

NOTICE OF PESTICIDE APPLICATION

For further information regarding this notice, please contact the school IPM coordinator:

Name: _____

Phone number: _____

The following pesticides will be used at [insert name of school]: _____

Pesticide common name	Pesticide trade name	EPA registration number
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The Office of Pesticide Programs of the United States Environmental Protection Agency has stated: "Where possible, persons who potentially are sensitive, such as pregnant women, infants, and children, should avoid any unnecessary pesticide exposure."

Location of the pesticide application: _____

Reason for the pesticide application: _____

If an indoor application the date and time it is planned:

DATE _____ TIME _____

In the case of an outdoor application, three dates must be listed, in chronological order, on which the outdoor application may take place if the preceding date is canceled.

DATE _____ DATE _____ DATE _____

Description of the possible adverse effects of the pesticides as per the Material Safety Data Sheets for the pesticides to be used, if available:

Pesticide(s) product-label instructions and precautions related to public safety:

Not less than twelve (12) hours before application of pesticides within school buildings, signs shall be posted at main entrances to school buildings and at the entrances to the specific application area within buildings. If pesticide application is made outdoors to any area adjacent to a school building or on property used by the district for student activities or playgrounds, signs shall be posted immediately adjacent to the treated area and at the entrance to the district property. The signs shall remain posted for seventy-two (72) hours.