



Wisconsin Department of Agriculture, Trade & Consumer Protection
 Division of Agricultural Resource Management
 PO Box 8911
 Madison WI 53708-8911
 Phone: (608) 224-4500

Inspection No. _____
Person/Firm or Premise Name: _____

Pesticide Use Observation [Attach to Form ARM-ACM-150 Activity Report]

1) GENERAL INFORMATION

a) Type of observation <input type="checkbox"/> Agricultural use observation (AUO) <input type="checkbox"/> Non-agricultural use observation (NUO)			
b) Type of Monitoring: <input type="checkbox"/> Surveillance <input type="checkbox"/> Compliance			
c) Focus area. Mark <input checked="" type="checkbox"/> the AUO or NUO focus area for your observation. If necessary, choose "other" and describe.			
AUO focus areas (columns on left)		NUO focus areas (columns on right)	
<input type="checkbox"/> Aerial application <input type="checkbox"/> Dairy/poultry <input type="checkbox"/> Forestry (non-aerial) <input type="checkbox"/> Fumigation (non-soil) <input type="checkbox"/> Fumigation (soil) <input checked="" type="checkbox"/> Ginseng <input type="checkbox"/> Greenhouse <input type="checkbox"/> Honey/bees	<input type="checkbox"/> Mushroom farm <input type="checkbox"/> Seed treatment <input type="checkbox"/> Slugs/snails or pastures <input type="checkbox"/> Special use [see 1d below] <input type="checkbox"/> Other (describe):	<input type="checkbox"/> Aircraft/public transport <input type="checkbox"/> Antimicrobial <input type="checkbox"/> Antifouling paint <input type="checkbox"/> Aquatic (mosquito) <input type="checkbox"/> Aquatic (non-mosquito) <input type="checkbox"/> Bed bug <input type="checkbox"/> Companion animal <input type="checkbox"/> Food facility <input type="checkbox"/> Mammal control permit [see "Special use permit" in 1d below]	<input type="checkbox"/> Right-of-way (ROW) <input type="checkbox"/> School property <input type="checkbox"/> Special use [see 1d below] <input type="checkbox"/> Termite <input type="checkbox"/> Turf/landscape (non-school) <input type="checkbox"/> Wood preservative <input type="checkbox"/> Other (describe):
d) Special use authorization		Yes (Y) No (N)	e) Target site applied. Mark <input checked="" type="checkbox"/> *one* category below that best describes the application site. If necessary, choose "other" and describe.
Does the use have special authorization (below) from DATCP or EPA?		<input type="checkbox"/> <input type="checkbox"/>	
If yes, mark <input checked="" type="checkbox"/> the type of authorization below and enter the permit/ID number: _____ <input type="checkbox"/> Federal experimental use permit (EUP) (FIFRA section 5) <input type="checkbox"/> State experimental use permit (EUP) (ATCP 29.71) <input type="checkbox"/> Emergency exemption (FIFRA section 18) <input type="checkbox"/> Special local need registration [Section 24(c)] + (ATCP 29.72) <input type="checkbox"/> Emergency use permit (ATCP 29.70) (for bat/disease control) <input type="checkbox"/> "Special use permit" (ATCP 30.10/DNR) [for use of strychnine; sodium fluoroacetate (1080); or any pesticide used to control insects or rodents in public sewers, except when used by a commercial applicator certified under s. ATCP 29.31(11)].		<input type="checkbox"/> Animal <input type="checkbox"/> Aquatic sites (incl. lakes and swimming pools) <input type="checkbox"/> Beehives <input checked="" type="checkbox"/> Crop - List type(s) _____ Ginseng <input type="checkbox"/> Forest (non-crop) <input type="checkbox"/> Greenhouse/nursery <input type="checkbox"/> Right-of-way <input type="checkbox"/> Seed	<input type="checkbox"/> Structure (e.g. agricultural, commercial, residential, school buildings) <input type="checkbox"/> Turf/landscape (incl. trees) <input type="checkbox"/> Vehicles (incl. aircraft or other public transport) <input type="checkbox"/> Wood <input type="checkbox"/> Other (describe):
f) Target pest(s): Mark <input checked="" type="checkbox"/> each category below that best describes the pest(s). If necessary, choose "other" and describe.		g) Size of treated area. Enter the approximate size of the treated area (sq. ft., acres, area/volume of water, etc.).	
<input type="checkbox"/> Animals (other than birds, fish, insects/mites/spiders) <input type="checkbox"/> Birds <input type="checkbox"/> Diseases of crops and other plants (fungi, viruses, bacteria) <input type="checkbox"/> Fish <input type="checkbox"/> Insects/mites/spiders <input type="checkbox"/> Microorganisms (mold/mildew; use of disinfectant/sanitizer) <input type="checkbox"/> Plants <input type="checkbox"/> Other (describe):		h) Start date and time of application. Enter below.	

2) INDIVIDUAL APPLICATOR AND COMMERCIAL APPLICATION BUSINESS INFORMATION Enter the following information:

a) Name(s) of applicator(s) and handler(s)	b) Type (private, for-hire, or not-for-hire)	c) Certification number	d) Certification category number(s)	e) License number. Enter "none" if unlicensed.		
f) Individual applicator/mixer/loader certification [29.26, 29.27, 29.28] (check Kelly Solutions)				Yes (Y)	No (N)	N/A
Is each person currently certified in the appropriate category for tasks they perform?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "No", was the applicator previously certified?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Certification for using pesticides at schools [94.715] (check Kelly Solutions)				Yes (Y)	No (N)	N/A
Is each person who applies a pesticide (other than a germicide, sanitizer, or disinfectant) in a school or on school grounds (public schools, grades K-12) certified in an appropriate category under 94.705?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "No", was the applicator previously certified?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Individual commercial applicator license (ICAL) [29.25] (check Kelly Solutions)				Yes (Y)	No (N)	N/A
Is each commercial applicator (and handler?) currently licensed?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "No", was the applicator previously licensed?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Pesticide business license (PBL) for commercial pesticide use [29.20] (check Kelly Solutions)				Yes (Y)	No (N)	N/A
For commercial application businesses: is the business currently licensed? (check Kelly Solutions)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "No", was the business previously licensed?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enter PBL number here:						

3) ADVANCE NOTICE AND PRE-APPLICATION INFORMATION (Mark area covered) if not applicable or exempt continue to Section 4 [ATCP 29.22, 29.51, 29.55, and 29.56]

<input checked="" type="checkbox"/> Agricultural Application	Yes (Y)	No (N)	N/A
a) Advance notice to beekeepers of pesticides highly toxic to bees (only if requested): see 29.51(1).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Advance notice of aerial pesticide applications (only if requested): see 29.51(2).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Agricultural workers (prior notice): see 29.51(5) and 29.61.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Residential Application	Yes (Y)	No (N)	N/A
d) Residential applications (pre-application information offer to customer): see 29.51(3) and 29.55(2).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Residential applications (pre-application information, if requested by customer): see 29.55(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Landscape Application	Yes (Y)	No (N)	N/A
f) Landscape applications (pre-application information offer to customer): see 29.51(4) and 29.56(2).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Landscape applications (pre-application information, if requested by customer): see 29.56(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Landscape applications (landscape registry notification): see 29.51(4) and 29.56(8).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4) STORAGE AND TRANSPORTATION [29.40]

Is each observed pesticide product stored and transported in compliance with its label directions and 29.40?	Yes (Y)	No (N)
a) In compliance with its label directions	<input type="checkbox"/>	<input type="checkbox"/>
b) Secured against children, public & animals on & off farm.	<input type="checkbox"/>	<input type="checkbox"/>
c) Adequate separation from other commodities	<input type="checkbox"/>	<input type="checkbox"/>
d) Stored in manner protecting labels from damage	<input type="checkbox"/>	<input type="checkbox"/>
e) Transported in a secure manner	<input type="checkbox"/>	<input type="checkbox"/>

5) PESTICIDE PRODUCT INFORMATION. Complete the following for products observed:

a) Brand name	b) EPA Reg. No.	c) Wisconsin Registered? (Y/N)	d) Restricted use? (Y/N) (If yes-list when and from whom purchased)

[29.45, 29.46]

Is each pesticide mixed and loaded in compliance with 29.45 and 29.46 as follows:	Yes (Y)	No (N)	N/A
a) Greater than 100' from well or surface water unless over approved surface or exempt (applying pesticides to waters of the state according to NR107; mixing loading into application equipment having total capacity of 5 gallons or less (liquid) or 50 pounds (nonliquid).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) At a site where less than 1500 lbs. a.i. is mix/loaded unless over an approved surface.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Has protection against backflow by air gap or anti-siphon device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[chapter 94, Wis. Stats., and s. ATPC 30]

Use of a pesticide in a manner inconsistent with labeling [29.50(1)]. Examine all labeling for each product in the applicator's possession, including the label on the container and any supplemental labels (including supplemental labels for new uses, experimental use permits, emergency exemptions, and special local need registrations). See also Items 13a-c.	Yes (Y)	No (N)	N/A
a) Is each applicator/handler wearing all labeling-required PPE for their tasks? Enter PPE Required: Enter PPE Worn:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Is the pesticide applied at or below the labeling-required dosage, concentration, or frequency? Frequency is per application, season, and/or year. [required unless the labeling prohibits deviation] Enter label rate(s) of application: Enter rate of application:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Is the pesticide used in compliance with applicable timing, distance, and safety restrictions specified on the labeling? Enter specifications in labeling:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Is the pesticide used only in locations (crops, animals, sites, geography) authorized by the labeling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Is the pesticide used against pests prohibited by or excluded from the labeling? (e.g. some rodenticide labels specify the product can only be used to control certain rat/mouse types; others may prohibit use against certain pests)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Is the pesticide applied by any application method prohibited or excluded by the labeling? (some labeling may prohibit aerial application; some labeling may limit use to methods specified)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Is the pesticide mixed with a fertilizer despite the labeling prohibiting such a mixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) For registered products with the observed use listed on a supplemental label (not container label): does the applicator have the supplemental label in his/her possession at the time of application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Is the pesticide for a purpose the pesticide is registered or labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) For registered products with supplemental labeling: Did a retailer sell the product to the purchaser for a use not specified on the container label, without providing valid supplemental labeling for that use at the time of sale? [29.41(1)(e)] If the retailer did not provide the supplemental label, enter: 1) How the user obtained the labeling: 2) Name and address of the retailer, and approximate date of sale:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overspray and drift [29.50(2)]	Yes (Y)	No (N)	N/A
k) Is the pesticide used or directed to be used in a manner that results in pesticide overspray or significant pesticide drift?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preharvest interval [29.50(3)]	Yes (Y)	No (N)	N/A
l) Is an agricultural commodity harvested from the pesticide application site during the preharvest interval specified for that commodity on the pesticide label?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Is the person controlling the pesticide application site directing or permitting an agricultural commodity to be harvested from that site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contaminating waters of the state [29.50(4)]	Yes (Y)	No (N)	N/A
n) Is any person causing a pesticide to enter the waters of the state, either directly or through a sewer system? [see exceptions in 29.50(4)(b)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Is any person using a pesticide in any manner which the user knows or should know will result in contamination of the waters of the state? [see exceptions in 29.50(4)(b)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Defective application equipment [29.50(5)]	Yes (Y)	No (N)	N/A
p) Is any person using, furnishing, leasing, or selling pesticide application equipment that is clogged, unclean, leaking or in disrepair, or that cannot be properly calibrated to apply pesticides at the rate specified on the pesticide label. [sale of such equipment is not prohibited if the seller discloses those defective conditions to the buyer in writing prior to sale]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8) PESTICIDE PRODUCT RESTRICTIONS [chapter 94, Wis. Stats., and s. ATCP 30] <input type="checkbox"/> Not applicable continue to Section 9 [94.707, 94.708, and 94.709, Wis. Stats.; ATCP 30.05, 30.10, 30.15, 30.19, and 30.24] Note: any authorized uses under 94.29/30 must be consistent with the label.	Yes (Y)	No (N)
a) Is any person using any of the following pesticides without a written permit from DATCP under s. ATCP 30.10? sodium fluoroacetate (compound 1080); strychnine ; or any pesticide used to control insects or rodents in public sewers , except when used by a commercial applicator certified under s. ATCP 29.31(11) (structural/health).	<input type="checkbox"/>	<input type="checkbox"/>
b) Is any person using a pesticide other than naphthalene to control bats , without authorization under an emergency use permit under 94.708(4) and 29.70?	<input type="checkbox"/>	<input type="checkbox"/>

9) PESTICIDE SPILLS [29.48]	Yes (Y)	No (N)	N/A
a) If spillage has occurred, has it been contained, recovered, cleaned up, reported, and stored properly?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

10) DISPOSAL OF PESTICIDES AND PESTICIDE CONTAINERS [29.47]	Yes (Y)	No (N)
a) Is each pesticide (including rinsate) or pesticide container disposed of in a manner that is consistent with its label directions, that does not risk contaminating waters of the state, and that does not create a hazard to persons, property, or the environment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) If reused, is the pesticide container reused in compliance with 29.47?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

11) POSTING WARNING SIGNS (Mark area covered) [29.52, 29.54, 29.55, 29.56, 29.57, and 29.62]	Yes (Y)	No (N)	N/A
Did the applicator or responsible person post the following treated areas as required? <input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/> Agricultural Application	Yes (Y)	No (N)	N/A
a) Agricultural applications (public protection): required for applications of agricultural pesticides labeled as dual notice (oral and written notice required) and applied for agricultural purposes and at locations within 300 feet of certain areas. See 29.52(1).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Agricultural applications (worker protection): see 29.52(2) and 29.62. (Note: oral warnings may be given)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Residential Application	Yes (Y)	No (N)	N/A
d) Residential applications (inside dwelling units): see 29.52(5) and 29.55(3). Either posting or providing information in writing is required. See definitions in 29.55(1).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e) Residential applications (common areas): see 29.52(5) and 29.55(3). See definitions in 29.55(1).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f) Residential applications (restricted entry interval): required for residential applications of any pesticide when the label prescribes a restricted entry interval. See 29.52(5) and 29.55(4). See definitions in 29.55(1).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Landscape Application	Yes (Y)	No (N)	N/A
g) Landscape applications (general): see 29.56(3), 29.56(4), 29.56(5), and definitions in 29.56(1).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Landscape applications (golf courses): see 29.56(9); Landscape applications (cemeteries): see 29.56(10).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	Yes (Y)	No (N)	N/A
j) Chemigation applications: see 29.52(4) and 29.54(17).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Nonagricultural applications (restricted entry interval): required for use of any pesticide at any site other than those covered in 11a) when the label specifies a restricted entry interval. See 29.52(3).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l) Seed applications (seed storage bins): see 29.57(4).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m) School applications (each application of a pesticide other than a germicide, sanitizer, or disinfectant in a school or on school grounds at the time of application and for at least 72 hours after – applies to public schools, grades K-12): see 94.715(2).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

12) APPLICATION RECORDS AND INFORMATION TO CUSTOMER (IC) [29.21 – commercial application business; 29.33 – individual commercial and private applicators; 30.31(5) – atrazine] [ATCP 29.22, 29.51, 29.55, and 29.56]

a) Check the applicator or business records if each of the following items are provide:						
	Yes (Y)	No (N)		Yes (Y)	No (N)	N/A
1a) Applicator name (first & last)	<input type="checkbox"/>	<input type="checkbox"/>	1i) EPA registration number (EPA Reg. No.)	<input type="checkbox"/>	<input type="checkbox"/>	
1b) Customer name (if any)	<input type="checkbox"/>	<input type="checkbox"/>	1j) Amount applied (concentration & total quantity applied or rate & total area treated)	<input type="checkbox"/>	<input type="checkbox"/>	
1c) Customer address (if any)	<input type="checkbox"/>	<input type="checkbox"/>	1k) Location of mix/load site (if other than the business location)	<input type="checkbox"/>	<input type="checkbox"/>	
1d) The crop, commodity or site to which the pesticide applied	<input type="checkbox"/>	<input type="checkbox"/>	1l) Applicator license number (IC) <i>Commercial</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1e) The specific location of application site	<input type="checkbox"/>	<input type="checkbox"/>	1m) Applicator or business telephone number (IC) <i>Private not needed</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1f) Date (month, day, year)	<input type="checkbox"/>	<input type="checkbox"/>	1n) Post-application precautions (IC) <i>Commercial</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1g) Time start and stop	<input type="checkbox"/>	<input type="checkbox"/>	1o) Copy of the pesticide label is given or notice that a free copy is available upon request (IC) <i>Commercial</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1h) Pesticide brand name or product name or chemical name	<input type="checkbox"/>	<input type="checkbox"/>	1p) legible	<input type="checkbox"/>	<input type="checkbox"/>	
b) Does the business provide the Information to Customer within the required time frame? (Residential and Landscape Information to Customer must be provided at the time of application. All other Information to Customer must be provided within 30 days of application date. Post application precautions must be provided in time for the customer to take the required precautions)				Yes (Y)	No (N)	N/A
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13) SPECIAL USE AUTHORIZATIONS Not Applicable

(Experimental use permits, emergency exemptions, and special local needs registrations)

Special pesticide uses authorized by DATCP or EPA will involve some form of written authorization (e.g. container label, supplemental labeling, a permit). In the case of an experimental use permit, obtain a copy of the permit. <input checked="" type="checkbox"/> Note: Item 13 supplements the "use of a pesticide in a manner inconsistent with labeling" evaluation in Item 10 and the disposal evaluation in Item 12 of this form.	Yes (Y)	No (N)	N/A
a) For an unregistered pesticide, is the approved special authorization labeling [section 5, 18, or 24(c)] affixed directly to each product container? <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) For an unregistered or registered pesticide, does the applicator have the approved special authorization labeling [section 5, 18, or 24(c)] for that pesticide in his/her possession at the time of application? See http://datcp.wi.gov/uploads/Plants/pdf/SpecialUses.pdf for approved current 18/24(c) labeling (not 5). Note 1: possession is typically a labeling requirement for section 5, 18, and 24(c) authorizations. Note 2: for registered pesticides, the authorization will be a supplemental label. Note 3: retailers must provide the valid supplemental labeling at the time of sale.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Is the special labeling currently valid? Also, enter the expiration date here: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experimental use permits [federal permit under FIFRA section 5 and 40 CFR Part 162; state permit under ATCP 29.71]			
d) Enter permittee name: _____			
	Yes (Y)	No (N)	N/A
g) Has applicator been in direct contact with permittee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Is permittee evaluating the experimental program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Does applicator/firm further distribute EUP product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Are distribution records maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Has all distribution been made to designated participants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Has a tolerance for treated food or feed been established?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Describe the disposition of food or feed not covered by a tolerance: _____			
n) Was unused pesticide disposed of in accordance with EUP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>