

**PEST CONTROL HEADQUARTERS  
INSPECTION REPORT**

PR-ENF-109 (REV. 01/10) Page 1 of 1

- COMPLETE
- PARTIAL
- FOLLOW-UP INSPECTION

ORIGINAL INSP. # \_\_\_\_\_

109- 844855

SAN JOAQUIN

**INSPECTING COUNTY**

FIRM INSPECTED <u>SAN JOAQUIN Co. M.A.D.</u>		BUSINESS TYPE (Check one) <input checked="" type="checkbox"/> Property Operator	PERMIT / OPERATOR ID NUMBER <u>3905063</u>	EXPIRES <u>12-31-16</u>
TELEPHONE NUMBER <u>209-982-4675</u>		<input type="checkbox"/> Pest Control Dealer	BUSINESS LICENSE NUMBER	EXPIRES
FIRM MAILING ADDRESS <u>7759 S. AIRPORT WY, STOCKTON, CA 95206</u>		FIRM LOCATION <u>SAME</u>		
PERSON INSPECTED <u>JOHN FRITZ</u>		LICENSE TYPE <input type="checkbox"/> QAL <input checked="" type="checkbox"/> QAC <input type="checkbox"/> PAC	<input type="checkbox"/> DDA <input type="checkbox"/> N/R <input type="checkbox"/> UNL NUMBER <u>135212</u>	CATEGORY(S) <u>K</u> EXPIRES <u>12-31-16</u>
Name of Handler Trainer <u>JOHN FRITZ</u>		Name of Field Worker Trainer		Name of RPA

HEADQUARTER AND EMPLOYEE SAFETY INSPECTION				C. DEALER RECORDS / STORAGE INSPECTION <input type="checkbox"/> Main <input type="checkbox"/> Branch						
A. PRODUCTION AGRICULTURE				B. OTHER						
COMPLIANCE		REQUIREMENTS	Section	COMPLIANCE		REQUIREMENTS		Section	COMPLIANCE	
YES	NO			YES	NO	YES	NO		YES	NO
		1. Valid Restricted Material Permit	6412			1. Dealer Licensed	12101			
		2. Notice Prior to Application	6618			2. Designated Agent / Office; Valid Lic. / Cert.	6560			
		3. App. Completion Records / 2 yrs	6619			3. Sales Records / Written Statement	6562			
		4. Operator ID Number Obtained	6622			4. Appropriate Products Sold	6564			
		5. Site ID/ Permit Kept / 2 years	6623			5. Permits for RM Sales / 2 years	6568(a)			
		6. Pest. Use Rec. Available / 2 years	6624			6. QAL, QAC, PAC Statement Avail. / 2 years	6568(b)			
		7. Pest. Use Reports Submitted	6626/7			7. Operator ID Number / 2 years	6568(c)			
		8. Emergency Med. Care Planned	6726/66			8. Out of County Sales Reporting	6568(d)			
		9. Change Area	6732			9. Specialized Records - Clopyralid, Tributyltin	6574/76			
		10. Proper Storage of PPE	6738(a)			10. Containers Secured	6672(b)			
		11. MB - Recordkeeping	6784(b)			11. Storage Area Posted, "Warning/Danger"	6674			
		<b>Haz Com / Training Program</b>				12. Pesticide Containers Properly Labeled	6676			
		12. Haz. Communication / Handler	6723			13. Service Container Labeling	6678			
		13. App. Specific Info / Handler	6723.1			14. Proper Containers	6680			
		14. Trainer Qualified	6724(f)			TOTAL	TOTAL			
		15. Written Program	6724(a)			<b>D. PEST CONTROL ADVISER RECORDS INSPECTION</b>				
		16. Handler Training	6724(b-e)			Number Records Inspected _____				
		17. Hazard Communication / FW	6761			REQUIREMENTS				
		18. Application Specific Info / FW	6761.1			Section				
		19. Field Worker Training	6764			COMPLIANCE				
		<b>Respiratory Protection Program</b>	<b>6739</b>			YES NO N/A				
		20. Written Program	(a),(p)			1. PCA Licensed	12001			
		21. Medical Evaluation	(d),(s)			2. PCA Registered in County	12002			
		22. Fit Test Records	(e),(p)			3. Recommendations in Proper Categories	12054			
		23. Respirators Inspected	(j)(1)			4. Required Information / Copies Furnished	12003			
		24. Respirator Storage	(h)(4)			5. Recommendations Retained / 1 year	12004			
		25. Voluntary Use Display	(b)(2)			6. Recommendation Criteria	6556			
		<b>Medical Supervision Program</b>	<b>6728</b>			7. Complies with Pesticide Labeling	12971			
		26. Use Records Retained / 3 years	(a)			8. Safety of Employed Persons	6720(d)			
		27. Drs. Agreement Available / 3 yrs	(b)			TOTAL	TOTAL			
		28. Records / 3 years	(c)			<b>COMPLIANCE ACTIONS:</b>				
		29. Medical Supervision Posting	(c)(5)			Cease and Desist Order 13102 <input type="checkbox"/> YES <input type="checkbox"/> NO Correct Noncompliances By:				
		<b>Pesticide Storage</b>				Follow-up Required <input type="checkbox"/> YES <input type="checkbox"/> NO				
		30. Possession Permit for Stored RM	6412			<b>Remarks - Continue on Inspection Report / VN Supplement, PR-ENF-111.</b>				
		31. Containers Secured	6672(b)			<u>8. HEALTHWORKS MED. GROUP OR CLOSET HOSPITAL.</u>				
		32. Storage Posted, "Warning/Danger"	6674			<u>POSTED ON EACH VEHICLE AND AT CHANGE</u>				
		33. Containers Labeled / Closures	6676			<u>AREA AT THE M.A.D. OFFICE.</u>				
		34. Service Container Labeling	6678							
		35. Proper Containers	6680							
		36. Containers Properly Rinsed	6684							
		TOTAL	TOTAL							

INSPECTOR (Print Name) <u>TOM DAWSON</u>	Signature <u>Tom Dawson</u>	TIME AND DATE INSPECTED <u>11:00 9-27-16</u>
INSPECTION ACKNOWLEDGED BY (Print Name) <u>John Fritz</u>	Signature <u>John Fritz</u>	DATE ACKNOWLEDGED <u>9/27/16</u>

**VIOLATION NOTICE**  YES  NO # \_\_\_\_\_

Distribution: White - County; Canary - DPR; Pink - Inspector; Goldenrod - Firm / Person Inspected

109 - 844855

FORM # - INSPECTION NUMBER

SAN JOAQUIN

INSPECTING COUNTY

FIRM / PERSON INSPECTED

SAN JOAQUIN CO. M.A.D.

EQUIPMENT USED

JOHN FRITZ CONDUCTS <sup>EMPLOYEE</sup> HAZ COM / PESTICIDE SPECIFIC HANDLERS TRAINING

HANDLER'S NAME

ACTIVITY

PERSONAL PROTECTIVE EQUIPMENT WORN

Remarks - Include a detailed description of noncompliances.

12. HAZ COM / <sup>PESTICIDE</sup> TRAINING PROGRAM CONDUCTED ON 2-25-16.  
 EMPLOYEES TRAINED IN PESTICIDE HANDLING AND HAZ COMMUNICATIONS:  
 • BENNETT, MORGAN; COLES, ADAM; CORRALES, MICHAEL; DELA VEGA, SOMIHO;  
 DEVENCENZI, AARON; DOMENCH, RICHARD; DUKE, STEVE; DURHAM, BOB;  
 DURHAM, JANINE; FRITZ, JOHN; HERS, CHRIS; HOPKINS, DEANNA; HOPKINS, NORA;  
 HUANG, SHAO MING; IVERSON, MARY; JUCOTAN, MARTIN; KEITH, DENNIS; MILLER, MICHAEL;  
 MONIZ, JOHN; NIENHUIS, KEITH; NOLIN, LARRY; PFEIFER, ROY; POPE EMILY;  
 RAMOS, JULIAN; RYAN, TED; SARALE, JOSEPH; SMITH, DAVID; THOMAS, STERLING;  
 VANA, DAVE; VIGNOLO, JOHN. TRAINING COVERS SAFETY PROCEDURES,  
 PPE, SYMPTOMS OF POISONING, LABELS, MSDS, STORAGE, RINSING

A WRITTEN DISCIPLINARY PLAN IS ACTIVE AT THE S.J. CO. M.A.D.

INSPECTOR (Print Name)

TOM DAWSON

Signature

*Tom Dawson*

TIME AND DATE INSPECTED

11:00 9-27-16

INSPECTION ACKNOWLEDGED BY (Print Name)

John Fritz

Signature

*John Fritz*

DATE ACKNOWLEDGED

9/27/16

Notification Information - The "Notified Person's Signature" is not an admission of guilt or a promise to appear (citation).

REPORT DELIVERED TO RESPONSIBLE PERSON (WHEN VIOLATIONS OCCURRED):

In Person  Fax #  Certified Mail #  Regular Mail  Other

RESPONSIBLE PERSON (Print Name):

Employee  Owner  
 Signature

DATE DELIVERED

**Records Inspection  
Respiratory Inspection Report**

**San Joaquin County**  
Records Number 109- 844855

Firm Inspected <b>SAN JOAQUIN MOSQUITO ABATEMENT DIST</b>	Phone	Fax
Firm Mailing Address <b>77595 AIRPORT WY</b>	Physician or Other Licensed Health Care Professional (PLHCP) used.	
City <b>STOCKTON</b> State <b>CA</b> Zip <b>95206</b>	Name/Company	
Property Operator	Phone	Fax
Respirator Program Administrator <b>JOHN FRITZ</b>		

Respirator Type(s) used

- Full Face (FF)   
  Half Face (HF)   
  Filtering Face Piece (FFP)   
  Powered Air Purifying (PAP)
- Self-Contained Breathing Apparatus (SCBA)   
  Supplied Air Respirator (SAR)   
  Voluntary Respirators Used

Respirator Users Name	Resp. Type(s)	Resp. Rec. Obtained	Fit test	Training Date
<b>DENNIS KEITH</b>	<b>N95</b>		<b>Y</b>	<b>3-16-16</b>
<b>JOHN MONIZ</b>	"		<b>Y</b>	"
<b>DAVID VANA</b>	"		<b>Y</b>	"
<b>MARTIN JUCUTAN</b>	"		<b>Y</b>	"
<b>SHAOMING HUANG</b>	"		<b>Y</b>	"
<b>LARRY NOLIN</b>	"		<b>Y</b>	"

Written Respiratory Program				Respirator Use			
	Y	N	N/A		Y	N	N/
Proper Routine & Emergency Use	✓			Respirator(s) In Good Condition	✓		
Respiratory Hazards (IDLH)	✓			Emergency Respirator(s) Inspected			✓
Donning, Doffing, & Limitations	✓			Maintenance: Cleaning & Care			✓
Worksite Specific Procedures (When Resp. Required)	✓			When Cleaning & Disinfection Required			✓
Program Evaluated By Resp. Users (Employees)	✓			Only Registered Materials For Disinfection			✓
Training Understood By Resp. Users (Employees)	✓			<b>Filter, Cartridge &amp; Canister</b>			
Training Provided Within 12 Months & Before Use	✓			Label present, Color Coded, & NIOSH Approved			✓
Records Retained For 3 Years	✓			Replacement: Informed When required With Resp. Used	✓		
				Facepiece Seal Protector			✓

- Employee Fit Tests Used Qualitative (QLFT)
- Isomyl Acetate (Banana Oil)   
  Saccharin   
  Bitrex
- Irritant Smoke   
  Other \_\_\_\_\_

- Quantitative (QNFT)
- Generated Aerosol   
  Condensation Nuclei Counter
- Controlled Negative Pressure   
  Other \_\_\_\_\_

Remarks: Include model numbers and Manufactures of respirators used.

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INSPECTOR Print Name <b>TOM DAWSON</b>	Signature <i>Tom Dawson</i>	Time & Date Inspected <b>9-27-16</b>
Inspection Acknowledged by Print Name	Signature	Date Acknowledged

**Records Inspection  
Respiratory Inspection Report**

**San Joaquin County**  
Records Number 109- 844855

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Firm Mailing Address <b>77595 AIRPORT WY</b>	Physician or Other Licensed Health Care Professional (PLHCP) used.	
City <b>STOCKTON</b> State <b>CA</b> Zip <b>95206</b>	Name/Company	
Property Operator	Phone	Fax
Respirator Program Administrator <b>JOHN FRITZ</b>		

Respirator Type(s) used


- Full Face (FF)   
  Half Face (HF)   
  Filtering Face Piece (FFP)   
  Powered Air Purifying (PAP)
- Self-Contained Breathing Apparatus (SCBA)   
  Supplied Air Respirator (SAR)   
  Voluntary Respirators Used

Respirator Users Name	Resp. Type(s)	Resp. Rec. Obtained	Fit test	Training Date
<b>EMILY POPE</b>	<b>N95</b>		<b>Y</b>	<b>3-16-16</b>
<b>MORGAN BENNETT</b>	<b>"</b>		<b>Y</b>	<b>"</b>
<b>MICHAEL CORRALES</b>	<b>"</b>		<b>Y</b>	<b>"</b>
<b>ROY D. PFEIFER</b>	<b>"</b>		<b>Y</b>	<b>"</b>
<b>RICHARD DOMENCH</b>	<b>"</b>		<b>Y</b>	<b>"</b>
<b>NORMAN HOPKINS</b>	<b>"</b>		<b>Y</b>	<b>"</b>

Written Respiratory Program	Y	N	N/A	Respirator Use	Y	N	N/
	Proper Routine & Emergency Use	✓				Respirator(s) In Good Condition	✓
Respiratory Hazards (IDLH)	✓			Emergency Respirator(s) Inspected			✓
Donning, Doffing, & Limitations	✓			Maintenance: Cleaning & Care			✓
Worksite Specific Procedures (When Resp. Required)	✓			When Cleaning & Disinfection Required			✓
Program Evaluated By Resp. Users (Employees)	✓			Only Registered Materials For Disinfection			✓
Training Understood By Resp. Users (Employees)	✓			<b>Filter, Cartridge &amp; Canister</b>			
Training Provided Within 12 Months & Before Use	✓			Label present, Color Coded, & NIOSH Approved			✓
Records Retained For 3 Years	✓			Replacement: Informed When required With Resp. Used	✓		
				Facepiece Seal Protection			✓

Employee Fit Tests Used Qualitative (QLFT) <input type="checkbox"/> Isomyl Acetate (Banana Oil) <input type="checkbox"/> Saccharin <input checked="" type="checkbox"/> Bitrex <input type="checkbox"/> Irritant Smoke <input type="checkbox"/> Other _____	Quantitative (QNFT) <input type="checkbox"/> Generated Aerosol <input type="checkbox"/> Condensation Nuclei Counter <input type="checkbox"/> Controlled Negative Pressure <input type="checkbox"/> Other _____
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Remarks: Include model numbers and Manufactures of respirators used.

INSPECTOR Print Name <b>TOM DAWSON</b>	Signature 	Time & Date Inspected <b>9-27-16</b>
Inspection Acknowledged by Print Name	Signature	Date Acknowledged

**Records Inspection  
Respiratory Inspection Report**

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Firm Mailing Address <b>77595 AIRPORT WY</b>		Physician or Other Licensed Health Care Professional (PLHCP) used.		Name/Company	
City <b>STOCKTON</b>	State <b>CA</b>	Zip <b>95206</b>	Respirator Program Administrator <b>JOHN FRITZ</b>		
Property Operator			Phone		
Respirator Type(s) used			Fax		

- Full Face (FF)     
  Half Face (HF)     
  Filtering Face Piece (FFP)     
  Powered Air Purifying (PAP)
- Self-Contained Breathing Apparatus (SCBA)     
  Supplied Air Respirator (SAR)     
  Voluntary Respirators Used

Respirator Users Name	Resp. Type(s)	Resp. Rec. Obtained	Fit test	Training Date
<b>STEVE DUKE</b>	<b>N95</b>		<b>Y</b>	<b>3-16-16</b>
<b>DAVID J. SMITH</b>	"		<b>Y</b>	"
<b>MICHAEL MILLER</b>	"		<b>Y</b>	"
<b>JOSEPH SARALE</b>	"		<b>Y</b>	"
<b>KEITH NIENUIS</b>	"		<b>Y</b>	<b>3-17-16</b>
<b>CHRIS HIERS</b>	"		<b>Y</b>	"

Written Respiratory Program	Y	N	N/A	Respirator Use			Y	N	N/
	Proper Routine & Emergency Use	<input checked="" type="checkbox"/>			Respirator(s) In Good Condition	<input checked="" type="checkbox"/>			
Respiratory Hazards (IDLH)	<input checked="" type="checkbox"/>			Emergency Respirator(s) Inspected					<input checked="" type="checkbox"/>
Donning, Doffing, & Limitations	<input checked="" type="checkbox"/>			Maintenance: Cleaning & Care					<input checked="" type="checkbox"/>
Worksite Specific Procedures (When Resp. Required)	<input checked="" type="checkbox"/>			When Cleaning & Disinfection Required					<input checked="" type="checkbox"/>
Program Evaluated By Resp. Users (Employees)	<input checked="" type="checkbox"/>			Only Registered Materials For Disinfection					
Training Understood By Resp. Users (Employees)	<input checked="" type="checkbox"/>			<b>Filter, Cartridge &amp; Canister</b>					
Training Provided Within 12 Months & Before Use	<input checked="" type="checkbox"/>			Label present, Color Coded, & NIOSH Approved					<input checked="" type="checkbox"/>
Records Retained For 3 Years	<input checked="" type="checkbox"/>			Replacement: Informed When required With Resp. Used	<input checked="" type="checkbox"/>				
				Facepiece Seal Protection					<input checked="" type="checkbox"/>

Employee Fit Tests Used

Qualitative (QLFT)

Isomyl Acetate (Banana Oil)   
  Saccharin   
  Bitrex

Irritant Smoke   
  Other \_\_\_\_\_

Quantitative (QNFT)

Generated Aerosol   
  Condensation Nuclei Counter

Controlled Negative Pressure   
  Other \_\_\_\_\_

Remarks: Include model numbers and Manufacturers of respirators used.

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INSPECTOR Print Name	Signature	Time & Date Inspected
Inspection Acknowledged by Print Name	Signature	Date Acknowledged

**Records Inspection  
Respiratory Inspection Report**

**San Joaquin County**  
Records Number 109- 844855

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Firm Mailing Address <b>77595 AIRPORT WY</b>	Fax
City <b>STOCKTON</b> State <b>CA</b> Zip <b>95206</b>	Physician or Other Licensed Health Care Professional (PLHCP) used.
Property Operator	Name/Company
Respirator Program Administrator <b>JOHN FRITZ</b>	Phone
	Fax

Respirator Type(s) used

- Full Face (FF)   
  Half Face (HF)   
  Filtering Face Piece (FFP)   
  Powered Air Purifying (PAP)
- Self-Contained Breathing Apparatus (SCBA)   
  Supplied Air Respirator (SAR)   
  Voluntary Respirators Used

Respirator Users Name	Resp. Type(s)	Resp. Rec. Obtained	Fit test	Training Date
<b>ADAM C. COLES</b>	<b>N-95</b>		<b>Y</b>	<b>3-17-16</b>
<b>BOB DURHAM</b>	"		Y	"
<b>DEANNA HOPKINS</b>	"		Y	"
<b>JULIAN RAMOS</b>	"		Y	"
<b>STERLING THOMAS</b>	"		Y	"
<b>GREG EDWARDS</b>	"		Y	"

Written Respiratory Program	Y	N	N/A	Respirator Use	Y	N	N/
Proper Routine & Emergency Use	✓			Respirator(s) In Good Condition	✓		
Respiratory Hazards (IDLH)	✓			Emergency Respirator(s) Inspected			✓
Donning, Doffing, & Limitations	✓			Maintenance: Cleaning & Care			✓
Worksite Specific Procedures (When Resp. Required)	✓			When Cleaning & Disinfection Required			✓
Program Evaluated By Resp. Users (Employees)	✓			Only Registered Materials For Disinfection			✓
Training Understood By Resp. Users (Employees)	✓			<b>Filter, Cartridge &amp; Canister</b>			
Training Provided Within 12 Months & Before Use	✓			Label present, Color Coded, & NIOSH Approved			✓
Records Retained For 3 Years	✓			Replacement: Informed When required With Resp. Used	✓		
				Facepiece Seal Protection			✓

- Employee Fit Tests Used  
Qualitative (QLFT)
- Isomyl Acetate (Banana Oil)   
  Saccharin   
  Bitrex
- Irritant Smoke   
  Other \_\_\_\_\_

- Quantitative (QNFT)
- Generated Aerosol   
  Condensation Nuclei Counter
- Controlled Negative Pressure   
  Other \_\_\_\_\_

Remarks: Include model numbers and Manufactures of respirators used.

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INSPECTOR Print Name <b>TOM DAWSON</b>	Signature 	Time & Date Inspected <b>9-27-16</b>
Inspection Acknowledged by Print Name	Signature	Date Acknowledged

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City <b>STOCKTON</b> State <b>CA</b> Zip <b>95206</b>	Name/Company	
Property Operator	Phone	Fax
Respirator Program Administrator <b>JOHN FRITZ</b>		

Respirator Type(s) used

- Full Face (FF)     Half Face (HF)     Filtering Face Piece (FFP)     Powered Air Purifying (PAP)  
 Self-Contained Breathing Apparatus (SCBA)     Supplied Air Respirator (SAR)     Voluntary Respirators Used

Respirator Users Name	Resp. Type(s)	Resp. Rec. Obtained	Fit test	Training Date
<b>JOHN VIGNOLO</b>	<b>N-95</b>		<b>Y</b>	<b>3-17-16</b>
<b>JANINE DURHAM</b>	<b>"</b>		<b>Y</b>	<b>"</b>
<b>MARY IVERSON</b>	<b>"</b>		<b>Y</b>	<b>5-3-16</b>
<b>SUMILCO DE LA VEGA</b>	<b>"</b>		<b>Y</b>	<b>"</b>
<b>JUAN VALENCIA</b>	<b>"</b>		<b>Y</b>	<b>"</b>
<b>HAROLD CARPENTER</b>	<b>"</b>		<b>Y</b>	<b>"</b>
<b>BRIAN HEINE</b>	<b>"</b>		<b>Y</b>	<b>"</b>

Written Respiratory Program	Y	N	N/A	Respirator Use		
				Y	N	N/
Proper Routine & Emergency Use	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Respiratory Hazards (IDLH)	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>
Donning, Doffing, & Limitations	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>
Worksite Specific Procedures (When Resp. Required)	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>
Program Evaluated By Resp. Users (Employees)	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>
Training Understood By Resp. Users (Employees)	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>
Training Provided Within 12 Months & Before Use	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>
Records Retained For 3 Years	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
				<b>Filter, Cartridge &amp; Canister</b>		
				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
						<input checked="" type="checkbox"/>

- Employee Fit Tests Used  
Qualitative (QLFT)  
 Isomyl Acetate (Banana Oil)     Saccharin     Bitrex  
 Irritant Smoke     Other \_\_\_\_\_

- Quantitative (QNFT)  
 Generated Aerosol     Condensation Nuclei Counter  
 Controlled Negative Pressure     Other \_\_\_\_\_

Remarks: Include model numbers and Manufactures of respirators used.

INSPECTOR Print Name <b>TOM DAWSON</b>	Signature <b>Tom Dawson</b>	Time & Date Inspected <b>9-27-16</b>
Inspection Acknowledged by Print Name	Signature	Date Acknowledged