

PESTICIDE RECORDKEEPING INSPECTION FORM

Print clearly using upper case letters.

State	Inspection Number	Date		
		Month	/	Day
				/
				Year

Inspector's First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Inspector's Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1. Type of agricultural production the applicator identifies as the major farm operation. *(Put an "X" for all that apply.)*

<input type="checkbox"/> Corn	<input type="checkbox"/> Fruits	<input type="checkbox"/> Pasture	<input type="checkbox"/> Sugar Beets
<input type="checkbox"/> Cotton	<input type="checkbox"/> Greenhouse/Nursery	<input type="checkbox"/> Peanuts	<input type="checkbox"/> Tobacco
<input type="checkbox"/> Dairy	<input type="checkbox"/> Hay	<input type="checkbox"/> Small Grains	<input type="checkbox"/> Vegetables
<input type="checkbox"/> Forestry	<input type="checkbox"/> Livestock	<input type="checkbox"/> Soybeans	<input type="checkbox"/> Other

2. In the past two years, did the applicator **PURCHASE** Restricted Use Pesticides (RUPs)? Yes No
3. In the past two years, did the applicator **APPLY** or **SUPERVISE** the application of RUPs? Yes No
4. Did the applicator **MAINTAIN** pesticide records for RUP applications made or supervised by the applicator? Yes No N/A
5. In the last 12 months, how many RUP applications were made or supervised by the applicator?

--
6. Review the records for the 5 most recent RUP applications applied or supervised by the applicator in the last 2 years, and "X" YES if element is present; or "X" NO if element is not present (If records are unavailable, enter reason under Inspector Comments):

IF NO RUPs WERE APPLIED THEN DO NOT ENTER ANY MARKS IN THE TABLE.

Type of Element	Compliance Assistance Provided	RUP Record 1		RUP Record 2		RUP Record 3		RUP Record 4		RUP Record 5	
		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Spot Application		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brand/Product Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EPA Registration Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Amount Applied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crop, Commodity, Stored Product, or Site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Size of the Area Treated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Applicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certification Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Were RUPs applied by commercial applicators in the past 2 years? Yes No
8. If general use pesticides were used by the applicator, were records kept for those applications? Yes No N/A

Inspector Comments (use additional paper if necessary)

Length of Inspection in Minutes (does not include travel time):

--	--	--

 Minutes

Cooperator Optional Use

Do Not Mark Below This Line – USDA Use

Guidance for USDA Pesticide Recordkeeping Inspection Form

The following information is for use by inspectors in completing the USDA Pesticide Recordkeeping Inspection Form (ST-8), located on the reverse side of this page. **Print clearly using upper case letters for the State and inspector's first and last name. For boxes requiring an "X" for a response, clearly place an "X" on box with the correct response. If you "X" any box in error, completely darken the incorrect box and put an "X" in the correct box.**

"State" – Enter the two letter designation for the State where the applicator is certified, in the two boxes provided.

"Inspection Number" – Enter the Identification Number assigned to the applicator being inspected. **DO NOT** use the applicator's certification number or Social Security Number. Fill all 5 boxes completely, using zeros for place holders if required. **USE NUMBERS ONLY – NO DASHES OR OTHER CHARACTERS.**

"Date" – Is the date the inspection takes place. Enter the two digit month value in the "Month" box, enter the two digit day value in the "Day" box, and enter the two digit year value in the "Year" box. Do not leave any boxes empty.

"Inspector's First Name" – Print, in upper case, your full first name by placing each character of your first name in an individual box starting with the far left box.

"Inspector's Last Name" – Print, in upper case, your full last name by placing each character of your last name in an individual box starting with the far left box.

"Question 1" – Put an "X" in the box (s) next to the agricultural commodity (s) that the applicator indicates as his/her agricultural products. Mark all that apply to this applicator. If the agricultural commodity is not listed place an "X" in the box next to "Other".

FOR QUESTIONS 2, 3, 4, 7 AND 8: If you make an error, completely darken the incorrect box and put an "X" in the box next to the correct response.

"Question 2" – Put an "X" in the box next to the appropriate answer. Put an "X" in only one box, either "Yes" or "No".

"Question 3" – Put an "X" in the box next to the appropriate answer for the question. Put an "X" in only one box, either "Yes" or "No".

"Question 4" – Put an "X" in the box next to the appropriate answer for the question. Put an "X" in only one box, either "Yes", "No", or "N/A" if the applicator is not required to maintain records.

"Question 5" – This is the number of RUP applications made in the past 12 months by the applicator being inspected. The inspector does not need to see all of these records. Fill all 3 boxes completely, using zeros for place holders if required. **USE NUMBERS ONLY – NO DASHES OR OTHER CHARACTERS.**

"Question 6" – Review the elements for the private applicator's 5 MOST RECENT Restricted Use Pesticide Records created in the past 2 years (from date of inspection). Put an "X" in the box under Compliance Assistance Provided for each element to indicate that it was provided for that element, otherwise leave the box empty. **DO NOT MARK ANY BOXES IN THIS SECTION** if the private applicator has not applied RUPs in the past 2 years or records are unavailable.

"Type of Element" – These are the required data items for each recorded application. For each record, the inspector will read down the page under the appropriate labeled Record Column and put an "X" in the box below the appropriate answer, either "Yes" or "No". Put an "X" in the box below "Yes" for each element present or put an "X" in the box below "No" for any element NOT present in the record. **DO NOT LEAVE ANY ELEMENTS BLANK PER RECORD.**

If there are No Records, Incomplete Records, Partial Records, or Less Than Five Records, record this information under "Inspector Comments" at the bottom of the page.

"Spot Application" – This is when the application of Restricted Use Pesticides on the same day totals less than 1/10 of an acre. For a spot application, an applicator is required to only list the following:

1. The Brand/Product Name.
2. EPA Registration Number
3. Total Amount Applied
4. Date of Application
5. Location of Application designated as "Spot Treatment" followed by a description (e.g., spot application, treated for noxious weeds on Field A, C, and all pastures).

"Question 7" – Put an "X" in the box next to the appropriate answer for the question. Put an "X" in only one box, either "Yes" or "No".

"Question 8" - Put an "X" in the box next to the appropriate answer for the question. Put an "X" in only one box, either "Yes", "No", or "N/A" if the applicator did not apply general use pesticides.

"Inspector Comments" – This comment space is for explanations why no RUP records were reviewed and/or, comments from the applicator, and comments from the inspector. **ADDITIONAL COMMENTS SHOULD BE PUT ON A SEPARATE PIECE OF PAPER AND INCLUDED WITH THE INSPECTION FORM.**

"Length of Inspection in Minutes" – Record the actual time (in minutes) of the inspection. Fill all 3 boxes completely, using zeros for place holders if required. **USE NUMBERS ONLY – NO DASHES OR OTHER CHARACTERS.** **DO NOT** include the time spent on the telephone setting up the inspection or travel time; this information can be placed in the box labeled "Cooperator Optional Use".

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0164. The time required to complete this information collection is estimated to average 1.8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.