



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

Respond to:
 Bureau of Compliance Monitoring
 3125 Conner Blvd., Bldg. 8
 Tallahassee, FL 32399-1650

FIELD ADVISORY NOTICE

ADAM H. PUTNAM
 COMMISSIONER

Rule 5E-2.041, F.A.C.
 Telephone Number (850) 617-7850

File Name _____ **File Number** _____ **Date** _____

This notice references compliance with Chapter 487, Florida Statutes (F.S.), Chapter 5E-2 and Chapter 5E-9, Florida Administrative Code (F.A.C.), specifically:

- | | | |
|---|--|--------------------------|
| Use of Pesticides – Personal Protective Equipment | Section 487.031(10), F.S. | <input type="checkbox"/> |
| Applicator RUP Records | Section 487.031(13), F.S., 5E-9.032, F.A.C. | <input type="checkbox"/> |
| Dealer RUP Records | Section 487.048(2), F.S., 5E-9.033, F.A.C. | <input type="checkbox"/> |
| Pesticide Storage | Section 487.031(10)-(12), F.S., 5E-2.022, F.A.C. | <input type="checkbox"/> |
| Organo-Auxin Requirements | 5E-2.033, F.A.C. | <input type="checkbox"/> |
| WPS Application Records/Access | 5E-2.039, F.A.C. | <input type="checkbox"/> |
| WPS Safety Poster/Medical Information | 5E-2.039, F.A.C. | <input type="checkbox"/> |
| WPS Decontamination | 5E-2.039, F.A.C. | <input type="checkbox"/> |
| WPS Posting | 5E-2.039, F.A.C. | <input type="checkbox"/> |

"RUP" as used above refers to "restricted use pesticide" as defined in Florida Statutes, Section 487.021 (58)."

"WPS" as used above refers to the worker protection standard for agricultural pesticides identified in Rule 5E-2.039, F.A.C.

Inspector's Observations: _____

Corrective action has been taken as requested above.

Comments: _____

You are advised to review Chapter 487, F.S., Chapter 5E-2, F.A.C. and/or Chapter 5E-9, F.A.C. to ensure compliance with the Section(s) noted above. In addition, the issuance of a Field Advisory Notice does not preclude you from additional investigation or administrative action.

Name of Authorized Representative: _____

Signature: _____

Date

Specialist Name: _____ Specialist Signature: _____