

NOTICE OF PESTICIDE APPLICATION

Date Posted _____

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

_____ 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 _____

If 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; and the time the application is scheduled to occur.

DATE / TIME _____ DATE / TIME _____ DATE / TIME _____

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:

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.