



Republic of the Philippines
Department of Agriculture
Fertilizer and Pesticide Authority
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MEMORANDUM CIRCULAR

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TO : FERTILIZER AND PESTICIDE HANDLERS

SUBJECT : GUIDELINES ON THE INSPECTION OF FERTILIZER AND PESTICIDE ESTABLISHMENTS DURING PUBLIC HEALTH EMERGENCY, STATE OF CALAMITY AND OTHER NATIONAL AND LOCAL INSECURITIES

I. Rationale

To ensure compliance by all fertilizer and pesticide handlers to the existing rules and regulations of the agency, FPA conducts quality control through inspection and monitoring activities. However, due to public health and security threats brought about by different factors such as outbreak of infectious diseases, natural and technological calamities, and armed conflicts, FPA needs to develop emergency and risk management measures to ensure continuity in the delivery of public service.

II. Coverage

These guidelines shall cover all fertilizer and pesticide establishments applying for License to Operate (LTO) either New or Renewal whenever the area of jurisdiction is declared either by law or executive issuance under a:

- i. Community quarantine (i.e. Enhanced Community Quarantine, Modified Enhanced Community Quarantine, General Community Quarantine);
- ii. State of calamity and where mobility of personnel is severely hampered due to:
 - a. Natural calamities such as typhoon, tsunami, and volcanic eruption
 - b. Technological hazards such as dam spillage causing severe flooding and chemical spills
 - c. Other health and physical hazards such as but not limited to outbreak of infectious disease, forest fire and heat waves
- iii. Open armed conflict

III. Mode of Inspection

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Once the area of jurisdiction of the establishment has been placed under one of the situations identified in Part II, the following procedure shall be applied in lieu of physical inspection:

- i. Low Risk Applications – include applications for renewal of LTO as dealer/dealer-repacker, mango flower inducer, pest control operator and warehouse registration which are regularly monitored by the Regional Field Unit (RFU).

The applicant shall accomplish and sign a self-declaration form (Annex 1) stating that the establishment being applied for is compliant with FPA's rules and regulations and agrees to a post-audit once the situation enumerated in Part II has ceased. Any misdeclaration in the self-declaration form shall result to suspension, cancellation, or revocation of issued licenses or registration.

The concerned field personnel shall indicate in the self-declaration form the date in which he/she last conducted his or her monitoring or inspection of the establishment.

- ii. High Risk Applications – include application for LTO as manufacturer, formulator and institutional user and new application for warehouse registration. It also applies for the inspection of methyl bromide before the approval of permit to purchase.

Upon receipt of the request for inspection, the concerned field personnel shall inform the applicant through email, call or text message that a remote inspection shall be conducted within seven (7) working days.


In the event that remote inspection is not feasible due to internet connectivity constraints, the applicant shall be required to take photos of the establishment in different angles and send them via email to the FPA office concerned within seven (7) working days.

A post audit shall be conducted once the situations enumerated under Part II has ceased.

IV. Monitoring and Control

Field personnel shall ensure that the evaluation of both low risk and high risk applications shall be properly recorded and documented including the results of the post-audit for monitoring purposes.

This Order shall take effect immediately.


WILFREDO C. ROLDAN
Executive Director

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ANNEX I

FERTILIZER AND PESTICIDE (FP) HANDLER SELF-DECLARATION OF COMPLIANCE

(Low Risk Application)

I, _____, the undersigned authorized representative of the _____
(Name of authorized representative) (Name of the company/establishment)
located at _____
(Address of the company/establishment)

applying for new/renewal of _____, do hereby declare that the information provided
(type of application and activity/ies, License to Operate or Warehouse Registration)

herewith is true and correct to the best of my knowledge. I understand that noncompliance with the minimum standards set by FPA is a violation which may result in the suspension, cancellation or revocation of the issued licenses or registrations.

The following checklist is maintained and complied by the authorized representative: *(Kindly indicate information requested per item and/or place a check mark (✓) indicating your compliance to the following items.*

- Estimated Area (in sq.m.): _____
- Fertilizers, pesticides and other agricultural chemicals on display are registered ☐ Yes ☐ No
- Fertilizer, pesticide and other agricultural chemicals are safely and properly stored ☐ Yes ☐ No
- Presence of safety features/protective paraphernalia, etc. ☐ Yes ☐ No
- Kinds/number of pest control equipment: (for PCOs only) _____
- With proper ventilation ☐ Yes ☐ No
- Presence of ASD/ARCO personnel ☐ Yes ☐ No
- With absorbent materials, PPEs, care cart for containment of contaminated water or fine water runoff ☐ Yes ☐ No
- Availability of extinguisher ☐ Yes ☐ No, please indicate number _____
- Provision of washing facilities ☐ Yes ☐ No
- Provision of pantry and eating and drinking areas for workers ☐ Yes ☐ No
- Provision of waste disposal facilities ☐ Yes ☐ No
- Provision of emergency kits ☐ Yes ☐ No
- Indicate distance from school/shops/waterways/resident areas (in km) _____

The undersigned authorized representative agrees that the application is subject to post-audit once the situation normalizes and becomes favorable for inspection and monitoring activities.

For Renewal only

Date of last monitoring by the FPA personnel *(to be filled out by the FPA Personnel)*: _____

SUBMITTED BY:

VERIFIED BY:

PRINTED NAME OVER SIGNATURE/DATE

PRINTED NAME OVER SIGNATURE /DATE
(REGIONAL/PROVINCIAL OFFICER)

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