

Use this Self-Audit Checklist if you apply, store or register pesticides, and/or operate a greenhouse or pesticide washing station. Return the completed form to the Division of Safety and Compliance (S&C), we will review your answers and provide follow-up compliance assistance as necessary.

Facility: _____

Date: _____

Room: _____

Reviewer: _____

Findings:

Yes	No	Not Sure	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Am I certified by the Illinois Department of Public Health to apply pesticides?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Am I supervised by a properly certified person when applying pesticides?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have I verified that all of the stored/used pesticides are registered in the state of Illinois?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do I have an Experimental Use permit to conduct pesticide studies?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do I have a license to apply Restricted Use pesticides?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do I abide by the USEPA Worker Protection Standard for pesticide usage on farms, forests, nurseries and greenhouses?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do I have a lawn care containment permit?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do I have a rinsate pad?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do I properly label pesticide containers?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do I store pesticides in a locked facility away from sunlight and moisture?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do I have a washing station near the storage area?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do I have spill absorbent material on-site?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do I have an appropriate fire extinguisher near the storage area?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do I have emergency medical contact information near the storage area?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do I maintain pesticide application records?

