



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

FUMIGATION STOP-WORK OR USE ORDER

Rules 5E-14.108, F.A.C.
Telephone: (850) 617-7996

Respond to:
Bureau of Inspection and
Incident Response
3125 Conner Blvd, Suite N,
Tallahassee, FL 32399-1650

ADAM H. PUTNAM
COMMISSIONER

Date:

Time:

You are hereby ordered to immediately stop all work or use of fumigant at the site address named below for the condition(s) noted. This order is subject to modification or release based on further instructions from an authorized agent of the Department of Agriculture and Consumer Services. This order is issued under the authority of Section 482.051(6), F.S.

Fumigation Site Address

City

Name of Certified Operator in Charge (or Special Identification Cardholder)

Certificate or SPID #

Business License Name (as Registered with the Department)

License #

Business License Address

City

State

Zip Code

This order is being issued for fumigation operations performed in violation of fumigant label requirements, department rules, or in a manner that presents an immediate serious danger to the health, safety, or welfare of the public, as noted:

- Failure to use Self Contained Breathing Apparatus (SCBA) or personal protective equipment as directed by product label
Failure to use a required warning agent
Using a fumigant in a manner that will likely result in hazardous exposure to humans, animals, or the environment
Other factor that presents an immediate serious danger. (Must specify):
Failure to secure a structure's usual entrances as required
Failure to post required warning signs
Failure to use a label approved and properly calibrated clearance device

NOTICE TO RESPONSIBLE MANAGEMENT OFFICIAL:

Administrative Hearing Available

If you wish to contest the Department's action, you have the right to request an administrative hearing to be conducted in accordance with Sections 120.569 and 120.68, Florida Statutes and to be represented by counsel or other qualified representative. Your request for hearing must contain:

- 1. Your name, address, and telephone number, and facsimile number (if any).
2. The name, address, telephone number, and facsimile number of your attorney or qualified representative (if any) upon whom service of pleadings and other papers shall be made.
3. A statement that you are requesting an administrative hearing and dispute the material facts alleged by the department, in which case you must identify the material facts that are in dispute (formal hearing), or that you request an administrative hearing and that you do not dispute the facts alleged by the department (informal hearing).
4. A statement of when (date) you received this Notice and the file number of this Notice.

Your request for a hearing must be received at the address shown on this Notice within twenty-one (21) days of receipt of this Notice. If you fail to obtain a Release from this Notice or fail to request an administrative hearing within the twenty-one (21) day deadline you waive your right to a hearing and the Department may enter a Final Order imposing up to the maximum penalties as authorized by Florida Law.

DACS Representative (Please print)

Certified Operator or Special ID Cardholder (Please Print)

DACS Representative Phone Number

Refused to sign (Copy was hand delivered to the individual above)

Signature of DACS Representative

Signature of CO or SPID (acknowledges receipt of this order)

Release Notice Issued: Yes [] No [] Date/Time Released: _____ Authorized by: _____
If RELEASED same date, enter how the conditions were corrected, here: