

PESTICIDE APPLICATION PLAN

Date of planned application: _____ Day of week: _____

(It is recommended for application to occur on a weekend or during a vacation period.)

Which pesticide (s) will be used? (Attach MSDSA if available) _____

(Choose for safety and effectiveness.)

Location/size of area(s) to be treated:

Who will do the pest control? (circle one) Staff Contractor

Name (s) _____

License number (s) _____

Firm (if applicable) _____

For interior treatment:

Does the building have active ventilation that can be left on after the application? _____

If not, who is responsible for opening windows at least six (6) hours before staff and students reenter? _____

For all applications:

Who will post the building or treated grounds with (1) date of application; (2) pesticide used; and (3) when the area can be used again? _____

Will pesticides be stored on school grounds? ____ YES ____ NO

If "YES" where : _____

(Read label carefully!)

Keep all pesticides locked up and away from occupied areas.

Approved by school/district administrator: _____ Date: _____

School nurse _____ informed _____

Other (s) _____ informed _____