

TECHNO-LEGAL CELL (TLC)

INSTRUCTIONS FOR INSECTICIDE INSPECTORS

Please read the following instructions carefully: -

- Read the guidelines for Insecticide Inspectors thoroughly, available on the website of the Directorate under TLC division in Plant Protection Network on Home page.
- Read the attached checklist carefully before going for inspection and mark the appropriate option provided in the checklist carefully during inspection after verifying the same.
- Collect the copies of necessary documents, as mentioned in the checklist from the manufacturer.
- Inspection report and samples drawn should be sent within 02 days after inspection by Insecticide Inspector. However, checklist may be sent through e-mail at the earliest.
- No. of samples drawn by the Inspector(s) may be informed on the same day after inspection.
- Only copies of the documents collected by the Inspector may be sent to Techno-Legal Cell and original may be retained with him/her.
- If the allotted firm found to be locked/closed or non-existing on the given address on the day of visit, information of the same may be immediately communicated by Insecticide inspector(s) to the TLC, so that another firm may be allotted to them for inspection within time.
- If the firm does not found to have minimum infrastructure, as per the guidelines of registration committee or found to be closed/non-functional than the photographs of the premises may be taken by the Inspectors for enclosing the same with the inspection report.
- In case of transfer of officer to some other station, he/she will carry all original documents with him/her only and should not leave the same at the previous place of posting.

INSPECTION REPORT PROFORMA

1. Name of the Insecticide Inspector:

2. Date of Inspection:

3. Observations:

- a) List of CRs issued by CIB&RC, whether for indigenous manufacture/import for manufacturing /import for Export, etc.? (Copy of CRs list to be collected).
- b) Whether, firm is importing technical/formulation pesticide? If yes, import consignment details for last 1 year may be checked for approved source/supplier as on CR issued and collected.
- c) For how many CRs, manufacturing licence has been sought. Ascertain the CRs left for seeking manufacturing licence and check whether validity period has lapsed (if no production conducted as per the conditions of CR).
- d) Licenses issued by State Licensing Authority for the CRs issued by CIB & RC, validity of license/whether applied for renewal (Copy of State License list to be collected).
- e) Licenses issued by State Licensing Authority details to be incorporated:
 - License for manufacture : technical expert name and qualification
 - License for sale, stock or exhibit for sale or distribution: technical expert name and qualification
 - License for commercial pest control operation:technical expert name and qualification, training and permission from PPA.
- f) Pollution control board certificate and validity.
- g) Photographs/20 sec video clip of the premises, laboratory, machinery, production unit, and raw material storage and man power employed.
- h) Whether requisite infrastructure as plant,machinery, safety device, quality control laboratory with respect to production for the CRs issued?
- i) Analytical test report for active ingredient test withchromatogram and physical parameter analytical test report for recent two batches for technical/ formulation.
- j) Appendix A to E to be verified for last 1 year with respect to applicable entries (**Appendix B –sale/distribution register meticulously checked to the raw materials purchased /import and the finished product sold**).
- k) Is there any violation found of Insecticide Act? If yes, details of action initiated whether, advisory to the firm issued, seizure of insecticides, launch of prosecution etc. (as applicable).

4. On the basis of observations, recommendation to TLC for follows up, if any:

5. Details of sample drawn:

6. Remarks, if any:

Signature of CII

Checklist for inspection as per the provisions of the Insecticides Act 1968 and Rules thereunder

Following documents will be checked and verified by the Insecticide Inspector during inspection:

| S. No | Particulars | | | |
|-------------|---|----------------------|-----------------------|----------------|
| 1. | The firm is manufacturing only :- <i>Mark tick (√) on appropriate option</i> | Technical pesticides | Formulated pesticides | Both |
| 2. | Is the firm importing any Technical or Formulated pesticide | Yes | No | Remarks if any |
| 3. | Total No. of certificates of registration issued to the firm For manufacturing/importing (only list to be obtained) | Technical pesticides | Formulated pesticides | Both- |
| 4. | No. of pesticides found to be available manufactured/ manufacturing/stocked at the time of inspection | Tech- | Formulated- | Both- |
| 5. | Whether the firm holds the CRs for manufacturing pesticides found to be available at the time of inspection (PI verify) <i>Mark tick (√) on appropriate option</i> | Yes | No | Remarks if any |
| 6. | Does the firm has valid manufacturing license issued by state Govt (Collect copy) <i>Mark tick (√) on appropriate option</i> | Yes | No | Remarks if any |
| 7. | In case of formulation manufacturing firm, collect the copy of bills of tech. purchased by the firm during last 03 months | - | - | - |
| 8. | Does the firm has valid certificate from Pollution Control Board of the concerned state. <i>Mark tick (√) on appropriate option</i> | Yes | No | Remarks if any |
| 9. | Whether the firm has necessary manpower, plant Machinery, machinery for packaging and quality control of finished products ,as per the attached guidelines of Registration committee. <i>Mark tick (√) on appropriate option</i> | Yes | No | Remarks if any |
| 10. | Whether the firm is maintaining following documents as required under the Insecticides Act, 1968 and Rules thereunder | - | - | - |
| 10 A | For manufacturing and import of | - | - | - |

| | | | | |
|-------------|--|-----|----|----------------|
| | technical pesticides | | | |
| (i) | Stock Register of Technical grade insecticide (Rule 15) Appendix C1 to Form –III (Manufacturing License) <i>Copy of last 03 months to be collected</i> Mark tick (√) on appropriate option | Yes | No | Remarks if any |
| (ii) | Monthly Return/Statement of Technical Insecticides (Manufactured/Imported) Appendix D1 to Form –III (Manufacturing license) <i>Copy of last 03 months to be collected</i> Mark tick (√) on appropriate option | Yes | No | Remarks if any |
| 10 B | For manufacturing and import of Formulated pesticides | | | |
| (i) | Stock Register of Formulated grade insecticide (Rule 15) Appendix C2 to Form –III (Manufacturing License) <i>Copy of last 03 months to be collected</i> Mark tick (√) on appropriate option | Yes | No | Remarks if any |
| (ii) | Monthly Return/Statement of Formulated Insecticides (Manufactured/Imported) Appendix D2 to Form –III (Manufacturing License. <i>Copy of last 03 months to be collected</i> Mark tick (√) on appropriate option | Yes | No | Remarks if any |
| 10 C | Register for sale /distribution of Technical and Formulated Insecticides Appendix B <i>Copy of last 03 months to be collected</i> Mark tick (√) on appropriate option | Yes | No | Remarks if any |
| 10 D | Required for both either technical or formulated manufacturing firm | | | |
| (i) | Register of Date Expired Pesticides, Appendix A Rule 10 A Mark tick (√) on appropriate option | Yes | No | Remarks if any |
| (ii) | Register of persons engaged in connection with Insecticides, record of periodical medical examination (Rule 34) Appendix E Mark tick (√) on appropriate option | Yes | No | Remarks if any |
| 11 | Is the firm having necessary protective clothing, respiratory devices in the manufacturing premises. Mark tick (√) on appropriate option | Yes | No | Remarks if any |

| | | | | |
|----|--|-----|----|----------------|
| | | | | |
| 12 | <p>Is the firm having necessary first aid medicines and antidotes in sufficient quantity in the manufacturing premises.</p> <p>Mark tick (√) on appropriate option</p> | Yes | No | Remarks if any |
| 13 | <p>Is the firm giving training to workers in observing safety precautions and handling safety equipment provided to them.</p> <p>Mark tick (√) on appropriate option</p> | Yes | No | Remarks if any |
| 14 | <p>Is the firm disposing used package, surplus materials and washing of insecticides in safe manner.</p> <p>Mark tick (√) on appropriate option</p> | Yes | No | Remarks if any |
| 15 | No. of samples drawn from the manufacturing premises | | | |

(C) 1.

Guidelines for the minimum infrastructure to be created by the manufacturers of pesticides and their formulations to meet the requirements for issue of licence by respective State Governments (Licencing Authority)- as approved in 261st RC held on 15-02-2006

These are the general requirements, However, for individual chemicals, specific requirements are to be installed and additional equipment are to be supplemented to suit the reactions involved in the manufacturing process. Further, other specifications as per the Insecticides Rules viz. medical facilities, protective clothing, respiratory devices, first aid measures, training towards safety precaution and handling safety equipment, safety disposal, etc. are required to be made.

1. **The minimum infrastructure with respect to manpower shall be as under**

| <u>Sr. No.</u> | <u>Manpower</u> | <u>For Technical plant</u> | <u>For formulation plant</u> |
|-----------------------|---|-----------------------------------|-------------------------------------|
| 1 | Production Manager | R | R |
| 2. | Supervisor | R | R |
| 3. | Instrument and process control personnel | R | R*/NR |
| 4. | Maintenance Personnel (Plant and utilities) | R | R |
| 5. | Store Keeper (Raw material and finished products) | R | R |
| 6. | Quality Control Chemist | R | R |
| 7. | Security personnel | R | R |

* In case of automatic plant

2. **Minimum infrastructure with respect to machinery & equipment**

A. **For technical plant**

| <u>Sr. No.</u> | <u>Equipment</u> | <u>For Technical plant</u> |
|-----------------------|----------------------------|-----------------------------------|
| 1 | Control console | R |
| 2. | Feed tank for raw material | R |
| 3. | Reactors | R |

| | | |
|-----|---|---|
| 4. | Distillation towers | R |
| 5. | Evaporators | R |
| 6. | Condenser / heat exchanger / boiler/ extinguisher plant / chilling system / steam plant | R |
| 7. | Crystallizer | R |
| 8. | Centrifuge | R |
| 9. | Drier | R |
| 10. | Phase separator | R |
| 11. | Extractor | R |
| 12. | Storage tank | R |
| 13. | Process water tank | R |
| 14. | Pipelines with conventional colour code | R |
| 15. | Gas plant | R |

B. For Formulation plant

| S.No. | Equipment | Solid, DP, WG, SP, etc | WG/G | Liquid (EC, EW, SL) |
|-------|-------------------------|------------------------|------|---------------------|
| 1. | Feeding channel / Chute | R | R | R |
| 2. | Jaw Crusher | R | R | NR |
| 3. | Raw material feed tank | R | R | R |
| 4. | Pulveriser | R | R | NR |
| 5. | Blender | R | R | R |
| 6. | Siever | R | R | R |
| 7. | Bag Filter | R | NR | NR |

| | | | | |
|-----|--|----|----|----|
| 8. | Homogenizer | R | R | R |
| 9. | Ball mill | R | NR | NR |
| 10. | Weighing machine / platform balance | R | R | R |
| 11. | Vessel with stirrer | R | R | R |
| 12. | Drier | R | R | NR |
| 13. | Cooling machine | NR | R | R |
| 14. | Sprayer | NR | R | NR |
| 15. | Water tank for liquid | NR | NR | R |
| 16. | Filter | NR | NR | R |

3. Equipment for quality control laboratory

1. Analytical weighing balance
2. Hot air oven
3. Refrigerator
4. pH meter
5. Spectro-photometer / colourimeter
6. GLC / HPLC depending on the products analytical process as in the specification.
7. Standard glassware, chemical and general requirements for laboratory
8. Pesticide Repository
9. Specification / BIS standard of the product to be manufactured / formulated
10. Sieve shaker.
11. Fume Hood

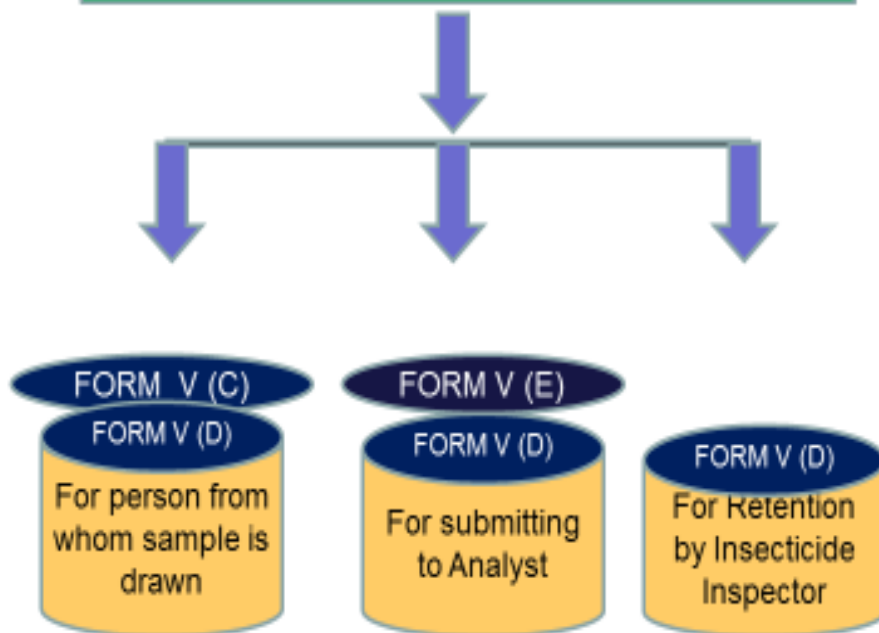
12. Distilled water still
13. Flash point apparatus
14. Melting point apparatus

4. Packaging plant and equipment

1. Packaging machinery.
2. Filling machine (automatic / semi automatic).
3. Weighing machine
4. Bagging machine
5. Sealing machine
6. Labeling equipment.

Drawl of Insecticides Samples

Three Portions/containers of Sample with same batch Number



V(C): INTIMATION TO PERSON/LICENSEE FROM WHOM SAMPLE IS TAKEN

[See rule 33]

To

M/s. _____

_____.

PIN: _____

I have this _____ day of month _____ year 20____ taken from the premises of M/s
_____ (Sale/ stock/ distribution License number _____
dated _____) situated at _____, a sample of the insecticide specified below
for the purposes of test or analysis:

1. Common name of the insecticide:
(mention complete details, like type of formulation)
2. Trade name, if any:
3. Manufactured by:
4. Registration number:
5. Marketed by:
6. Manufacturing License No.
7. Batch number:
8. Date of Manufacture:
9. Date of expiry:
10. Stock before sampling:
(Mention units)
11. Quantity of the sample taken:
(Mention units)
12. Stock after sampling:
(Mention units)
13. Folio/page number of stock register:
14. Any other relevant information

Date:

Insecticide Inspector Seal

1. Signature of witness: _____
(Date, name and address)
2. Signature of witness: _____
(Date, name and address)

Received one sealed portion of sample along with a copy of this Form.

Signature of the person from whom
the sample is taken with date and seal

V (D): Form to be kept with sample in sealed packet

[see sub-rule(1) of Rule 34]

To

The Insecticide Analyst

1. Name of insecticide:

(Common name with active ingredient % and formulation type)

2. Batch Number:

3. Date of manufacture:

4. Date of expiry:

5. Packing condition (original sealed/loose):

6. Quantity of the sample:

7. Sample drawn on:

8. Sample drawn by:

9. Specimen seal of insecticide inspector/Licensee, if any:

10. Distinct mark on the sealed packet of sample:

Date:

Insecticide Inspector

(Signature and Seal)

V(E): MEMORANDUM TO INSECTICIDE ANALYST [*See* sub-rule (3) of rule 34]

From

(Name, complete address and e-mail id of the Insecticide Inspector)

To

The Insecticide Analyst/In-charge of testing Laboratory,

_____,
_____.

PIN: _____

1. The portion of sample/container described below is sent herewith for test or analysis under rule 34 of the Insecticides Rules, 1971:
 - (a) Common name of the insecticide:
(nominal content, type of formulation etc.)
 - (b) State of packing of the sample:
 - (c) Specimen Impression of the seal of the Inspector:
2. The portion of sample/container has been assigned the distinct number or marked by me with the following mark:
(Give number or the mark here)
3. A copy of this Memorandum along with a Form V(D) has been sent separately with the sample by registered post or by hand (strikeout which is not applicable).

Place: _____

Date: _____

Insecticide Inspector
Signature & Seal

ACKNOWLEDGMENT

Credit Bill No. dated has been received from M/s
..... towards the of the samples
of the insecticides i.e. (i)..... (ii) from their premises on dated
..... The payment would be made after receipt of analysis report(s) as per the
provisions of the Insecticides Act, 1968.

Central Insecticides Inspector
Dte. of P. P. Q. & S.,
NH – IV, Faridabad

ACKNOWLEDGMENT

Credit Bill No. dated has been received from M/s
..... towards the of the samples
of the insecticides i.e. (i)..... (ii) from their premises on dated
..... The payment would be made after receipt of analysis report(s) as per the
provisions of the Insecticides Act, 1968.

Central Insecticides Inspector
Dte. of P. P. Q. & S.,
NH – IV, Faridabad

STOCK REGISTER OF FORMULATED INSECTICIDE

(To be maintained insecticide-wise)

[Refer sub-rule (3) of rule 15]

(Quantity in metric tonnes)

| Sl. No. | Opening balance of technical grade pesticide | Technical grade insecticide imported/purchased/diverted | Total technical grade column (2+3) | Total technical grade used for formulations | Balance of technical grade insecticides (4+5) | Opening balance of formulations | Quantity formulated/imported | Total formulated quantity (7+8) | Quantity sold | Closing balance |
|---------|--|---|------------------------------------|---|---|---------------------------------|------------------------------|---------------------------------|---------------|-----------------|
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
| | | | | | | | | | | |

APPENDIX D1

[Refer sub-rule (4) of rule 15]

MONTHLY RETURN / STATEMENT OF TECHNICAL GRADE INSECTICIDES (MANUFACTURED / IMPORTED) FOR THE PERIOD TO

| Serial Number | Name of the insecticide | Batch number | Date of expiry | Details of total Quantity imported/Manufactured (Metric Tonnes) | Quantity utilised for formulations (Metric Tonnes) | Quantity sold (Metric Tonnes) with Name, address and licence number of purchaser |
|---------------|-------------------------|--------------|----------------|---|--|--|
| (1) | (2) | (3) | (4) | (5) | (6) | (7) |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Verification

I do hereby verify that what is stated above is true to the best of my knowledge and belief based on information derived from the records. I further declare that I am competent to verify this statement in my capacity as (Designation). In case the information is found to be false, I shall be held responsible under relevant provisions of the Act/Rules.

Signature.....
Name.....
Seal.....

MONTHLY RETURN / STATEMENT FOR FORMULATED INSECTICIDES (MANUFACTURED / IMPORTED) FOR THE PERIOD TO

| Serial Number | Name of the Insecticide formulation | Batch number | Date of expiry | Details of total quantity of technical grade insecticide used for formulation (Metric tonnes) | Total formulated/imported quantity (Metric Tonnes) |
|---------------|-------------------------------------|--------------|----------------|---|--|
| (1) | (2) | (3) | (4) | (5) | (6) |
| | | | | | |

Verification

I do hereby verify that what is stated above is true to the best of my knowledge and belief based on information derived from the records. I further declare that I am competent to verify this statement in my capacity as (Designation). In case the information is found to be false, I shall be held responsible under relevant provisions of the Act/Rules.

Signature.....
Name.....
Seal.....

APPENDIX E

REGISTER OF PERSONS ENGAGED IN CONNECTION WITH INSECTICIDES RECORD OF PERIODICAL MEDICAL EXAMINATION FOR THE CALENDAR YEAR 20, QUARTER ENDING, 20.....

[Refer rule 37]

Serial number:

I. GENERAL INFORMATION:

Name: Age:
Father's/Husband's name:
Complete address:
Sex: Identification mark:
Date of appointment:
Occupation : (Please specify the nature of duty of the past and of the present)
Details of use Personnel Protective Equipments:

- (a) Protective clothing/overalls:
- (b) Helmet/hood/hat:
- (c) Dust-proof goggles:
- (d) Rubber gloves impermeable to liquids:
- (e) Respiratory device(s):
- (f) Boots:

PAST HISTORY

| Illness | Poisoning | Allergy | Exposure to pesticides (Compound) | No. of years/ seasons and days of exposure per year | Remarks, if any |
|---------|-----------|---------|-----------------------------------|---|-----------------|
| (1) | (2) | (3) | (4) | (5) | (6) |

FAMILY HISTORY:

| Allergy | Psychological disorders | Hemorrhagic disorders |
|----------------|---|------------------------------------|
| (1) | (2) | (3) |
| Marital Status | Nos. of Children – Health status of children & any birth defect, if any | Any other health related complaint |
| (4) | (5) | (6) |

PERSONAL HISTORY:

| Smoking | Alcohol | Other addiction |
|----------------|---|------------------------------------|
| (1) | (2) | (3) |
| Marital Status | Nos. of Children – Health status of children & any birth defect, if any | Any other health related complaint |
| (4) | (5) | (6) |

OBSERVATIONS:

| Medical examination | Pre-employment examination | End of 1st quarter i.e. after 3 months | After 2nd quarter after 6 months | After 3rd quarter after 9 months | End of year | Remarks |
|---------------------|----------------------------|--|----------------------------------|----------------------------------|-------------|---------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

General Examination:

- (a) Height
- (b) Weight
- (c) Pulse rate
- (d) Blood pressure
- (e) Respiration: rate, rhythm, type
- (f) Anaemia/Pallor

- (g) Oedema
- (h) Jaundice
- (i) Skin condition
- (j) Temperature
- (k) Fatigability
- (l) Sweating
- (m) Sleep
- (n) Urination

2. Gastro Intestinal

- (a) Nausea
- (b) Vomiting
- (c) Appetite
- (d) Taste
- (e) Pain in abdomen
- (f) Bowel movement
- (g) Liver
- (h) Spleen

3. Cardio-respiratory

- (a) Nasal discharge
- (b) Wheeze
- (c) Cough
- (d) Expectoration
- (e) Tightness of chest
- (f) Dyspnoea
- (g) Palpitation
- (h) Heart
- (i) Cyanosis
- (j) Tachycardia/Bradycardia

4. Neuro-muscular

- (a) Headache
- (b) Dizziness
- (c) Irritability
- (d) Twitching
- (e) Tremors
- (f) Convulsions
- (g) Paresthesia
- (h) Hallucinations
- (i) Unconsciousness
- (j) Superficial reflexes
- (k) Deep reflexes
- (l) Coordination

5. **Eye**
- Pupil
 - Lacrimation
 - Double vision
 - Blurred vision
6. **Psychological**
- Temperament
 - Judgment
 - Nervousness
7. **Kidney**
- Kidney Condition
8. **Investigation**
- Complete Haemogram: (Hb, TRBC, TLC, DLC, Platelet, Reticulocytes count, ESR)
 - Liver Function Tests: (Serum Bilirubin, SAP, SGOT, SGPT, Cholesterol, Total Protein and serum albumin)
 - Kidney Function Tests: (Blood urea, Serum creatinine)
 - Blood Sugar, HbA1C
 - *Serum cholinesterase
 - **Blood residue estimation (in case of Organochlorine once in a year)
 - Urine – routine & microscopic
 - X-ray chest (PA View): Once every year
 - Ultrasound whole abdomen: Once every year

Serum cholinesterase level should be measured at six monthly intervals in case of organophosphorus/ carbamate group of insecticides.

* In organochlorine group of insecticides the blood residue estimation should be done once a year. General remarks of the doctor in the light of the above examination.

II. DIAGNOSIS

V. ADVICE GIVEN TO

The employee:

The employer:

Signature of the Doctor with date and seal

V. ACKNOWLEDGEMENT TO BE GIVEN BY

The employee:

The employer:

The Licensing Officer:

VI. ACTION TAKEN BY THE EMPLOYER ON DOCTOR'S ADVICE:

VII. CERTIFICATE BY THE DOCTOR:

Certified that M/s have completed the action as per my/doctor's advice as given above and consequently the patient has shown improvement/recovered from the ailment.

Signature of the Doctor with date and seal

FORM IV

REPORT OF INSECTICIDE ANALYST

[Refer sub-rule (3) of rule 24]

Sl. No.

Part A : Coding Portion*

- Name of the Insecticides Inspector from whom the sample has been received:
- Serial number and date of Insecticides Inspector's Memorandum:
- Particulars of the sample:
 - Name of technical grade insecticide(s) purported to be contained in the sample along with nominal active ingredient content and type of preparation:
 - Batch number:
 - Date of manufacture:
 - Date of expiry:
 - Date of receipt of sample in the laboratory:
- Number or mark of identification of the sample assigned by the Insecticide Inspector:
- Packaging of the sample:
 - whether securely packed, fastened and sealed:
 - whether the seal was on outer cover alone:
 - whether the seal was on the sample alone:
 - whether the seal was on both, outer cover and the sample:
 - whether the seal was intact and unbroken:
 - whether the seal on sample and outer cover (as the case may be) tallied with the specimen seal:
 - describe in general the packaging of the sample in the parcel:
 - whether the sample was found fit for analysis:
- The above detailed sample was given Laboratory Code Number:

Signature of the Coding Officer with seal

* To be filled and signed by a notified Insecticide Analyst (Laboratory In-charge) functioning as Coding Officer.