



PESTICIDE APPLICATOR INSPECTION CHECKLIST

NAME OF BUSINESS		PHONE ()		DATE
ADDRESS				TIME
CITY	STATE	ZIP	UBI NUMBER (RCW 17.21.070)	
APPLICATOR / OPERATOR NAME			LICENSE NUMBER & CATEGORIES	

S = Satisfactory U = Unsatisfactory N/A = Not Applicable

1. ___ Applicator currently licensed with proper categories? Yes ___ No ___
2. ___ Operators currently licensed with proper categories? Yes ___ No ___ (RCW 17.21.110)
Review License Form B and attach current copy (if applicable).
3. ___ Insurance current? Yes ___ No ___ (RCW 17.21.160, WAC 16-228-210)
4. ___ Availability of pertinent laws and rules (state pesticide laws, statewide rules, county rules, etc.)
5. ___ Review appropriate equipment in statewide and county rules. (Nozzles, pressure, crop or site)
6. ___ Availability of supplemental labeling if using products requiring such labeling. (WAC 16-228-115)
7. ___ Pesticide application records (records on WSDA form or approved version and maintained for the required seven-year period). **Review at least 10 records.** (RCW 17.21.100, WAC 16-228-190)
8. ___ WDO inspection records.
9. ___ PPE available; condition; training provided (most product labels require some type of safety equipment associated with product use). (WAC 16-228-190(9))
10. ___ Check that WPS requirements are followed. Notification of workers/pesticide sensitive individuals. Treated area posted? Yes ___ No ___ (if required)
11. ___ Pesticide products: Handling, storage, placarding.
A. Adequate to keep children, animals out
B. Locked and posted if category one, secured if category 2-4
C. Six-foot racks on truck
D. Storage area appearance
(WAC 16-228-160(10), WAC 16-228-185(6) and (7))
12. ___ Are products used registered with the WSDA? Yes ___ No ___ (Check WSDA product registration list) WPS labelled (if ag use)? Yes ___ No ___ (RCW 15-58-050)
13. ___ Empty pesticide containers decontaminated and management (must be stored in the same manner as full containers unless properly decontaminated). (WAC 16-228-185(6)(a) and (b))
14. ___ Pesticide mixing/loading and equipment decontamination (leftover rinsate management, backsiphoning prevention). Mix/load pad installed? Yes ___ No ___ (WAC 16-228-185(2)) Check mix/load pad records.
15. ___ Equipment:
Current year sticker on plate or windshield? Yes ___ No ___
Overall equipment condition? _____ Apparatus license plate visible? Yes ___ No ___
License plate number(s): _____
(RCW 17.21.290, WAC 16-228-180(j))

COMMENTS	
SIGNATURE OF PERSON PRESENT FOR INSPECTION	SIGNATURE OF WSDA INSPECTOR
PRINT NAME	PRINT NAME