

Morrow County School District

Code: EBB-FORM
Adopted: 5/12/03

Pesticide Application Plan

Date of planned application: \_\_\_\_\_ Day of week: \_\_\_\_\_
(a weekend or during vacation is best)

Which pesticide(s) will be used? (Attach MSDS 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 #(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 hours before staff/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 kept on school grounds? Where? \_\_\_\_\_
(Read label carefully!) Keep pesticides locked up and away from occupied areas.

Approved by school/district administrator \_\_\_\_\_ on \_\_\_\_\_
School nurse \_\_\_\_\_, informed \_\_\_\_\_
Other(s) \_\_\_\_\_, informed \_\_\_\_\_