



**WILTON SIMPSON
COMMISSIONER**

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

LICENSEE INSPECTION PESTICIDE PRODUCT REVIEW

Rule 5E-14.1025, F.A.C.
Telephone (850) 617-7996

FIRM INSPECTED _____

DATE: _____

(NAME)

(BUSINESS LICENSE NO.)

(STREET ADDRESS)

(CITY)

(COUNTY)

(ZIP CODE)

1. Review conducted with _____
(Name) _____ (Title)

2. Pesticide Product: Name: _____ ai _____

3. Manufacturer: _____

4. RUP/GUP _____ EPA Reg # _____

5. Type Formulation: Liquid _____ Dust _____ Granular _____ Gas _____ Other _____

6. Method of Application: _____

7. How is product mixed?: _____

8. Primary target pest/site: _____

9. Application volume normally applied: (i.e. per sq. ft.) _____

10. PPE required and available? _____

11. Any indications of use inconsistent with label? _____
(If yes, attach DOC sample)

Comments: _____

Signature of Company Representative

(Field Inspector)