

Emergency Pesticide Use Notification

Issue Date _____

To: Parents/guardians of students, and staff of [insert name of school]

From: The School IPM Coordinator: _____ Phone Number: _____

This notice is to advise you that the following pesticides were used at [insert name of school]:

Pesticide Common Name	Pesticide Trade Name	EPA Registration Number

Location of the pesticide application: _____

Reason for the pesticide application: _____

The Date and Time the indoor or outdoor application took place:

DATE _____ TIME _____

Description of the problem and the factors that qualified the problem as an emergency that threatened the health or safety of a student or staff member: _____

If applicable, description of steps to be taken to avoid emergency use of pesticides for this problem in the future: _____

Description of the possible adverse effects of the pesticide(s) as per the Material Safety Data Sheets for the pesticide(s) to be used, if available: _____

Pesticide product label instructions and precautions related to public safety: _____

Note: as required by law, we are advising you of the following statement:

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."

REMEMBER: Whenever a non-low impact pesticide is used on school property there is also a Restricted Entry Interval (REI) that begins when the pesticide application ends. This Restricted Entry Interval last for seven hours unless the product label uses NUMERIC LANGUAGE, e.g., 4hours or 12 hours; directing a longer or shorter period of time for Restricted Entry. If the product label does not discuss Restricted Entry the period of time defaults to seven (7) hours.