

RANCHERS CE SEMINAR



PESTICIDE LAWS & REGS UPDATE

- PPE
- DIAZINON
- 2nd GENERATION RODENTICIDES
- WILDLIFE AREA USE
- G R A P
- WEATHER
- PESTICIDE USE

FOOD AND AG CODE SECTIONS

Code / Section	Action	Subject	Date Effective
FAC 12978.7	Added	Anticoagulants, Prohibited in Wildlife Areas	1-1-2015
FAC 12996(c)	Amended	Violations: Criminal Penalties, Exempts Schools Pesticide-Use Training Requirement	1-1-2015
FAC 12999.4(a)	Amended	Civil Penalties: Adds Schools Training Requirement (FAC 13186.5)	1-1-2015
FAC 12999.5(a)	Amended	Civil Penalties: Adds Carbon Monoxide Device (FAC 14160-14161)	1-1-2015
FAC 13182	Amended	Schools: Pesticide Training	1-1-2015
FAC 13186	Amended	Schools: Records, Notification, Adds PCO	1-1-2015
FAC 13186.5	Added	Schools: Pesticide Use Training	1-1-2015
FAC 14160 - 14161	Added	Carbon Monoxide Pest Control Devices: Defined and rulemaking authority	1-1-2015

Title 3, California Code of Regulations

Code / Section	Action	Subject	Date Effective
3CCR 6000	Deleted	“Assure” Or “Ensure”	7/1/2015
3CCR 6000	Deleted	Chemical Resistant or Waterproof	7/1/2015
3CCR 6400	Amended	Chlorpyrifos – Added when used on agricultural commodities	7/1/2015
3CCR 6400	Amended	Methyl Iodide – Unregistered	8/6/2014
3CCR 6446	Repealed	Methyl Iodide – Removed	8/6/2014
3CCR 6446.1	Repealed	Methyl Iodide – Removed	8/6/2014
3CCR 6486.7	Deleted	Azinphos Methyl	7/1/2015
3CCR 6624	Amended	PUR – Remove Methyl Iodide	8/6/2014
3CCR 6736	Deleted	Coveralls	7/1/2015
3CCR 6738	Amended	Personal Protective Equipment Care	7/1/2015
3CCR 6738.1	Added	Personal Protective Equipment Use	7/1/2015
3CCR 6738.2	Added	Selection of Protective Eyewear	7/1/2015
3CCR 6738.3	Added	Selection of Gloves	7/1/2015
3CCR 6738.4	Added	Personal Protective Equipment Exemptions	7/1/2015
3CCR 6739(j)(B)-(D)	Amended	Respiratory Protection	7/1/2015
3CCR 6764(b)(9)	Amended	Fieldworker Training – Heat-related illness	7/1/2015
3CCR 6793	Amended	Minimal Exposure Pesticides – Safety Use Requirements	7/1/2015
3CCR 6795(a)	Amended	Removed MSHA approved respiratory protection	7/1/2015
3CCR 6800	Amended	Groundwater Protection List	10/1/2014

PESTICIDE USE

- REQUIREMENTS OF REPORTING
- FORMS
- TIMEING OF REPORTING
- ELECTRONIC FILING

WHAT NEEDS REPORTING

- HERBICIDE
- INSECTICIDE
- RODENTICIDE

- AKA

- ALL PESTICIDE USE.....

PRODUCTION AGRICULTURE MONTHLY PESTICIDE USE REPORT

435555

Submit to the Agricultural Commissioner within 10 days of the month following application.

Month ¹ Year ²

Nursery ³

Operator ID/Permit No. Operator (Grower) Address City Zip Code

Site Identification No. Total Planted Acres/Units County Number Section Township Range Base & Meridian
 N S E W S M H

Commodity/Site Treated Field Location

16 Date/Time Application Completed ¹⁸	19 Acreage/ Units Treated ²⁰	Application Method (Check One)	21 Block ID (If Applicable)	EPA or State Registration Number (From Label)	22 Total Product Used	23 Days Reentry	24 Rate Per Acre	25 Dilution	26 Product and Manufacturer
		<input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Fume <input type="checkbox"/> Other			<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
		<input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Fume <input type="checkbox"/> Other			<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
		<input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Fume <input type="checkbox"/> Other			<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
		<input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Fume <input type="checkbox"/> Other			<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
		<input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Fume <input type="checkbox"/> Other			<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				

Report Prepared By Date Reviewed By For Agency Use Only

(1) CAC

PRODUCTION AGRICULTURE MONTHLY PESTICIDE USE REPORT

435556

Submit to the Agricultural Commissioner within 10 days of the month following application.

December 2015

Month 1 Year 2

Nursery 3

Operator (E/Permit No.)		Operator (Grower) AISC GROWER			Address			City		Zip Code	
4		5			6			7		8	
9		10			11			12		13	
14		15			16			17		18	
19		20			21			22		23	
24		25			26			27		28	
29		30			31			32		33	
34		35			36			37		38	
39		40			41			42		43	
44		45			46			47		48	
49		50			51			52		53	
54		55			56			57		58	
59		60			61			62		63	
64		65			66			67		68	
69		70			71			72		73	
74		75			76			77		78	
79		80			81			82		83	
84		85			86			87		88	
89		90			91			92		93	
94		95			96			97		98	
99		100			101			102		103	

19	20	21	22	23	24	25	26	27	28
Date/Time Application Completed	Acreage/Units Treated	Application Method (Check One)	Block ID (If Applicable)	EPA or State Registration Number (From Label)	Total Product Used	Days Reentry	Rate Per Acre	Dilution	Product and Manufacturer
12/1	100A	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Fume <input type="checkbox"/> Other	1PR2	10965-50004	50 <input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				CDFA
12/5	100A	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Fume <input type="checkbox"/> Other	1PR4	↓	75 <input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
12/12	50A	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Fume <input type="checkbox"/> Other	1PR2		25 <input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
12/20	25A	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Fume <input type="checkbox"/> Other	1PR4		25 <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
12/27	20A	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Fume <input type="checkbox"/> Other	1PR1		25 <input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
		<input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Fume <input type="checkbox"/> Other				<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA			

Report Prepared By JOE GROWER Date 1/10/2016

Reviewed By _____
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Operator ID/Permit #	<input type="text"/>	Applicator License/Name	<input type="text"/>
		Grower Applied:	<input type="checkbox"/>
Date/Time Applied	<input type="text"/> <input type="text"/>	Applied/Supervised By	<input type="text"/>
Site Identification Number	<input type="text"/>	Block-ID	<input type="text"/>
		Nursery	<input type="checkbox"/>
Commodity Treated	<input type="text"/>	Document #	<input type="text"/>
Treated Area - Units	<input type="text"/> - <input type="text"/>	Days Reentry	<input type="text"/>
Application Method/Fume Code	<input type="text"/>	Days Pre-Harvest	<input type="text"/>

Permittee/Property Operator						Operator ID/Permit Number	Document Number
County	Section	Township	Range	Meridian	App Method/Fume Code	Commercial Applicator	
35 San Benito							
Site Identification Number			Planted Area - Units				
Location				Block ID (If Applicable)		Nursery	
Date/Time Applied			Treated Area - Units			Commodity Treated	
Days Re-entry		Days Pre-harvest		Applied/Supervised By			

Line #	Product EPA Number/Name	Total Product Used - Units	Rate	Dilution
	<input type="text"/>	<input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>

Operator ID/ Permit #	<input type="text" value="Type a code or name"/>	Document #	<input type="text"/>
Report Month/Year	MM / YYYY	Nursery	<input type="checkbox"/>

Operator (Grower)	County	Address		City	Zip Code
	35 San Benito				
Section	Township	Range	Base & Meridian	Location	Planted Area/Units

Application Date / Time	<input type="text"/> <input type="text"/>	Application Method/Fume Code	<input type="text" value="choose one..."/>
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Line #:

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

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

Line	Date/Time Applied	Site ID	Commodity Treated	Total Planted / Units	Total Treated / Units	EPA / Calif. Reg. No. From	Product Name	Appl. Meth	Fume Code	Total Used / Units	Rate	Dilution	Days Re-entry	MTRS
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PESTICIDE USE REPORTING

- ASK @ TIME of PERMIT RENEWAL
- SET UP AN ACCOUNT
- ACCESS CAL-AG PERMITS
- CREATE A SECURE USER ACCOUNT
- REPORT USING FORMS ON-LINE
- PAPERLESS and RECORDS RETAINED
- TECHNICAL SUPPORT PROVIDED

END

