



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

**PESTICIDE USE INVESTIGATION REPORT**

**WILTON SIMPSON  
COMMISSIONER**

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

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

File No.		Date of Inspection:	
Name of Applicator		Telephone	
		License No / ID Card No.	Expiration Date
Name of Firm, Field, Location or Site		Type of Business	
Address of Site / Directions to Site			
Crop or Object Treated		Total Area Treated (Acres, Sq Ft, Spot Spray, etc.)	
Brand Name		EPA REG. NO.	
Target Pest	Classification RUP _____ GUP _____	Batch/Lot No.	Date and Time of Application
Supplemental Label Used No ___ Yes ___ (list type and No. ___)	Type of Formulation Liquid ___ Dust ___ Granular ___ Gas ___ Bait ___ Other ___ (Describe) _____		
Method of Application / Type of Equipment Used (example: backpack, aerial, airblast, irrigation, Lock-n-Load, bait station, injection, boom sprayer, etc.)			
How was Product Mixed (oz/gallon, etc.) IF applicable		Application Rate (amount of product / area treated)	
PPE Used for Mixing / Loading		PPE Used for Application of Product	
List REI / Ventilation	Preharvest Intervals	Frequency of Application	Relevant Weather at time of Application (Wind, temperature, rain, etc.)
Explain Steps Taken to Comply with Special Restrictions (Plant back, Distance from Water / Wells, Soil Types, Etc.)			
List Disposal Actions for Excess Product, Used Containers, Tank Mixes			
Explain Steps Taken to Comply with WPS (training, respirator, PPE, Decontamination, Etc.)			
Remarks			
Signature of Applicator or Person Providing the Information		Signature of Inspector	
Print Name		Print Name	