

## **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**

- 1. Name of the Insecticide inspector**
- 2. Date of Inspection**
- 3. Purpose of the visit**
  
- 4. Observations as per the Checklist**
  
  
- 5. Recommendations/remarks if any**
  
- 6. Details of samples drawn ( only Number and common name)**

**Signature of the Team  
leader/insecticide  
Inspector**

## 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 ( <b>list to be obtained</b> )	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 ( <b>P</b> l 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 ( <b>C</b> ollect copy) <i>Mark tick (✓) on appropriate option</i>	Yes	No	Remarks if any
7.	In case of formulation manufacturing firm, collect the copy of bill of tech. purchased by the firm during last 06 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	-	-	-
<b>10 A</b>	<b>For manufacturing and import of</b>	-	-	-

	<b>technical pesticides</b>			
(i)	Stock Register of Technical grade insecticide (Rule 15) Appendix C1 to Form –III ( Manufacturing License) <i>Copy of last 06 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 06 months to be collected</i> Mark tick (✓) on appropriate option	Yes	No	Remarks if any
<b>10 B</b>	<b>For manufacturing and import of Formulatedpesticides</b>			
(i)	Stock Register of Formulated grade insecticide (Rule 15) Appendix C2 to Form –III (Manufacturing License) <i>Copy of last 06 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 06 months to be collected</i> Mark tick (✓) on appropriate option	Yes	No	Remarks if any
<b>10 C</b>	<b>Register for sale /distribution of Technical and Formulated Insecticides Appendix B</b>	Yes	No	Remarks if any
<b>10 D</b>	<b>Required for both either technical or formulated manufacturing firm</b>			
(i)	Register of Date Expired Pesticides, Appendix A Rule 10 A Mark tick (✓) on appropriateoption	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	Is the firm having necessary first aid medicines and antidotes in sufficient quantity in the manufacturing premises. Mark tick (✓) on appropriate option	Yes	No	Remarks if any
13	Is the firm giving training to workers in observing safety precautions and handling safety equipment provided to them. Mark tick (✓) on appropriate option	Yes	No	Remarks if any
14	Is the firm disposing used package, surplus materials and washing of insecticides in safe manner. Mark tick (✓) on appropriate option	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 261<sup>st</sup> 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**

<b><u>Sr. No.</u></b>	<b><u>Manpower</u></b>	<b><u>For Technical plant</u></b>	<b><u>For formulation plant</u></b>
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**

<b><u>Sr. No.</u></b>	<b><u>Equipment</u></b>	<b><u>For Technical plant</u></b>
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**

<b>S.No.</b>	<b>Equipment</b>	<b>Solid, DP, WG, SP, etc</b>	<b>WG/G</b>	<b>Liquid (EC, EW, SL)</b>
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**

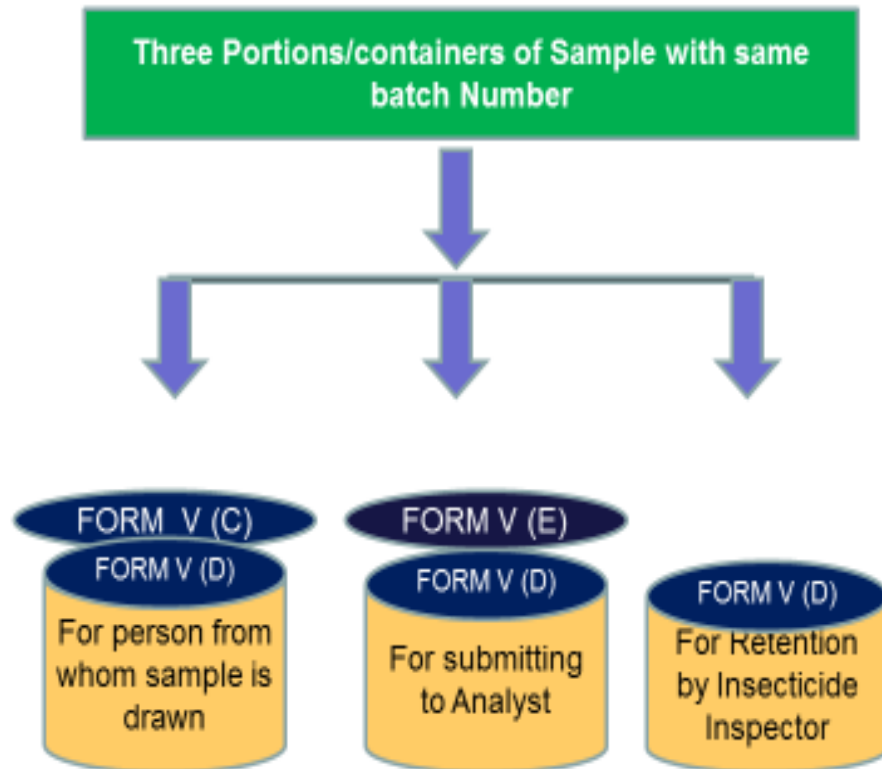
1. Analytical weighing balance
2. Hot air oven
3. Refrigerator
4. pH meter
5. Spectro-photometer / colourimeter
6. GLC / HPLC depending on the products analytical process as in the specification.
7. Standard glassware, chemical and general requirements for laboratory
8. Pesticide Repository
9. Specification / 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 apparaturs

**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



**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

3. The licensee shall scrupulously comply with each and every condition of registration of the insecticide(s), failing which the licence is liable to be cancelled.
4. No insecticide shall be sold or exhibited for sale or distributed or issued for use in commercial pest control operations except in packages approved by the Registration Committee from time to time.
5. If the licensee wants to manufacture/sell, stock or exhibit for sale or distribute/stock and use for commercial pest control operations, any additional insecticide, he may apply to the licensing officer for addition in the licence for each such insecticide on payment of the prescribed fee.
6. For pest control operations an application for the renewal of the licence shall be made as laid down in sub-rule (3A) of rule 10 of the Insecticides Rules, 1971.
7. The licensee shall comply with the provisions of the Insecticides Act, 1968, and the rules made thereunder for the time being in force.
8. The licence also authorizes the storage and stocking of insecticide(s) manufactured at the licensed premises, in the factory premises for sale by way of wholesale dealing by the licensee.
9. The licensee shall maintain the record of 'date expired insecticides' separately in the format as per Appendix A.
10. The licensee shall maintain the record of sale /distribution of insecticides in the format as per Appendix B and shall submit monthly return to the Licensing Officer.
11. The licensee shall maintain the stock register for technical and formulated products separately as per Appendix C1 and C2, respectively. (For manufacturer only)
12. The licensee shall submit the monthly return for technical grade and formulated insecticides separately as per Appendix D1 and D2, respectively. (For manufacturer only)
13. The licensee shall maintain a record of periodical medical examination of persons engaged in connection with insecticides as per Appendix E.
14. All the registers are to be kept under secured custody by the licensee and shall be provided for scrutiny any time to the Insecticide Inspector, Licensing Officer or any other officer authorised by the Central Government and /or the State Government.
15. Any other condition(s) as specified by the licensing officer.

Signature of the licensing officer

#### APPENDIX A

##### REGISTER OF DATE EXPIRED PESTICIDES

[Refer sub-rule (a) of rule 10A]

Sl. No.	Name of insecticide with min purity/ formulation type and % active ingredient	Batch number	Date of manufacture	Date of expiry	Name of manufacturer	Stocks received from and the quantity received (give unit details)	Invoice number and date which received	Quantity sold (give unit details)	Quantity balance (Give unit details)	How was the balance quantity disposed of?
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)

Signature of the dealer with date and seal

Verified with the record and found that the above information is correct.

Place:

Date:

Signature of the Insecticide Inspector (seal)

#### APPENDIX B

##### REGISTER FOR SALE /DISTRIBUTION OF INSECTICIDES (TECHNICAL AND FORMULATION) (INCLUDING INSECTICIDES USED IN COMMERCIAL PEST CONTROL OPERATIONS)

(Record to be maintained Insecticide wise)

[Refer sub-rule (2) of rule 15]

Particulars of the insecticide:

Registration number:

Month and year:

Sl. No.	Date of receipt of the insecticide	Name of the manufacturer from whom received	Name of supplier/distributor, if any, through whom received	Batch number	Date of manufacture	Date of expiry	Invoice details, number, date and quantity (metric tonnes) vide which supply received	Quantity (metric tonnes)				Bill number (name and address to whom sold/distributed) date and quantity sold/distributed	Remarks
								Previous balance, if any	Received	Sold/ Distributed	Balance		

Date:

Signature

Company's seal

Verified with the record and found that the above information is correct.

Signature with date and seal of the Insecticides Inspector

#### APPENDIX C1

##### STOCK REGISTER OF TECHNICAL GRADE INSECTICIDE

(To be maintained Insecticide wise)

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

(Quantity in metric tonnes)

Date	Opening balance	Quantity imported	Quantity manufactured	Total quantity (2+3+4)	Quantity sold	Quantity utilised for formulation	Total quantity (6 + 7)	Closing balance
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

# APPENDIX D2

## 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.....

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

## 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:

- Protective clothing / overalls:
- Helmet / hood / hat:
- Dust-proof goggles:
- Rubber gloves impermeable to liquids:
- Respiratory device(s):
- Boots:

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:

- Height
- Weight
- Pulse rate
- Blood pressure
- Respiration: rate, rhythm, type
- Anaemia/Pallor

- Oedema
- Jaundice
- Skin condition
- Temperature
- Fatigability
- Sweating
- Sleep
- Urination

#### 2. Gastro Intestinal

- Nausea
- Vomiting
- Appetite
- Taste
- Pain in abdomen
- Bowel movement
- Liver
- Spleen

#### 3. Cardio-respiratory

- Nasal discharge
- Wheeze
- Cough
- Expectoration
- Tightness of chest
- Dyspnoea
- Palpitation
- Heart
- Cyanosis
- Tachycardia/Bradycardia

#### 4. Neuro-muscular

- Headache
- Dizziness
- Irritability
- Twitching
- Tremors
- Convulsions
- Paresthesia
- Hallucinations
- Unconsciousness
- Superficial reflexes
- Deep reflexes
- Coordination

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

1. Name of the Insecticides Inspector from whom the sample has been received:
2. Serial number and date of Insecticides Inspector's Memorandum:
3. Particulars of the sample:
  - (a) Name of technical grade insecticide(s) purported to be contained in the sample along with nominal active ingredient content and type of preparation:
  - (b) Batch number:
  - (c) Date of manufacture:
  - (d) Date of expiry:
  - (e) Date of receipt of sample in the laboratory:
4. Number or mark of identification of the sample assigned by the Insecticide Inspector:
5. Packaging of the sample:
  - (a) whether securely packed, fastened and sealed:
  - (b) whether the seal was on outer cover alone:
  - (c) whether the seal was on the sample alone:
  - (d) whether the seal was on both, outer cover and the sample:
  - (e) whether the seal was intact and unbroken:
  - (f) whether the seal on sample and outer cover (as the case may be) tallied with the specimen seal:
  - (g) describe in general the packaging of the sample in the parcel:
  - (h) whether the sample was found fit for analysis:
6. 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.