

## WSDA Pesticide Management Compost Facility Sampling Form

Facility Name:		
Contact Person:	_	
Inspector:		
Date of Visit:	_	
Feedstocks		
List the type of feedstocks used on the Compost Feedstock Form. Provide further details pertaining to feedstocks below:		
	_	
List all the feedstocks this facility does not accept		
List the combined average volume of the feedstocks (i.e. daily, weekly, monthly, yearly)		
Does this facility accept: Animal Manures Yes No; Biosolids Yes No; Sewage Sludge Yes No		
Does this facility screen incoming feedstocks for the presence of clopyralid and/or picloram?   Yes  No  If yes, describe	_	
	_	
	_	
	_	
Does this facility have a testing procedure for clopyralid and/or picloram on the feedstocks and/or final product?   Yes  No If yes, describe	_	
	_	
	_	
	_	
	_	
Describe the contaminant removed process	_	
Describe the contaminant removal process	_	
	-	

## **Composting Process**

What type of composting process does the facility utilize? (Windrow, static aerated pile, in- vessel, etc.)			
	a brief description of the following aspects of the composting process:  The method and frequency of turning		
	Aeration method_		
	Moisture control method		
	Temperature Monitoring Method		
	The length of time feedstocks remain in specific areas, and the length of time the finished compost ages/cures		
	ny products does this facility make?		
	ent products use specific compost feedstocks, if yes describe?		
How doe	s the facility keep track of the feedstocks and products?		
How are	the products tracked and labeled?		

<b>Attachments</b> Number, list and explain any attachments to this inspection report.	
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Narrative:	