

**ENFORCEMENT/COMPLIANCE ACTION SUMMARY**

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**INSTRUCTIONS: (Please see reverse for codes and instructions.)**

**A. ENFORCEMENT/COMPLIANCE ACTION TYPE and STATUS.** (Only one enforcement type or compliance group, per form.)

|                  |                |             |                  |                            |        |
|------------------|----------------|-------------|------------------|----------------------------|--------|
| Date of Incident | Date of Action | Date Closed | Susp/Revoke Date | Case Number (numeric only) | County |
|------------------|----------------|-------------|------------------|----------------------------|--------|

Administrative Action (check only one):

Judicial Action (check only one):

- Administrative Civil Penalty (Agricultural)
- Administrative Civil Penalty (Structural)
- County Registration Suspended/Revoked
- Private Applicator Certificate Suspended/Revoked
- Restricted Materials Permit Suspended/Revoked

- Notice to Appear (Citation)
- Case Submitted to DA/Circuit Prosecutor

Compliance Actions (check all that apply):

- Cease and Desist Order      Serial Number: \_\_\_\_\_
- Documented Compliance Interview
- Warning Letter/Violation Notice (VN)  
VN Serial Number: \_\_\_\_\_

Referred for State Action (check only one):

- DPR     SPCB     OTHER

Administrative Action Status (check one):

- Notice of Proposed Action (NOPA)
- OR**
- Signed Stipulation       Withdrawn
- Closed After Hearing       Closed No Hearing

Action Reference:

- Inspection Form Serial #: \_\_\_\_\_
- DPR Priority Investigation #: \_\_\_\_\_
- Worker Health and Safety (WHS) Case #: \_\_\_\_\_
- District Attorney/Prosecutor or Other Case #: \_\_\_\_\_

**B. ACTION DETAIL.** (Attach additional page(s) as necessary.)

| SECTION(S) CITED (One per line) | PROPOSED  |                   | MODIFIED  |                   | DISMISSED<br>(Check if dismissed) |
|---------------------------------|-----------|-------------------|-----------|-------------------|-----------------------------------|
|                                 | Fine (\$) | Suspension (days) | Fine (\$) | Suspension (days) |                                   |
|                                 |           |                   |           |                   | <input type="checkbox"/>          |
|                                 |           |                   |           |                   | <input type="checkbox"/>          |
|                                 |           |                   |           |                   | <input type="checkbox"/>          |
|                                 |           |                   |           |                   | <input type="checkbox"/>          |
|                                 |           |                   |           |                   | <input type="checkbox"/>          |
| Cont. <input type="checkbox"/>  |           |                   |           |                   | <input type="checkbox"/>          |

**C. INDIVIDUAL/BUSINESS INFORMATION.** If the individual is affiliated with a business or organization, you may complete both individual and business sections. Indicate whether the individual (IND) or business/organization (BUS) is being cited in this action by checking the appropriate 'respondent' box:

|                               |                            |   |      |                                       |                           |                                       |
|-------------------------------|----------------------------|---|------|---------------------------------------|---------------------------|---------------------------------------|
| IND <input type="checkbox"/>  | Last Name                  | First Name  | M.I. | License Code                          | Individual License Number | Unregistered <input type="checkbox"/> |
| BUS <input type="checkbox"/>  | Business/Organization Name |   |      | License Code                          | Business License Number   | Unregistered <input type="checkbox"/> |
| Employment Code (see reverse) | SPCB Branch                | <input type="checkbox"/> Operator ID # <input type="checkbox"/> Restricted Materials Permit # |      | Private Applicator Certificate Number |                           |                                       |

**D. ACTIVITY/INCIDENT INFORMATION.**

**\*See Reverse for Codes**

| PESTICIDE PRODUCT NAME(S)      | PRODUCT REG. NUMBER           | *Category                             | *Setting | *Activity |
|--------------------------------|-------------------------------|---------------------------------------|----------|-----------|
|                                |                               |                                       |          |           |
|                                |                               | Comment on Category/Setting/Activity: |          |           |
|                                |                               |                                       |          |           |
|                                |                               |                                       |          |           |
|                                |                               |                                       |          |           |
| County Contact (please print): | Telephone (Include Area Code) |                                       |          |           |

# DPR-ENF-046 Codes and Instructions

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| Category for QAL/QAC & AG PCB Licensees   | Employment/Sector Codes   | License/Certificate Codes  |
|---|---|--|
| Animal Agriculture<br>Antifouling Tributyltin<br>Aquatic<br>Demonstration and Research<br>Field Fumigation<br>Forest<br>Health Related<br>Industrial<br>Institutional<br>Landscape Maintenance<br>Microbial Pest Control<br>Plant Agriculture<br>Regulatory<br>Residential<br>Right-of-Way<br>Seed Treatment<br>Sewer Line Root Control<br>Wood Preservation<br>No Category | Commercial <b>COM</b><br>(incl. FLCs, MGBs, PCBs, etc. )<br>Government Agencies <b>GOV</b><br>Grower <b>GRO</b><br>Homeowner <b>HOM</b><br>(associations, apartments, etc.)<br>Private Sector <b>PRI</b><br>(hotels, motels, restaurants, golf courses, cemeteries)<br>Schools <b>SCH</b>   | <b>INDIVIDUAL CODES:</b><br>Apprentice Pest Control Aircraft Pilot <b>APC</b><br>Journeyman Pest Control Aircraft Pilot <b>JPC</b><br>Operator ID <b>OID</b><br>Pest Control Adviser <b>PCA</b><br>Pest Control Dealer Designated Agent <b>DDA</b><br>Private Applicator Certificate <b>PAC</b><br>Qualified Applicator Certificate <b>QAC</b><br>Qualified Applicator License <b>QAL</b><br>Restricted Materials Permit <b>RMP</b><br>Structural Pest Control Control Applicator <b>RA</b><br>Structural Pest Control Field Representative <b>FR</b><br>Structural Pest Control Operator <b>OPR</b><br>Vector Control Technician <b>VCT</b> |
| <b>Setting</b>  | <b>Activity</b>   |  |
| Aquatic Farm<br>Forest Golf Course<br>Greenhouse HQ/Office<br>Home Use Industrial<br>Institutional Landscape Maint.<br>Nursery Research<br>Recreational Regulatory<br>Residential Right-of-Way<br>Public Health School<br>Storage <i>Other</i>  | Advising<br>Aerating - field/structure<br>Applying<br>Chemigating<br>Disinfecting<br>Disposing<br>Field Worker Activities<br>(incl. harvesting, thinning, packing, pruning)<br>Flagging<br>Fumigating - structure/field/commodity<br>Irrigating<br>Licensing<br>Maintaining equipment<br>(e.g., cleaning/repairing)<br>Mixing/Loading<br>Processing/Packing<br>(Ag Commodities, not in field)<br>Record Keeping<br>Registering<br>Storing<br>Transporting<br><i>Other</i> | <b>BUSINESS CODES:</b><br>Farm Labor Contractor <b>FLC</b><br>Maintenance Gardener <b>MGB</b><br>Operator ID <b>OID</b><br>Pest Control Business <b>PCM</b><br>Pest Control Business Branch <b>PCB</b><br>Pest Control Dealer <b>PDM</b><br>Pest Control Dealer Branch <b>PDB</b><br>Pesticide Broker <b>PBM</b><br>Pesticide Broker Branch <b>PBB</b><br>Restricted Materials Permit <b>RMP</b><br>Structural Pest Control Co. - PRINCIPLE <b>PR</b><br>Structural Pest Control Co. - BRANCH <b>BR</b>  |
| <b>SPCB Branch</b>  |   | <b>CODES for INDIVIDUAL or BUSINESS:</b><br>Not Required <b>NR</b><br>Uncertified <b>UNC</b><br>Unlicensed <b>UNL</b>  |
| <b>1</b> Fumigation<br><b>2</b> General Pest Control<br><b>3</b> Termite Control  |   |  |

**PART A.** Complete all items. **Action Type** - For All **enforcement actions** (administrative, judicial, referral), **check only one per form**. For **compliance actions, check all that apply**. Do not report enforcement and compliance actions on the same form. **Case Number** - May be any county assigned number, although sequential numbers are preferred for Administrative Civil Penalties. This is a numeric field only; **DO NOT** incorporate county names or special characters.

**PART B.** Enforcement actions: Complete all items applicable to the status of the action. Compliance actions: complete section(s) cited only. **Suspension (days)** - The number of days (duration) of the suspension; record the beginning date in Part A. "Susp/Revok Date".

**PART C.** Complete all items. **Individual License # field:** Record the license number as listed on license or certificate. **Business License # field:** Record the license number as printed on the business license. **SPCB Branch field:** Record appropriate Branch number for individual or business licensees. **Operator ID/Restricted Materials Permit # field:** Check only one box. Record the entire number as issued (cc/yy/cc/#####). If Respondent is a business and RMP box is checked, list name and PAC# of permit holder. Leave blank if not applicable. **Unregistered field:** Check the box only if the individual or business is not registered in your county.

**PART D. Pesticide Product Name(s) and Product Registration Number(s):** Record both if applicable. **License Category:** Required for QAL/QAC & PCB licensees. List only the category applicable to incident. If the respondent worked out of category, record remarks in **Comments** field. **Setting** and **Activity** are required fields. If the appropriate terms are not listed on the back of the form for **Setting** or **Activity**, record **Other** then describe the activity or setting in the **Comments** field. If the violation is for general record keeping, then setting is HQ/Office and the activity is record keeping.