

## DEPARTMENT OF CONSUMER AFFAIRS • STRUCTURAL PEST CONTROL BOARD 2005 Evergreen St., Suite 1500, Sacramento, CA 95815 P (916) 561-8700 | F (916) 263-2469 | www.pestboard.ca.gov



## MEMORANDUM

| DATE    | October 5, 2021  |
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| то      | SPCB Board Members   |
| FROM    | Susan Saylor, Executive Officer  |
| SUBJECT | <b>Agenda Item XII.</b> Discussion on California Code of Regulations, Title 16, section 1996.3 Electronic Submission of WDO Inspection and Completion Activity Report Form |

A recent analysis of WDO submission statistics revealed that in 2021, of the 900,000 activities submitted, 1.3% were paper "flats." Of the 1,257 companies who submitted WDO activities only 30 sent paper "flats."

Due to the method used to process these paper submissions and the outdated technology that must be utilized, processing them is disproportionately time consuming.

As a result, staff is requesting direction from the SPCB to draft a statutory or regulatory solution requiring WDO reporting submissions to be sent electronically.

SPCB USE ONLY

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Structural Pest Control Board 2005 Evergreen Street, Ste. 1500 Sacramento, CA 95815 (916) 561-8700

## WDO INSPECTION & COMPLETION ACTIVITY REPORT FORM

| Company Name | Company<br>Registration No. | Branch Office Number (if applicable) |
|--------------|-----------------------------|--------------------------------------|
|              |                             |                                      |
|              |                             |                                      |

RETURN THIS ORIGINAL FORM ALONG WITH \$4.00 FOR EACH WDO INSPECTION AND \$4.00 FOR EACH NOTICE OF WORK COMPLETED AND NOT COMPLETED TO: STRUCTURAL PEST CONTROL BOARD, 2005 EVERGREEN STREET, SUITE 1500, SACRAMENTO, CA 95815.

ACTIVITIES: (1) ORIGINAL INSPECTION (2) LIMITED INSPECTION (3) SUPPLEMENTAL INSPECTION (4) REINSPECTION (5) NOTICE OF WORK COMPLETED AND NOT COMPLETED (6) CORRECTED REPORT / NOTICE OF WORK COMPLETED AND NOT COMPLETED (7) SEPARATED REPORT

## ALL INFORMATION ON THIS FORM MUST BE TYPED

| DATE<br>MM/DD/YY | BUILDING<br>NUMBER | STREET NAME (30) | CITY (20) | ZIP CODE | ACTIVITY<br>CODE | INSPECTOR'S<br>LICENSE NUMBER |
|------------------|--------------------|------------------|-----------|----------|------------------|-------------------------------|
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