"/> OTHER		TELEPHONE NUMBER	SITE ID NUMBER
FIRM MAILING ADDRESS		PERMIT / OPERATOR ID NUMBER	COMMODITY / SITE
PROPERTY OPERATOR	ADJACENT ENVIRONMENT		
PROPERTY LOCATION	TREATMENT AREA		
SUPERVISOR	INTERVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO		
DATE OF APPLICATION	REI EXPIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		
APPROX. # OF FIELD WORKERS	# OF FIELD WORKERS INTERVIEWED		
APPROXIMATE FIELD SIZE	FIELD WORKERS ACTIVITY		

PESTICIDE NAME / MANUFACTURER	LABEL REGISTRATION NUMBER	SIGNAL WORD	REI

N/A **Early Entry Personal Protective Equipment Worn**

DERMAL	HANDS	EYES	INHALATION
<input type="checkbox"/> Work Clothing	<input type="checkbox"/> Cloth/Leather Gloves	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Dust Mask
<input type="checkbox"/> Chemical Resistant Clothes	<input type="checkbox"/> Chemical Resistant Gloves	<input type="checkbox"/> Goggles	<input type="checkbox"/> 1/2 Face Respirator
<input type="checkbox"/> Chemical Resistant Boots	<input type="checkbox"/> Other _____	<input type="checkbox"/> Faceshield	<input type="checkbox"/> Full Face Respirator
<input type="checkbox"/> Head Covering	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> SCBA
<input type="checkbox"/> Shoes and Socks			<input type="checkbox"/> None
<input type="checkbox"/> Other _____			

REQUIREMENTS	Section	COMPLIANCE			REQUIREMENTS, (Continued)	Section	COMPLIANCE		
		YES	NO	N/A			YES	NO	N/A
1. FLC Registered #	1665 LC				9. Field Entry After Pesticide Application	6770			
2. Notice of Application Within 1/4 Mile	6818(a)				10. Early Entry Requirements	6771			
3. Decontamination Facility	6768				11. Posting Compliance	6776			
4. Hazard Communication A-9	6761				12. Greenhouse Ventilation Criteria	6769			
5. Emergency Medical Care Knowledge	6766				13. Labeling - PPE	12973			
6. Field Worker Training	6764								
7. Application Specific Information Display	6761.1								
8. Field Work During Pesticide Application	6762								
TOTAL					TOTAL				

COMPLIANCE ACTIONS:

Cease and Desist Order 11897 / 13102	<input type="checkbox"/> YES <input type="checkbox"/> NO	Follow-up Required	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hazardous Area 6705	<input type="checkbox"/> YES <input type="checkbox"/> NO	Correct Noncompliances By:	

Remarks - Include a detailed description of noncompliances. When additional space is required, continue on Inspection Report / VN Supplement, PR-ENF-111.

INSPECTOR (Print Name)	Signature	TIME AND DATE INSPECTED
INSPECTION ACKNOWLEDGED BY (Print Name)	Signature	DATE ACKNOWLEDGED

VIOLATION NOTICE YES NO # _____ **VIOLATION NOTICE** YES NO # _____

(FARM LABOR CONTRACTOR) (PROPERTY OPERATOR)

Field Worker Safety Inspection Report

Who, When, Where, Why

Treated Field – means a field that has been treated with a pesticide or had a restricted entry interval in effect within the last 30 days (It does not include areas inadvertently contaminated by drift or overspray). Also, it includes:

- Associated roads, paths, ditches, borders, and headlands, if the pesticide was also directed to those areas.

Field Worker – means any person who, for any kind of compensation, performs cultural activities in a field. It does not include performing tasks as a crop advisor, including field checking or scouting, making observations of the well being of the plants, or taking samples, nor does it include local, state, or federal officials performing inspection, sampling, or other similar duties

COMPLETE
 PARTIAL
 FOLLOW-UP INSPECTION
ORIGINAL INSP. # _____

INSPECTING COUNTY _____

FIRM / PERSON INSPECTED (Check one) <input type="checkbox"/> FLC <input type="checkbox"/> GROWER <input type="checkbox"/> OTHER		TELEPHONE NUMBER	SITE ID NUMBER
FIRM MAILING ADDRESS		PERMIT / OPERATOR ID NUMBER	COMMODITY / SITE
PROPERTY OPERATOR		ADJACENT ENVIRONMENT	N
PROPERTY LOCATION		TREATMENT AREA	E
SUPERVISOR <input type="checkbox"/> INTERVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO			
DATE OF APPLICATION <input type="checkbox"/> REI EXPIRED <input type="checkbox"/> YES <input type="checkbox"/> NO			
APPROX. # OF FIELD WORKERS	# OF FIELD WORKERS INTERVIEWED		
APPROXIMATE FIELD SIZE	FIELD WORKERS ACTIVITY		

PESTICIDE NAME / MANUFACTURER	LABEL REGISTRATION NUMBER	SIGNAL WORD	REI

N/A **Early Entry Personal Protective Equipment Worn**

DERMAL	HANDS	EYES	INHALATION
<input type="checkbox"/> Work Clothing	<input type="checkbox"/> Cloth/Leather Gloves	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Dust Mask
<input type="checkbox"/> Chemical Resistant Clothes	<input type="checkbox"/> Chemical Resistant Gloves	<input type="checkbox"/> Goggles	<input type="checkbox"/> 1/2 Face Respirator
<input type="checkbox"/> Chemical Resistant Boots	<input type="checkbox"/> Other _____	<input type="checkbox"/> Faceshield	<input type="checkbox"/> Full Face Respirator
<input type="checkbox"/> Head Covering	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> SCBA
<input type="checkbox"/> Shoes and Socks			<input type="checkbox"/> None
<input type="checkbox"/> Other _____			

REQUIREMENTS	Section	COMPLIANCE			REQUIREMENTS, (Continued)	Section	COMPLIANCE		
		YES	NO	N/A			YES	NO	N/A
1. FLC Registered #	1686 LC				9. Field Entry After Pesticide Application	6770			
2. Notice of Application Within 1/4 Mile	6818(a)				10. Early Entry Requirements	6771			
3. Decontamination Facility	6768				11. Posting Compliance	6776			
4. Hazard Communication A-9	6761				12. Greenhouse Ventilation Criteria	6769			
5. Emergency Medical Care Knowledge	6766				13. Labeling - PPE	12973			
6. Field Worker Training	6764								
7. Application Specific Information Display	6761.1								
8. Field Work During Pesticide Application	6762				TOTAL				

COMPLIANCE ACTIONS:

Cease and Desist Order 11897 / 13102 YES NO Follow-up Required YES NO

Hazardous Area 6705 YES NO Correct Noncompliances By: _____

Remarks - Include a detailed description of noncompliances. When additional space is required, continue on Inspection Report / VN Supplement, PR-ENF-111.

INSPECTOR (Print Name)	Signature	TIME AND DATE INSPECTED
INSPECTION ACKNOWLEDGED BY (Print Name)	Signature	DATE ACKNOWLEDGED

VIOLATION NOTICE YES NO # _____ **VIOLATION NOTICE** YES NO # _____

(FARM LABOR CONTRACTOR) (PROPERTY OPERATOR)

3 CCR 6618 –

Notice of application within ¼ mile

Scope: All Pesticides

Employee notification is not required when a field is posted as required

Required while the application is occurring and during the REI

COMPLETE
 PARTIAL
 FOLLOW-UP INSPECTION
ORIGINAL INSP. # _____

INSPECTING COUNTY _____

FIRM / PERSON INSPECTED (Check one) <input type="checkbox"/> FLC <input type="checkbox"/> GROWER <input type="checkbox"/> OTHER		TELEPHONE NUMBER	SITE ID NUMBER
FIRM MAILING ADDRESS		PERMIT / OPERATOR ID NUMBER	COMMODITY / SITE
PROPERTY OPERATOR	ADJACENT ENVIRONMENT		N
PROPERTY LOCATION	TREATMENT AREA		E
SUPERVISOR	INTERVIEWED	W	
DATE OF APPLICATION	<input type="checkbox"/> YES <input type="checkbox"/> NO	S	
APPROX. # OF FIELD WORKERS	REI EXPIRED	B	
APPROXIMATE FIELD SIZE	# OF FIELD WORKERS INTERVIEWED	REI	
FIELD WORKERS ACTIVITY			

PESTICIDE NAME / MANUFACTURER	LABEL REGISTRATION NUMBER	SIGNAL WORD	REI

N/A **Early Entry Personal Protective Equipment Worn**

DERMAL	HANDS	EYES	INHALATION
<input type="checkbox"/> Work Clothing	<input type="checkbox"/> Cloth/Leather Gloves	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Dust Mask
<input type="checkbox"/> Chemical Resistant Clothes	<input type="checkbox"/> Chemical Resistant Gloves	<input type="checkbox"/> Goggles	<input type="checkbox"/> 1/2 Face Respirator
<input type="checkbox"/> Chemical Resistant Boots	<input type="checkbox"/> Other _____	<input type="checkbox"/> Faceshield	<input type="checkbox"/> Full Face Respirator
<input type="checkbox"/> Head Covering		<input type="checkbox"/> None	<input type="checkbox"/> SCBA
<input type="checkbox"/> Shoes and Socks			<input type="checkbox"/> None
<input type="checkbox"/> Other _____			

REQUIREMENTS	Section	COMPLIANCE			REQUIREMENTS, (Continued)	Section	COMPLIANCE		
		YES	NO	N/A			YES	NO	N/A
1. FLC Registered #	1895 LC				9. Field Entry After Pesticide Application	8770			
2. Notice of Application Within 1/4 Mile	6818(a)				10. Early Entry Requirements	8771			
3. Decontamination Facility	8768				11. Posting Compliance	8776			
4. Hazard Communication A-G	8761				12. Greenhouse Ventilation Criteria	8769			
5. Emergency Medical Care Knowledge	8766				13. Labeling - PPE	12873			
6. Field Worker Training	8764								
7. Application Specific Information Display	8761.1								
8. Field Work During Pesticide Application	8762				TOTAL				

COMPLIANCE ACTIONS:

Cease and Desist Order 11997 / 13102 YES NO Follow-up Required YES NO

Hazardous Area 8705 YES NO Correct Noncompliances By: _____

Remarks - Include a detailed description of noncompliances. When additional space is required, continue on inspection report / VN Supplement, PR-ENF-111.

INSPECTOR (Print Name)	Signature	TIME AND DATE INSPECTED
INSPECTION ACKNOWLEDGED BY (Print Name)	Signature	DATE ACKNOWLEDGED

VIOLATION NOTICE YES NO # _____ **VIOLATION NOTICE** YES NO # _____

(FARM LABOR CONTRACTOR) (PROPERTY OPERATOR)

Decontamination Facility

3 CCR6768

The employer shall assure

- Sufficient water
- Sufficient soap
- Sufficient single use towels

Location:

Within a ¼ mile of each fieldworker or at the closest point of vehicular access

COMPLETE
 PARTIAL
 FOLLOW-UP INSPECTION
ORIGINAL INSP. # _____

INSPECTING COUNTY _____

FIRM / PERSON INSPECTED (Check one) <input type="checkbox"/> FLC <input type="checkbox"/> GROWER <input type="checkbox"/> OTHER		TELEPHONE NUMBER	SITE ID NUMBER
FIRM MAILING ADDRESS		PERMIT / OPERATOR ID NUMBER	COMMODITY / SITE
PROPERTY OPERATOR	ADJACENT ENVIRONMENT		
PROPERTY LOCATION	TREATMENT AREA		
SUPERVISOR	INTERVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO	W	E
DATE OF APPLICATION	REI EXPIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		
APPROX. # OF FIELD WORKERS	# OF FIELD WORKERS INTERVIEWED	S	
APPROXIMATE FIELD SIZE	FIELD WORKERS ACTIVITY		

PESTICIDE NAME / MANUFACTURER	LABEL REGISTRATION NUMBER	SIGNAL WORD	REI

N/A **Early Entry Personal Protective Equipment Worn**

DERMAL	HANDS	EYES	INHALATION
<input type="checkbox"/> Work Clothing	<input type="checkbox"/> Cloth/Leather Gloves	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Dust Mask
<input type="checkbox"/> Chemical Resistant Clothes	<input type="checkbox"/> Chemical Resistant Gloves	<input type="checkbox"/> Goggles	<input type="checkbox"/> 1/2 Face Respirator
<input type="checkbox"/> Chemical Resistant Boots	<input type="checkbox"/> Other _____	<input type="checkbox"/> Faceshield	<input type="checkbox"/> Full Face Respirator
<input type="checkbox"/> Head Covering	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> SCBA
<input type="checkbox"/> Shoes and Socks			<input type="checkbox"/> None
<input type="checkbox"/> Other _____			

REQUIREMENTS	Section	COMPLIANCE			REQUIREMENTS, (Continued)	Section	COMPLIANCE		
		YES	NO	N/A			YES	NO	N/A
1. FLC Registered #	1666 LC				9. Field Entry After Pesticide Application	6770			
2. Notice of Application Within 1/4 Mile	6818(a)				10. Early Entry Requirements	6771			
3. Decontamination Facility	6768				11. Posting Compliance	6776			
4. Hazard Communication A-9	6761				12. Greenhouse Ventilation Criteria	6769			
5. Emergency Medical Care Knowledge	6766				13. Labeling - PPE	12973			
6. Field Worker Training	6764								
7. Application Specific Information Display	6761.1								
8. Field Work During Pesticide Application	6762				TOTAL	TOTAL			

COMPLIANCE ACTIONS:

Cease and Desist Order 11897 / 13102	<input type="checkbox"/> YES <input type="checkbox"/> NO	Follow-up Required	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hazardous Area 6705	<input type="checkbox"/> YES <input type="checkbox"/> NO	Correct Noncompliances By:	

Remarks - Include a detailed description of noncompliances. When additional space is required, continue on Inspection Report / VN Supplement, PR-ENF-111.

INSPECTOR (Print Name)	Signature	TIME AND DATE INSPECTED
INSPECTION ACKNOWLEDGED BY (Print Name)	Signature	DATE ACKNOWLEDGED

VIOLATION NOTICE <input type="checkbox"/> YES <input type="checkbox"/> NO # _____	VIOLATION NOTICE <input type="checkbox"/> YES <input type="checkbox"/> NO # _____
(FARM LABOR CONTRACTOR)	(PROPERTY OPERATOR)

Hazard Communication:

3 CCR6761

Scope: employee fieldworkers in a "treated field"

Employers must display at a central location PSIS A-9 at the worksite, or at a central location, if employees gather at the central location prior to transportation to the worksite

Needs to be ACCESSIBLE to employees. Employee does not need to make a special request during normal business hours. Unimpeded access

COMPLETE
 PARTIAL
 FOLLOW-UP INSPECTION
ORIGINAL INSP. # _____

INSPECTING COUNTY _____

FIRM / PERSON INSPECTED (Check one) <input type="checkbox"/> FLC <input type="checkbox"/> GROWER <input type="checkbox"/> OTHER		TELEPHONE NUMBER	SITE ID NUMBER
FIRM MAILING ADDRESS		PERMIT / OPERATOR ID NUMBER	COMMODITY / SITE
PROPERTY OPERATOR		ADJACENT ENVIRONMENT	N
PROPERTY LOCATION		TREATMENT AREA	E
SUPERVISOR <input type="checkbox"/> YES <input type="checkbox"/> NO			
DATE OF APPLICATION		REI EXPIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	
APPROX. # OF FIELD WORKERS	# OF FIELD WORKERS INTERVIEWED	APPROXIMATE FIELD SIZE	
FIELD WORKERS ACTIVITY			

PESTICIDE NAME / MANUFACTURER	LABEL REGISTRATION NUMBER	SIGNAL WORD	REI

N/A **Early Entry Personal Protective Equipment Worn**

DERMAL	HANDS	EYES	INHALATION
<input type="checkbox"/> Work Clothing	<input type="checkbox"/> Cloth/Leather Gloves	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Dust Mask
<input type="checkbox"/> Chemical Resistant Clothes	<input type="checkbox"/> Chemical Resistant Gloves	<input type="checkbox"/> Goggles	<input type="checkbox"/> 1/2 Face Respirator
<input type="checkbox"/> Chemical Resistant Boots	<input type="checkbox"/> Other _____	<input type="checkbox"/> Faceshield	<input type="checkbox"/> Full Face Respirator
<input type="checkbox"/> Head Covering	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> SCBA
<input type="checkbox"/> Shoes and Socks			<input type="checkbox"/> None
<input type="checkbox"/> Other _____			

REQUIREMENTS	Section	COMPLIANCE			REQUIREMENTS, (Continued)	Section	COMPLIANCE		
		YES	NO	N/A			YES	NO	N/A
1. FLC Registered #	1696 LC				9. Field Entry After Pesticide Application	6770			
2. Notice of Application Within 1/4 Mile	6818(a)				10. Early Entry Requirements	6771			
3. Decontamination Facility	6768				11. Posting Compliance	6776			
4. Hazard Communication A-9	6761				12. Greenhouse Ventilation Criteria	6769			
5. Emergency Medical Care Knowledge	6766				13. Labeling - PPE	12973			
6. Field Worker Training	6764								
7. Application Specific Information Display	6761.1								
8. Field Work During Pesticide Application	6762				TOTAL	TOTAL			

COMPLIANCE ACTIONS:

Cease and Desist Order 11897 / 13102	<input type="checkbox"/> YES <input type="checkbox"/> NO	Follow-up Required	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hazardous Area 6705	<input type="checkbox"/> YES <input type="checkbox"/> NO	Correct Noncompliances By:	

Remarks - Include a detailed description of noncompliances. When additional space is required, continue on Inspection Report / VN Supplement, PR-ENF-111.

INSPECTOR (Print Name)	Signature	TIME AND DATE INSPECTED
INSPECTION ACKNOWLEDGED BY (Print Name)	Signature	DATE ACKNOWLEDGED

VIOLATION NOTICE <input type="checkbox"/> YES <input type="checkbox"/> NO # _____	VIOLATION NOTICE <input type="checkbox"/> YES <input type="checkbox"/> NO # _____
(FARM LABOR CONTRACTOR)	(PROPERTY OPERATOR)

Emergency Medical Care Knowledge:

3 CCR6766

Scope: Employers of Fieldworkers who enter fields treated with pesticides

The employees, or the supervisor, in the field must know what to do and where to go in a medical emergency.

Exemptions:

Granular baits, attractants, repellents

Algaecides

Field Worker Training 3 CCR-6764

Scope: Fieldworkers in fields treated with any pesticide.

- Training must be every 5 years
- Must be in a manner the employee(s) understand
- Trainer must be qualified
- Specific topics from CCR 6764
- Owner of property is responsible

Training Requirements

- (b) The training shall include the following information:
 - (1) Importance of routine decontamination and washing thoroughly after the exposure period;
 - (2) Restricted entry intervals and what posting means, including both California and federal field posting sign formats;
 - (3) Where pesticides are encountered, including treated surfaces in the field, residues on clothing, chemigation and drift;
 - (4) Routes of exposure;
 - (5) The hazards of pesticides, including acute effects, chronic and delayed effects, and sensitization effects;

Training Requirements

- (6) Common signs and symptoms of overexposure;
- (7) First aid including decontamination, eye flushing, and obtaining emergency medical care;
- (8) Warnings about taking pesticides or pesticide containers home;
- (9) The hazard communication program requirements of section 6761; and
- (10) Employee rights, including the right;
 - (A) To personally receive information about pesticides to which he or she may be exposed;
 - (B) For his or her physician or employee representative to receive information about pesticides to which he or she may be exposed; and
 - (C) To be protected against retaliatory action due to the exercise of any of his or her rights.

Who Can Train Fieldworkers?

- ∅ The person conducting the training shall be qualified as one of the following:
 - ∅ (1) A California certified applicator;
 - ∅ (2) A person holding any other valid license or certificate of personal pesticide qualification issued by the department;
 - ∅ (3) A person who has completed an “instructor training” program presented by one of the following:
 - ∅ (A) the University of California, Integrated Pest Management Program, after January 1, 1993;
 - ∅ (B) other instructor training program approved by the director.
 - ∅ (4) A California Registered Professional Forester;
 - ∅ (5) A person holding a valid County Biologist License in Pesticide Regulation or Investigation and Environmental Monitoring issued by the California Department of Food and Agriculture;
 - ∅ (6) A farm adviser employed by the University of California Extension Office; or
 - ∅ (7) Other valid trainer qualification approved by the director.

STATE OF CALIFORNIA
DEPARTMENT OF PESTICIDE REGULATION
FIELD WORKER SAFETY
INSPECTION REPORT
PR-ENF-103 (REV. 01/10) Page 1 of 1

103-

COMPLETE
 PARTIAL
 FOLLOW-UP INSPECTION
ORIGINAL INSP. # _____

INSPECTING COUNTY _____

FIRM / PERSON INSPECTED (Check one) FLC GROWER OTHER TELEPHONE NUMBER _____ SITE ID NUMBER _____

FIRM MAILING ADDRESS _____ PERMIT / OPERATOR ID NUMBER _____ COMMODITY / SITE _____

PROPERTY OPERATOR _____ ADJACENT ENVIRONMENT _____ N _____

PROPERTY LOCATION _____

SUPERVISOR _____ INTERVIEWED YES NO

DATE OF APPLICATION _____ REI EXPIRED YES NO

APPROX. # OF FIELD WORKERS _____ # OF FIELD WORKERS INTERVIEWED _____

APPROXIMATE FIELD SIZE _____ FIELD WORKERS ACTIVITY _____

PESTICIDE NAME / MANUFACTURER	LABEL REGISTRATION NUMBER	SIGNAL WORD	REI

N/A **Early Entry Personal Protective Equipment Worn**

DERMAL <input type="checkbox"/> Work Clothing <input type="checkbox"/> Chemical Resistant Clothes <input type="checkbox"/> Chemical Resistant Boots <input type="checkbox"/> Head Covering <input type="checkbox"/> Shoes and Socks <input type="checkbox"/> Other _____	HANDS <input type="checkbox"/> Cloth/Leather Gloves <input type="checkbox"/> Chemical Resistant Gloves <input type="checkbox"/> None _____	EYES <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Goggles <input type="checkbox"/> Faceshield <input type="checkbox"/> None _____	INHALATION <input type="checkbox"/> Dust Mask <input type="checkbox"/> 1/2 Face Respirator <input type="checkbox"/> Full Face Respirator <input type="checkbox"/> SCBA <input type="checkbox"/> None _____
---	--	--	--

REQUIREMENTS	Section	COMPLIANCE			REQUIREMENTS, (Continued)	Section	COMPLIANCE		
		YES	NO	N/A			YES	NO	N/A
1. FLC Registered #	1686 LC				9. Field Entry After Pesticide Application	6770			
2. Notice of Application Within 1/4 Mile	6818(a)				10. Early Entry Requirements	6771			
3. Decontamination Facility	6768				11. Posting Compliance	6776			
4. Hazard Communication A-9	6761				12. Greenhouse Ventilation Criteria	6769			
5. Emergency Medical Care Knowledge	6766				13. Labeling - PPE	12973			
6. Field Worker Training	6764								
7. Application Specific Information Display	6761.1								
8. Field Work During Pesticide Application	6762				TOTAL				

COMPLIANCE ACTIONS:

Cease and Desist Order 11897 / 13102 YES NO Follow-up Required YES NO

Hazardous Area 6705 YES NO Correct Noncompliances By: _____

Remarks - Include a detailed description of noncompliances. When additional space is required, continue on Inspection Report / VN Supplement, PR-ENF-111.

INSPECTOR (Print Name) _____ Signature _____ TIME AND DATE INSPECTED _____

INSPECTION ACKNOWLEDGED BY (Print Name) _____ Signature _____ DATE ACKNOWLEDGED _____

VIOLATION NOTICE YES NO # _____ **VIOLATION NOTICE** YES NO # _____

(FARM LABOR CONTRACTOR) (PROPERTY OPERATOR)

Distribution: White - County; Canary - DPR; Pink - Inspector; Goldenrod - Firm / Person Inspected

Page _____ of _____

- Application Specific Information:
- Scope: All Pesticides
- The operator of property used for the commercial or research production of an agricultural plant commodity
- (1) Identification of the treated field;
 - (2) Time and date of the application;
 - (3) Restricted entry interval;
 - (4) Product name(s), U.S. EPA registration number(s), and active ingredient(s); and
 - (5) Spray adjuvant product name(s) and California registration number(s) if applicable.

COMPLETE
 PARTIAL
 FOLLOW-UP INSPECTION
ORIGINAL INSP. # _____

INSPECTING COUNTY _____

FIRM / PERSON INSPECTED (Check one) <input type="checkbox"/> FLC <input type="checkbox"/> GROWER <input type="checkbox"/> OTHER		TELEPHONE NUMBER	SITE ID NUMBER
FIRM MAILING ADDRESS		PERMIT / OPERATOR ID NUMBER	COMMODITY / SITE
PROPERTY OPERATOR	ADJACENT ENVIRONMENT		
PROPERTY LOCATION	TREATMENT AREA		
SUPERVISOR	INTERVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO	W	E
DATE OF APPLICATION	REI EXPIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		
APPROX. # OF FIELD WORKERS	# OF FIELD WORKERS INTERVIEWED	S	
APPROXIMATE FIELD SIZE	FIELD WORKERS ACTIVITY		

PESTICIDE NAME / MANUFACTURER	LABEL REGISTRATION NUMBER	SIGNAL WORD	REI

N/A **Early Entry Personal Protective Equipment Worn**

DERMAL	HANDS	EYES	INHALATION
<input type="checkbox"/> Work Clothing	<input type="checkbox"/> Cloth/Leather Gloves	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Dust Mask
<input type="checkbox"/> Chemical Resistant Clothes	<input type="checkbox"/> Chemical Resistant Gloves	<input type="checkbox"/> Goggles	<input type="checkbox"/> 1/2 Face Respirator
<input type="checkbox"/> Chemical Resistant Boots	<input type="checkbox"/> Other _____	<input type="checkbox"/> Faceshield	<input type="checkbox"/> Full Face Respirator
<input type="checkbox"/> Head Covering	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> SCBA
<input type="checkbox"/> Shoes and Socks			<input type="checkbox"/> None
<input type="checkbox"/> Other _____			

REQUIREMENTS	Section	COMPLIANCE			REQUIREMENTS, (Continued)	Section	COMPLIANCE		
		YES	NO	N/A			YES	NO	N/A
1. FLC Registered #	1696 LC				9. Field Entry After Pesticide Application	6770			
2. Notice of Application Within 1/4 Mile	6818(a)				10. Early Entry Requirements	6771			
3. Decontamination Facility	6768				11. Posting Compliance	6776			
4. Hazard Communication A-9	6761				12. Greenhouse Ventilation Criteria	6769			
5. Emergency Medical Care Knowledge	6766				13. Labeling - PPE	12973			
6. Field Worker Training	6764								
7. Application Specific Information Display	6761.1								
8. Field Work During Pesticide Application	6762				TOTAL	TOTAL			

COMPLIANCE ACTIONS:

Cease and Desist Order 11897 / 13102	<input type="checkbox"/> YES <input type="checkbox"/> NO	Follow-up Required	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hazardous Area 6705	<input type="checkbox"/> YES <input type="checkbox"/> NO	Correct Noncompliances By:	

Remarks - Include a detailed description of noncompliances. When additional space is required, continue on Inspection Report / VN Supplement, PR-ENF-111.

INSPECTOR (Print Name)	Signature	TIME AND DATE INSPECTED
INSPECTION ACKNOWLEDGED BY (Print Name)	Signature	DATE ACKNOWLEDGED

VIOLATION NOTICE YES NO # _____ **VIOLATION NOTICE** YES NO # _____
(FARM LABOR CONTRACTOR) (PROPERTY OPERATOR)

Field Work During Pesticide Application:

Scope: Employees in the field that is being treated

No employer shall direct or allow any person, other than the persons making the application to enter or remain in a treated area of a farm or forest during the application.

COMPLETE
 PARTIAL
 FOLLOW-UP INSPECTION
ORIGINAL INSP. # _____

INSPECTING COUNTY _____

FIRM / PERSON INSPECTED (Check one) <input type="checkbox"/> FLC <input type="checkbox"/> GROWER <input type="checkbox"/> OTHER		TELEPHONE NUMBER	SITE ID NUMBER
FIRM MAILING ADDRESS		PERMIT / OPERATOR ID NUMBER	COMMODITY / SITE
PROPERTY OPERATOR	ADJACENT ENVIRONMENT	TREATMENT AREA	
PROPERTY LOCATION			
SUPERVISOR	INTERVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO	E	
DATE OF APPLICATION	REI EXPIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		
APPROX. # OF FIELD WORKERS	# OF FIELD WORKERS INTERVIEWED	S	
APPROXIMATE FIELD SIZE	FIELD WORKERS ACTIVITY		

PESTICIDE NAME / MANUFACTURER	LABEL REGISTRATION NUMBER	SIGNAL WORD	REI

N/A **Early Entry Personal Protective Equipment Worn**

DERMAL	HANDS	EYES	INHALATION
<input type="checkbox"/> Work Clothing	<input type="checkbox"/> Cloth/Leather Gloves	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Dust Mask
<input type="checkbox"/> Chemical Resistant Clothes	<input type="checkbox"/> Chemical Resistant Gloves	<input type="checkbox"/> Goggles	<input type="checkbox"/> 1/2 Face Respirator
<input type="checkbox"/> Chemical Resistant Boots	<input type="checkbox"/> Other _____	<input type="checkbox"/> Faceshield	<input type="checkbox"/> Full Face Respirator
<input type="checkbox"/> Head Covering	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> SCBA
<input type="checkbox"/> Shoes and Socks			<input type="checkbox"/> None
<input type="checkbox"/> Other _____			

REQUIREMENTS	Section	COMPLIANCE			REQUIREMENTS, (Continued)	Section	COMPLIANCE		
		YES	NO	N/A			YES	NO	N/A
1. FLC Registered #	1696 LC				9. Field Entry After Pesticide Application	6770			
2. Notice of Application Within 1/4 Mile	6818(a)				10. Early Entry Requirements	6771			
3. Decontamination Facility	6768				11. Posting Compliance	6776			
4. Hazard Communication A-9	6761				12. Greenhouse Ventilation Criteria	6769			
5. Emergency Medical Care Knowledge	6766				13. Labeling - PPE	12973			
6. Field Worker Training	6764								
7. Application Specific Information Display	6761.1								
8. Field Work During Pesticide Application	6762				TOTAL	TOTAL			

COMPLIANCE ACTIONS:

Cease and Desist Order 11897 / 13102 YES NO Follow-up Required YES NO

Hazardous Area 6705 YES NO Correct Noncompliances By: _____

Remarks - Include a detailed description of noncompliances. When additional space is required, continue on Inspection Report / VN Supplement, PR-ENF-111.

INSPECTOR (Print Name)	Signature	TIME AND DATE INSPECTED
INSPECTION ACKNOWLEDGED BY (Print Name)	Signature	DATE ACKNOWLEDGED

VIOLATION NOTICE YES NO # _____ **VIOLATION NOTICE** YES NO # _____

(FARM LABOR CONTRACTOR) (PROPERTY OPERATOR)

Field Entry after Pesticide Application:

This applies to entry into the field during the REI.

Early Entry Requirements:

Employees in the field during the REI

Labeling Personal Protective Equipment:

Employees working in field during REI

COMPLETE
 PARTIAL
 FOLLOW-UP INSPECTION
ORIGINAL INSP. # _____

INSPECTING COUNTY _____

FIRM / PERSON INSPECTED (Check one) <input type="checkbox"/> FLC <input type="checkbox"/> GROWER <input type="checkbox"/> OTHER		TELEPHONE NUMBER	SITE ID NUMBER
FIRM MAILING ADDRESS		PERMIT / OPERATOR ID NUMBER	COMMODITY / SITE
PROPERTY OPERATOR		ADJACENT ENVIRONMENT	N
PROPERTY LOCATION		TREATMENT AREA	E
SUPERVISOR			
DATE OF APPLICATION		W	
APPROX. # OF FIELD WORKERS		# OF FIELD WORKERS INTERVIEWED	
APPROXIMATE FIELD SIZE		FIELD WORKERS ACTIVITY	

PESTICIDE NAME / MANUFACTURER	LABEL REGISTRATION NUMBER	SIGNAL WORD	REI

N/A **Early Entry Personal Protective Equipment Worn**

DERMAL	HANDS	EYES	INHALATION
<input type="checkbox"/> Work Clothing	<input type="checkbox"/> Cloth/Leather Gloves	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Dust Mask
<input type="checkbox"/> Chemical Resistant Clothes	<input type="checkbox"/> Chemical Resistant Gloves	<input type="checkbox"/> Goggles	<input type="checkbox"/> 1/2 Face Respirator
<input type="checkbox"/> Chemical Resistant Boots	<input type="checkbox"/> Other _____	<input type="checkbox"/> Faceshield	<input type="checkbox"/> Full Face Respirator
<input type="checkbox"/> Head Covering	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> SCBA
<input type="checkbox"/> Shoes and Socks			<input type="checkbox"/> None
<input type="checkbox"/> Other _____			

REQUIREMENTS	Section	COMPLIANCE			REQUIREMENTS, (Continued)	Section	COMPLIANCE		
		YES	NO	N/A			YES	NO	N/A
1. FLC Registered #	1696 LC				9. Field Entry After Pesticide Application	6770			
2. Notice of Application Within 1/4 Mile	6818(a)				10. Early Entry Requirements	6771			
3. Decontamination Facility	6768				11. Posting Compliance	6776			
4. Hazard Communication A-9	6761				12. Greenhouse Ventilation Criteria	6769			
5. Emergency Medical Care Knowledge	6766				13. Labeling - PPE	12973			
6. Field Worker Training	6764								
7. Application Specific Information Display	6761.1								
8. Field Work During Pesticide Application	6762				TOTAL				

COMPLIANCE ACTIONS:

Cease and Desist Order 11897 / 13102 YES NO Follow-up Required YES NO

Hazardous Area 6705 YES NO Correct Noncompliances By: _____

Remarks - Include a detailed description of noncompliances. When additional space is required, continue on Inspection Report / VN Supplement, PR-ENF-111.

INSPECTOR (Print Name)	Signature	TIME AND DATE INSPECTED
INSPECTION ACKNOWLEDGED BY (Print Name)	Signature	DATE ACKNOWLEDGED

VIOLATION NOTICE YES NO # _____ **VIOLATION NOTICE** YES NO # _____

(FARM LABOR CONTRACTOR) (PROPERTY OPERATOR)

Posting Compliance:

Scope: The operator of the property is responsible to post fields treated with any pesticide during the REI when:

- Label Requires
- REI is greater than 7 days
- Danger or minimal exposure pesticides are applied through an irrigation system.
- Any application is made in a greenhouse
- Fumigant is applied to a field

Notice of Intent

- ∅ Why is it important?
- ∅ What requirements does it fulfill?



NOI

24-HOUR NOTICE OF INTENT TO APPLY PESTICIDES

Grower must furnish information to the El Dorado County Agricultural Commissioner's Office

Please fill out form and either fax to 530-626-4756 (Weekdays Only)

Or you may call in the NOI at 530-621-7418 (Days, Evenings, Friday till 4:00pm)

NO phone NOI's will be accepted on Weekends

YOU MUST CALL OR FAX AT LEAST 24-HOURS BEFORE YOU INTEND TO APPLY CHEMICAL.

Name		Permit Number		Pest Control Business (if applicable)/Advisor			
Address		Crop(s) treated/Acres treated		Start Date & Time			
Site Number	Name of Pesticide	EPA Registration Number	Pesticide Formulation	Method	Rate per Acre (pounds)	Dilution Volume	Target Pest
Environmental Changes							

*Dilution volume - volume of water per acre

Approved

Denied

Comments:

⚠ Please notify our office in the event you **DO NOT** spray!!

Date Received by
Dept of Ag

History

The California Environmental Quality Act

- CEQA
- Adopted 1970
- The state's principal environmental law

History

- Ø In 1976 the California Attorney General determined that issuance of county permits was subject to the requirements of CEQA and therefore, required an environmental impact report (EIR) for the pesticide permit.
- Ø The restricted materials permit program was developed as an alternative program to provide an abbreviated environmental review procedure that serves as the “functional equivalent” to a full scale EIR normally required by CEQA.

Functional Equivalency

∅ Required Parts in the Process

- Evaluation and Registration of Pesticides
 - Evaluates hazards
 - Mitigates hazards by label requirements
 - Consults with boards and agencies listed in regulation
- Permitting Process
 - Review of proposed application by identifying hazard of the pesticide and sensitive sites
 - Provides conditions to mitigate problems or hazards beyond the pesticide label and regulations
 - Consider alternatives when there are unmitigated adverse environmental impacts

∅ Required Parts in the Process

- Consider Possible Alternatives
 - Use non-restricted materials
 - Use a non-pesticide procedure
 - Use an alternate restricted material



Notice of Intent

- ∅ The County Agricultural Commissioners (CAC) review of the NOI and its acceptance or denial completes the permit evaluation process for the use of the restricted material
- ∅ CAC must review all NOI's submitted prior to the scheduled application

NOI Requirements by Law

- Ø Must be submitted at least 24 hours prior to the use of the pesticide.
- Ø Site and time specific
- Ø Must list any environmental conditions that have changed since the permit was issued.
- Ø Can be filed by telephone, fax, in person, or electronically through CalAgPermits

www.calagpermits.org

CalAgPermits Home Product Lookup RMP - Op-ID Pesticide Use Report Help

You are logged in as: lamila
[Change Password](#) [Change Q and A](#) [Logout](#)

Welcome lamila

CalAgPermits Forms

- PIUR/NOT List**
User specific list of NOI, PIUR, Prod-Ag Monthly and MSPUR data.
- Notice of Intent Entry**
Web-based form for Notice of Intent to Apply Restricted Materials (PR-ENF-126X). *(Circled in pink)*
- PIUR Single Job Entry**
Web-based form for Pesticide Use Report (PR-ENF-025).
- PIUR Production Ag. Monthly Report**
Web-based form for Production Agriculture Monthly Pesticide Use Report (PR-ENF-017C, PR-ENF-183, PR-ENF-184)
- MSPUR Non-Ag, Non-Prod Ag Monthly Report**
Web-based form for Monthly Summary Pesticide Use Report (PR-ENF-060).
- Upload CEDTS File**
Allows users to upload CEDTS format batch files for Notices of Intent and Pesticide Use Reports.

Submissions

Notices of Intent:	0
PIUR Single Job Entries:	0
PIUR Prod Ag Monthly Reports:	1
MSPUR Reports:	3

Active Permits

0900149	2012/2	P	EL DORADO CO AGRICULTURE DEPT
0900149	2012/1	I	EL DORADO CO AGRICULTURE DEPT

perm# #, year/mo, status (Expired, Revised, In Progress), permittee

Did You Know?
Pesticides are monitored by the U.S. EPA and must go through rigorous testing before they can be distributed. The U.S. EPA requires about 100 different scientific studies and tests from all applicants seeking to register pesticides.

Useful Links

- CalAgPermits User's Guide
- CA DPR
- CA DPR Paper Forms
- Licensing Information
- Recent News

Microsoft ActiveSync | Edgov.us Mail - Inbox | CALCASA APP - Mozilla | Microsoft PowerPoint - [...] | Fieldnotes1.pdf | 3:06 PM



Active Permit:
Active Site:

You are logged in as: [lamlis](#)
[Change Password](#) | [Change Q and A](#) | [Logout](#)

Notice of Intent

Report Status:
 Submittal Status:

Operator ID/Permit #	<input type="text"/>	Applicator License/Name	<input type="text"/>
Date/Time of Proposed Application	<input type="text"/>	Supervised By	<input type="text"/>
Site Identification Number	<input type="text"/>	Block ID	<input type="text"/>
Commodity to be Treated	<input type="text"/>	Nursery	<input type="checkbox"/>
Proposed Treated Area - Units	<input type="text"/>	Document #	<input type="text"/>
Application Method/Fume Code	<input type="text"/>	Days Reentry	<input type="text"/>
Environmental Changes/Comments	<input type="text"/>		
		Days Pre-Harvest	<input type="text"/>

Permittee/Property Operator					Operator ID/Permit Number	Document #
County	Section	Township	Range	Meridian	App Method/Fume Code	Commercial Applicator (if any)
9 El Dorado						
Site Identification Number		Site District (If Applicable)		Planted Area - Units		
Location				Block ID (If Applicable)	Nursery	
Date/Time of Proposed Application		Proposed Treated Area - Units			Commodity to be Treated	
Days Re-entry	Days Pre-harvest		Applied/Supervised By		Reviewed By - Date/Time	
Approved/Denied	Environmental Changes/Comments					

Online Pesticide Use Reporting

www.calagpermits.org

It's EASY!!!!!!!!!!
Don't be Scared!!!!

The background of the slide is a solid blue color. In the lower right quadrant, there are several faint, light blue concentric circles that resemble ripples on water, creating a decorative effect.



Active Permit:

Active Site:

You are logged in as: lamiis

[Change Password](#) [Change Q and A](#) [Logout](#)

Monthly Pesticide Use Report - Production Agriculture only

Report Status:

Submittal Status:

Operator ID/ Permit #	<input type="text"/>	Document #	<input type="text" value="Auto-Assign"/>
Report Month/Year	<input type="text" value="MM"/> / <input type="text" value="YYYY"/>	Nursery	<input type="checkbox"/>
		Negative Use Report	<input type="checkbox"/>

Operator (Grower)	County	Address	City	Zip Code
	9 - El Dorado			

Line #:

Site Identification Number	<input type="text"/>	Block ID	<input type="text" value="-- opt --"/>
Commodity Treated	<input type="text"/>		

Section	Township	Range	Base & Meridian	Location	Planted Area/Units

Application Date / Time	<input type="text"/>	Treated Area - Units	<input type="text" value="choose one--"/>
-------------------------	----------------------	----------------------	---

Application Method/Fume Code	<input type="text" value="choose one--"/>	Days Re-entry	<input type="text" value="--opt--"/>
Product EPA Number/Name	<input type="text" value="Type a code or name"/>	Dilution	<input type="text" value="-- optional --"/>
Total Product Used - Units	<input type="text" value="choose one--"/>	Rate	

[Save Line - New Site/Date](#) [Save Line - New Date](#) [Save Line - New Product](#) [Clear Line](#)

Line	Date/Time Applied	Site ID	Commodity Treated	Total Planted / Units	Total Treated / Units	EPA / Calif. Reg. No. From Label	Product Name	Appl. Meth	Total Used / Units	Rate
------	-------------------	---------	-------------------	-----------------------	-----------------------	----------------------------------	--------------	------------	--------------------	------

No records to display.

Active Permit: You are logged in as: lamia
Active Site:
[Change Password](#) [Change Q and A](#) [Logout](#)

Monthly Pesticide Use Report - Non-Ag/Non-Prod Agriculture only
 Report Status: Incomplete
 Submittal Status: Draft

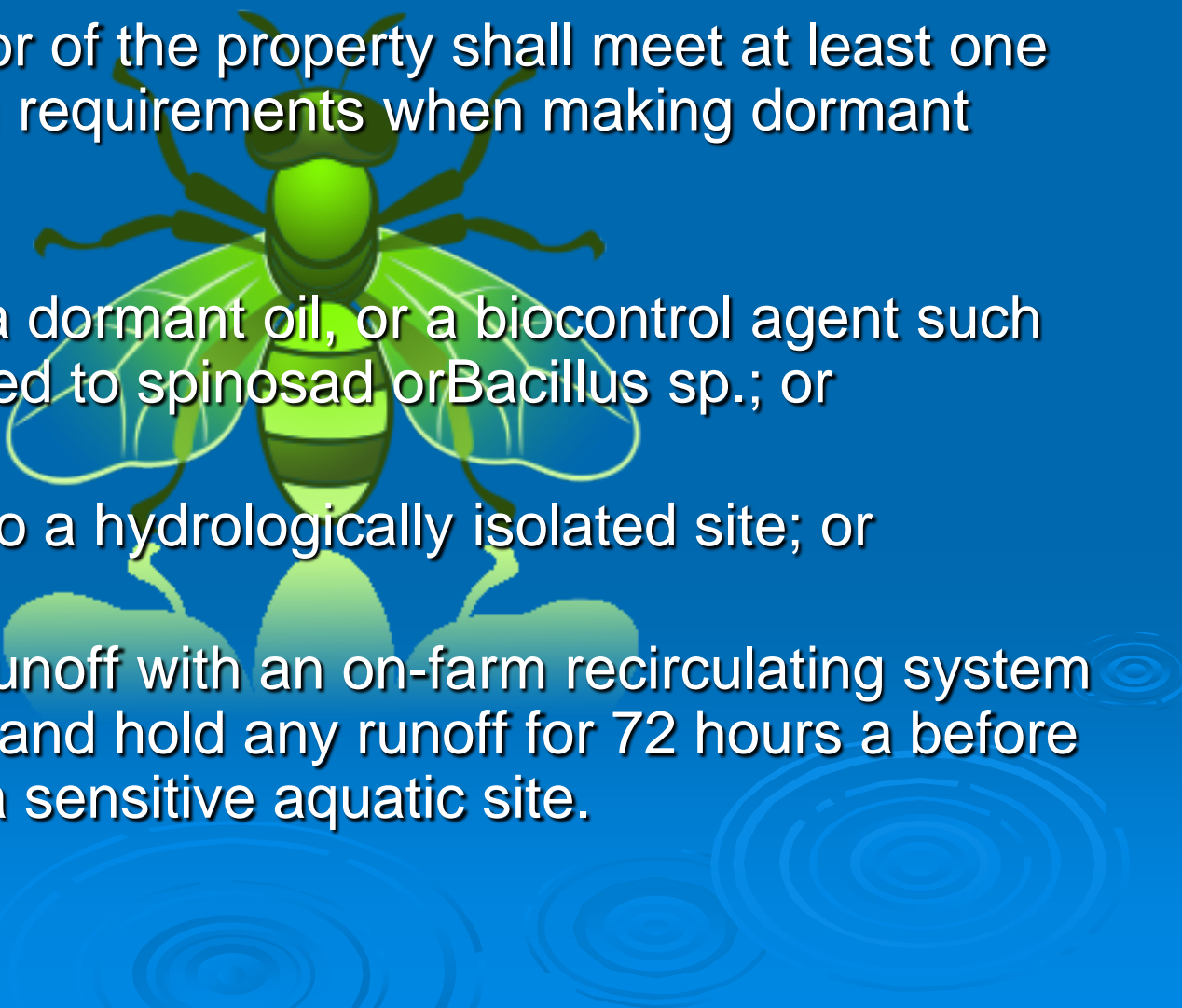
Document # WEB121643072	SPCB Stamp #			
Operator Name EL DORADO CO. AGRICULTURE DEPT		Address 311 FAIR LANE PLACERVILLE 95667-		Phone "
License # 900149	Permit # N/A	County 9 El Dorado	Report Month/Year 9 / 2011	Total Applications 17

Line	EPA / Calif. Reg. No. From Label	Product Name	No. of Appl.	Total Used / Units	Commodity Treated	Area Treated / Units
4	11656-50119-AA	FIRST CHOICE EXCEL 91-1F	4	37.2 Ounce		
3	524-535-AA	QUIKPRO HERBICIDE	2	37 Ounce	100-0: REG PEST CONTRL	
2	352-654-AA	DUPONT TELAR XP HERBICIDE	3	145 Gram	100-0: REG PEST CONTRL	
1	62719-519-AA	MILESTONE	9	48 Ounce	100-0: REG PEST CONTRL	

Report Prepared By: _____ **Date:** _____

[Edit](#) [Print](#) [Return to PUR List](#)

Dormant Insecticide Regulations

- 
- ∅ (a) The operator of the property shall meet at least one of the following requirements when making dormant applications:
 - ∅ (1) only apply a dormant oil, or a biocontrol agent such as but not limited to spinosad or *Bacillus* sp.; or
 - ∅ (2) only apply to a hydrologically isolated site; or
 - ∅ (3) divert any runoff with an on-farm recirculating system and/or contain and hold any runoff for 72 hours before releasing into a sensitive aquatic site.

- Ø (b) If none of the requirements in subsection (a) can be met, the following dormant insecticide application restrictions shall apply:
 - Ø (1) the operator of the property to be treated shall obtain a written recommendation from a licensed pest control adviser prior to the application; and
 - Ø (2) the application shall not be made within 100 feet of any sensitive aquatic site; and
 - Ø (3) wind speed shall be 3-10 miles per hour (mph) at the perimeter of the application site as measured by an anemometer on the upwind side.
- Ø (c) Aerial application of dormant insecticides shall only be allowed if:
 - Ø (1) soil conditions do not allow field entry, or approaching bloom conditions necessitate aerial application; and
 - Ø (2) all the requirements in subsection (b) are met.
- Ø (d) No dormant insecticide application shall occur if:
 - Ø (1) soil moisture is at field capacity and a storm event, forecasted by the National Oceanic and Atmospheric Administration (NOAA) or National Weather Service (NWS), is to occur within 48 hours following application; or
 - Ø (2) a storm event likely to produce runoff from the treated area is forecasted by NOAA/NWS to occur within 48 hours following the application.