

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	Active Ingredient indoxacarb	EPA Registration Number 352-746
Pesticide Common Name	Active Ingredient	EPA Registration Number

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 2/15/19 _____ TIME 10am _____

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 _____ DATE _____ DATE _____

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
