

Notification of Non-Exempt Emergency Pesticide Use

Date: _____ IPM Coordinator: _____

Phone Number: _____ Email: _____

Subject: Notification of the Emergency Use of Non-Exempt Pesticides

This notice is to advise you that the following pesticide(s) will be, or were recently used to control a pest emergency at [School or Site name]. We apologize for not having been able to notify you 72 hours in advance.

Pesticide Product Brand Name		
Pesticide Common Name		
EPA Registration Number		

Location of the pesticide application: _____

Date and time of application: DATE _____ TIME _____

Reason for the pesticide application: _____

Description of the factors that qualified this instance as an emergency: _____

Your school system is taking the following steps to prevent this type of pest emergency in the future:

You can help your school prevent this pest emergency in the future by:

The following is advice on avoiding exposure to this pesticide:

The following is information from the product label and/or Material Safety Data Sheet (MSDS) for this pesticide(s) about public safety risks and necessary precautions:

A complete copy of both the label and MSDS for each product used are kept on file at your school site, and are available by contacting:

Name _____ Title _____

Phone number _____ Email address _____

Office address _____