

NOTICE OF PESTICIDE APPLICATION

For further information regarding this notice please contact the IPM Coordinator for [insert name of school]:

_____ Phone Number: _____
Name

The following pesticide will be used/has been used at [insert name of school]:

Pesticide Common Name	Pesticide Trade Name	EPA Registration Number

***** *Pesticide labels and material safety data sheets are on file in the office* *****

A pesticide application is scheduled for/was performed on: DATE _____ TIME _____

Area(s) of the pesticide application: _____

Pesticide Concentration/strength to be/was used: _____

Rate /dosage of the pesticide application: _____

Reason for the pesticide application: _____

Use restrictions required by product label: _____

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:

Pesticide application to be/was performed by: Company Name _____
SPCC License Number _____ Telephone Number _____ Applicator _____

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.”