

NOTICE OF PESTICIDE APPLICATION

For further information regarding this notice please contact the School IPM Coordinator:

_____ Phone Number: _____
Name

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, 3 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:
