



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

WILTON SIMPSON  
COMMISSIONER

**LICENSEE INSPECTION**  
**TERMITES AND OTHER WOOD-DESTROYING ORGANISMS CATEGORY**

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

1. FIRM INSPECTED \_\_\_\_\_

DATE: \_\_\_\_\_

(NAME)

(BUSINESS LICENSE NO.)

	YES	NO	N/A
1. WDO ID cards obtained for WDO inspectors? (482.091(9), FS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. WDO inspection/treatment notices on hand and being posted? (482.226(5), FS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do WDO contracts meet the requirements of 482.227, FS, and Chapter 5E-14.105, FAC? (Attach copy of complete executed contract and copy of contract review sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. a. Does the firm perform preconstruction subterranean termite treatments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If "yes", are treatment records being kept per 482.0815(9), FS, and 5E-14.106(8), FAC? (If records are deficient indicate supporting documentation.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. WDO Inspection reports (Form 13645) in proper format? (482.226, FS) (Current form, reporting wood decay fungi, reports appear to be filled out correctly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Licensee retaining copies of WDO (13645) reports for a minimum of 3 years? (482.226(1), FS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. WDO contract re-inspections in accordance with Chapter 5E-14.105(6), FAC? (Is the licensee providing a signed report regarding the presence or absence of the covered pest and retaining copies for 3 years?) If yes, attach a signed copy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Violations Observed: \_\_\_\_\_

Documentation Obtained: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
(Signature of persons interviewed)

\_\_\_\_\_  
(Issuing Field Inspector)

\_\_\_\_\_  
(Print Name)