STATE OF CALIFORNIA

PESTICIDE ANALYSIS REPORT

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DEPARTMENT OF PESTICIDE REGULATION
ENFORCEMENT BRANCH

A. Registration/Product Information

PRODUCT BRAND NAME (labeled as)	STATE/EPA REGISTRATION NUMBER	**Laboratory Number**
REGISTERED PRODUCT BRAND NAME	EPA ESTABLISHMENT NUMBER	DATE SAMPLED
REGISTRANT/MANUFACTURER	EPA FIRM NUMBER	SAMPLE NUMBER
LOT NUMBER	LABEL IDENTIFICATION/INVOICE NUMBER	QUANTITY x CONTAINER SIZE **X**

B. Possessor Information

POSSESSOR/SELLER/BUSINESS NAME	TELEPHONE NUMBER (include Area Code)	DATE POSSESSOR RECEIVED LOT
STREET ADDRESS (number and name)	CITY/STATE	ZIP CODE
LOT RECEIVED FROM	CITY/STATE	ZIP CODE

C. Signal Word *(check appropriate box)*

☐ **1 Danger** ☐ **2 Warning** ☐ **3 Caution** ☐ **4 No Signal Word**

Label Claim/Active Ingredients	Guarantee %	Found %

Comments

D. Certification

I certify that the sample described above was taken by me in the manner prescribed by law.	Person acknowledging sample collection

E. Formulations Laboratory Remarks

METHODS USED

FIRST CHEMIST	SECOND CHEMIST
ANALYSIS DISPOSITION AND DATE	ANALYSIS DISPOSITION AND DATE

OTHER REMARKS

F. Decision

CHEMIST'S DECISION	CHEMIST'S SIGNATURE	DATE

Complete reverse side of form

Distribution: Original - Laboratory; Canary - Regional Office; Pink - Possessor/Seller

G. Sample Information

SAMPLE COLLECTOR (print name)	EPA REGISTRATION NUMBER	SAMPLE NUMBER

Container Description

☐ Paper Bag ☐ Plastic Bag ☐ Glass Jar ☐ Amber Jar ☐ Canister ☐ Other _____

Preservation Method During Transport

☐ Ice ☐ Dry Ice ☐ "Blue Ice" ☐ Cooler ☐ Cool Dry Container ☐ Other _____

H. Transportation Information

☐ Anaheim ☐ Other _____

☐ Fresno

☐ West Sacramento

VEHICLE DRIVER/COMMON CARRIER

LICENSE NUMBER/SHIPPING INVOICE NUMBER

DOT NUMBER/CLASSIFICATION

DATE SAMPLE SHIPPED

DESTINATION:

Department of Food and Agriculture
Center for Analytical Chemistry
3292 Meadowview Road
Sacramento, California 95832
(916) 262-2062

I certify that the above listed sample is properly classified, described, packaged, marked, and labeled. I additionally certify that this sample is in the proper condition for transportation according to applicable Department of Pesticide Regulation and Department of Food and Agriculture guidelines.

Signature DATE

I. Chain of Custody

RECEIVED FROM (sample collector)	DELIVERED TO	DATE	TIME	PURPOSE
1.	2.			
RECEIVED FROM	DELIVERED TO	DATE	TIME	PURPOSE
2.	3.			
RECEIVED FROM	DELIVERED TO	DATE	TIME	PURPOSE
3.	4.			
RECEIVED FROM	DELIVERED TO	DATE	TIME	PURPOSE
4.	5.			
RECEIVED FROM	DELIVERED TO	DATE	TIME	PURPOSE
5.	6.			
RECEIVED FROM	DELIVERED TO	DATE	TIME	PURPOSE
6.	7.			
RECEIVED FROM	DELIVERED TO	DATE	TIME	PURPOSE
7.	8.			

J. Laboratory Storage

SAMPLE RECEIVED BY (print name)	DATE RECEIVED	TIME	SAMPLE CONDITION (Laboratory use only)
STORAGE LOCATION	STORAGE DATE (if applicable)	TIME	

K. Specialist's Remarks (discrepancies, additional label guarantees, etc.)

DIAL 9-1-1 IN CASE OF EMERGENCY