

## Pesticide Facility Annual Self Audit

Location: \_\_\_\_\_

Date: \_\_\_\_\_ Inspector: \_\_\_\_\_

| Item   | Y/N/NA | Comments |
|--|--------|----------|
| Monthly Pesticide Storage Area Inspections performed   |        |          |
| Business License copy available and up to date   |        |          |
| List of all certified applicators and copies of licenses available   |        |          |
| Annual Pesticide Inventory available (date of last inventory)  |        |          |
| Copies of all notifications: <ul style="list-style-type: none"> <li>• Newspaper</li> <li>• Adjacent Landowner</li> <li>• Hypersensitivity Registry contacts</li> </ul> |        |          |
| Pesticide application records for preceding three years available  |        |          |
| MSDSs available (how?)   |        |          |
| Pesticide labels available   |        |          |
| Secondary containment present for all liquid pesticides  |        |          |
| Emergency Information posted   |        |          |
| Vital Building Information required?   |        |          |
| Vital Building Information complete and available  |        |          |
| Review storage area requirements/best management practices and deficiencies found  |        |          |
| Review and correction of hazards/unsafe conditions or practices  |        |          |
| <b>WPS Only:</b>   |        |          |
| Copies of training records for all workers w/i 5 days of working   |        |          |
| Copies of training records for all handlers  |        |          |
| Worker Safety Poster posted  |        |          |

\_\_\_\_\_  
Department/Unit Head Name and Date

\_\_\_\_\_  
Department/Unit Head Signature

Send a copy of this Annual Self Audit to EHS (6 Eisenhower Parking Deck, University Park) by January 31<sup>st</sup> of each year with the audit of the previous year.