

# Pesticide Application Inspection Report

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Announced: \_\_\_\_\_ Unannounced:

Company Name: \_\_\_\_\_

Address  
Location:  
**G**

Address  
Mailing:

Phone: \_\_\_\_\_

**Hand Applicator:** (Complete this section for hand application equipment)

Applicator's Name, Title, Certification Number, and Date of Expiration:

Inspection conducted by staffmember (s): \_\_\_\_\_

Area Sprayed:  
Roadside: \_\_\_\_\_ Median Strip:  Drainage Ditch:

Were chemicals being used mixed on site? Yes  No   
If no, indicate where chemicals were mixed: \_\_\_\_\_

If yes, ask the following question:  
Did the applicator use the Parish's water supply such as a fire hydrant?  
Yes  No  N/A

If no, explain the source of the water. \_\_\_\_\_



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If yes, ask the following question:

Did the applicator use the Parish's water supply such as a fire hydrant? Yes  No   
Yes  No  N/A

If no, explain the source of the water. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the applicator is using or used a fire hydrant, did the connection have a back flow preventor?

(Note, if the inspector is present while chemicals are being mixed, the inspector should note the position of the hose in relation to the lip of the tank or container. If the hose is in the chemical, this will cause a back flow of chemicals (s) which will contaminate the water supply). Yes  No  N/A

What chemicals did the applicator mix? \_\_\_\_\_

G \_\_\_\_\_  
\_\_\_\_\_

Chemical name: \_\_\_\_\_

How much is being mixed or was mixed? Water \_\_\_\_\_ gallons  
Chemical \_\_\_\_\_ gallons

Does the applicator have a copy of the label or MSDS sheet for each chemical mixed or being transported on the vehicle? Yes  No

Is the applicator(s) wearing the protective clothing prescribed by the label?

Yes  No

Describe the applicator(s) protective clothing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are the safety lights on the vehicle(s) working? Yes  No

Comments or suggestions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Equipment Check:

Are there any leaks in the hose(s) or from the valves(s)? (Applies to hand applicators)

Yes  No

Ask the applicator to turn in the pump so that the system is pressurized, so that pressure gauges can be checked. The gauge is usually located on the front of the truck.

Are the pressure gauges working?                      Yes       No  

Comments or suggestions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are all hoses, fittings and valves free of leaks or cracks?    Yes       No  

Comments or suggestions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the company have an SPCC plan?                      Yes       No  

Comments or suggestions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a spill clean-up kit on the vehicle?                      Yes       No  

Comments or suggestions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Report Completed by: \_\_\_\_\_

Report Reviewed by: \_\_\_\_\_

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