**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:* Newspaper
* Adjacent Landowner
* Hypersensitivity Registry contacts
 |  |  |
| Pesticide application records for preceding three years available |  |  |
| SDSs available (how?) |  |  |
| Pesticide labels available |  |  |
| Secondary containment present for all liquid pesticides |  |  |
| Emergency Information posted |  |  |
| Review storage area requirements/best management practices and deficiencies found |  |  |
| Review and correction of hazards/unsafe conditions or practices |  |  |
| **WPS Only:** |  |  |
| Copies of training records for all workers not more than one year old  |  |  |
| Copies of training records for all handlers not more than one year old |  |  |
| Following Agriculture Exclusion Zone requirements |  |  |
| Worker Safety Poster posted |  |  |

Department/Unit Head Name Department/Unit Head Signature and Date

**Send a copy of this Annual Self Audit to EHS (6 Eisenhower Parking Deck, University Park) by January 31st of each year.**