



University of Michigan Pesticide Audit Worksheet

Tip: To use this document, click **File > Make a Copy** and save to your Drive.

Location:	
Date:	
Pesticide Program Manager:	
Person in Charge:	

Inventory - Check the appropriate box	Yes	No	NA
Inventory List Submitted to EHS	☐	☐	☐
Current List of Certified Applicators Submitted to EHS	☐	☐	☐
Restricted Use Products	☐	☐	☐

Inventory Storage Facility - Check the appropriate box	Yes	No	NA
800 ft. From Well	☐	☐	☐
Large Enough	☐	☐	☐
Method for Locking	☐	☐	☐
Identified as Pesticide Storage	☐	☐	☐
Properly Heated	☐	☐	☐
Floor Drain Contamination Prevention	☐	☐	☐
MSDS in Separate Location	☐	☐	☐

Inventory Containers and Labels- Check the appropriate box	Yes	No	NA
Labels Intact and Legible	☐	☐	☐
Containers in Good Condition	☐	☐	☐
Containers Stored in Orderly Fashion	☐	☐	☐
Stored Away from Food/Feed	☐	☐	☐

Strategic Operating Plan- Check the appropriate box	Yes	No	NA
Use Inspections and Pest Monitoring before Control Selection	☐	☐	☐
Non-Chemical Controls Implemented	☐	☐	☐
Written Plan for Off Target Drift and Notification (Outdoor use only)	☐	☐	☐
Plan to Hold Excess Pesticides or Rinsate for Disposal or use as a Diluent	☐	☐	☐

Impervious Pad (Hand Held Equipment Exempt) - Check the appropriate box	Yes	No	NA
Impervious Pad Provided	☐	☐	☐
Pad Bermed or Sloped	☐	☐	☐
Holding Tanks Above Ground	☐	☐	☐
Back flow Prevention for Hoses and Water Lines	☐	☐	☐
Shut Off Valve Where Chemicals are Mixed	☐	☐	☐

Equipment - Check the appropriate box	Yes	No	NA
In Sound Mechanical Condition	☐	☐	☐
Calibrated Properly	☐	☐	☐
Shut Off Valves Function Properly	☐	☐	☐

SARA Title III - Check the appropriate box	Yes	No	NA
--	-----	----	----



Name of Person Responsible Given to Proper Authorities	☐	☐	☐
Applicators Aware of Whom to Notify in case of Spill	☐	☐	☐

Records - Check the appropriate box	Yes	No	NA
Records Kept (3 yrs. RUP, 1 yr. GUP)	☐	☐	☐
Applicator Records Include: Applicator name, location, date of application, identity and location of target pest, density of target pest, recommendations, amount and concentration of pesticide used, name and EPA registration number of pesticide applied.	☐	☐	☐

Safety - Check the appropriate box	Yes	No	NA
Respirator Use Required	☐	☐	☐
Applicators Current on Medical Surveillance Requirement	☐	☐	☐
Impervious Gloves Provided	☐	☐	☐
Safety Goggles Provided	☐	☐	☐
Spill Kit Available	☐	☐	☐
Contains: 2 Buckets or More, Absorptive Pillow	☐	☐	☐
Operator Wears Long Pants, Long Sleeves, Protective Footwear	☐	☐	☐
Fire Extinguisher Provided	☐	☐	☐
Product Labels and MSDS Available	☐	☐	☐
Hand Washing Facilities Available	☐	☐	☐

Notification - Check the appropriate box	Yes	No	NA
Application Areas Include Addresses on Notification List	☐	☐	☐
Appropriate Signs Provided	☐	☐	☐
Non-Golf course Facilities: Lawn Markers for 24 hrs, 4"x5", green letters, white background, "Caution" 11/16", "Pesticide App." 9/32", "Keep off Till Dry" 9/32", "Customer: Please Remove after 24 hrs" 3/32", Picture of No People.	☐	☐	☐
Golf course broadcast, foliar or space application: Date and time of application, common name of pesticide, areas treated, label re-entry precautions, name of person to be contacted for further information.	☐	☐	☐
Sign for public buildings: Placed at primary point of entry, posted for 24 hours, 2.5"x2.5", black letters, muted background, clouded house symbol, date of application 1/8".	☐	☐	☐

Comments	Date C'd:

Inspected by:

Person in Charge:

University of Michigan Pesticide Audit Worksheet

Location:	
Date:	
Pesticide Program Manager:	
Person in Charge:	

[illegible]

Inspected by: _____
Person in Charge: _____