

PENN MANOR SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: March 8, 2013

REVISED:

716-AR-4. INTENT TO APPLY PESTICIDES

_____ SCHOOL DISTRICT

Intent To Apply Pesticides

Date: _____

Facility: _____

Specific location in/near facility: _____

Type of pesticide (circle): Insecticide Rodenticide Herbicide Other: _____

Name of chemical and manufacturer: _____ EPA #: _____

Day/Date of pesticide application: _____ Time of day: _____

Length of time to stay off/out of treated area: _____

Name of certified applicator: _____

COMPLETED FORM MUST BE SENT TO IPM COORDINATOR PRIOR TO TREATMENT

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