

NOTICE OF PESTICIDE APPLICATION

For further information regarding this notice please contact the School IPM Coordinator:

Robyn Stolin _____ Phone Number: 503-705-2679
Name

The following pesticides will be used at [*insert name of school*]: Hope Chinese Charter School

| | | |
|---|----------------------|-------------------------------------|
| Pesticide Common Name Advion Ant Gel | Pesticide Trade Name | EPA Registration Number 352-746 |
| Pesticide Common Name Termidor | Pesticide Trade Name | EPA Registration Number 7969-210 |

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: 3500 SW 104th Ave _____

Reason for the pesticide application: ant control _____

If an **indoor** application the date and time it is planned:

DATE 12/6/17 _____ TIME 8am _____

In the case of 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.

DATE 12/7/17 _____ DATE 12/8/17 _____ DATE 12/9/17 _____

Description of the possible adverse effects of the pesticides as per the Material Safety Data Sheets for the pesticides to be used, if available:

on file - see office for details

Pesticide(s) product-label instructions and precautions related to Public Safety:

on file - see office for details
