



Department of Agriculture
2300 East St. Louis Ave.
Las Vegas, NV 89104

INVESTIGATION SUMMARY

Department of Agriculture
405 South 21st Street
Sparks, NV 89431



Investigation Type (check all that apply): GPR RRV URN UGN UGA URA
Reason for Inspection Code (check all that apply): NSS FCG FCP
Facility Function (check all that apply): CA UA DL MK PD

1. Applicator Information

PAGE ____ OF ____

a. Name of Individual	b. Individual's License No.	c. Business Name	d. Business License No.
e. Business Address			
Street Name and Number		City	State ZIP Code

2. Site of Application

a. Facility Name and Address			
Facility Name if Applicable, Street Name and Number		City	State ZIP Code
b. Inspection Date	c. Time of Application	d. Area Treated	
(MM/DD/YYYY)	(24 Hour Clock)	(Exterior/Interior, Perimeter/Spot/Other)	

3. Pesticide Applied

a. Target Pest	b. Brand Name	c. EPA Reg. No.	d. EPA Est. No.
e. Batch/Lot No.	f. Type of Formulation	g. Method of Application	
	<input type="checkbox"/> Dust <input type="checkbox"/> Spray <input type="checkbox"/> Granular <input type="checkbox"/> Mist <input type="checkbox"/> Fog	<input type="checkbox"/> Ground <input type="checkbox"/> Arial <input type="checkbox"/> Other _____	
h. Dilution Rate			
<small>(Select whether mixture was declared or observed. Specify dilution rate and final concentration.)</small>			
<input type="checkbox"/> Declared <input type="checkbox"/> Observed			
i. Diluted Material Applied			
<small>(Specify amount of diluted material applied per area treated.)</small>			

4. Sample Information

a. Type of Sample	b. Number	c. Description (formulation, use dilution, residue or documentary sample)
<input type="checkbox"/> SN <input type="checkbox"/> DOC		
<input type="checkbox"/> SN <input type="checkbox"/> DOC		
<input type="checkbox"/> SN <input type="checkbox"/> DOC		
<input type="checkbox"/> SN <input type="checkbox"/> DOC		

5. Inspector's Remarks

<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <p>Was a credential presented?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div style="width: 20%;"> <p>Duplicate Samples:</p> <input type="checkbox"/> Provided <input type="checkbox"/> Not Requested </div> <div style="width: 20%;"> <p>Notice of Non-compliance issued? If Yes indicate Notice No.</p> <input type="checkbox"/> Yes (# _____) <input type="checkbox"/> No </div> <div style="width: 20%;"> <p>Applicator acknowledges above samples were collected.</p> <p>Initials _____</p> </div> </div>			
Inspector Name	Title	Inspector No.	