

STAFFORD PUBLIC SCHOOLS

Stafford, Connecticut

PESTICIDE APPLICATION PLAN

Date of planned application: Day of week:

(It is recommended for application to occur on a weekend or during a vacation period.)

Which pesticide (s) will be used? (Attach MSDSA 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 number (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 (6) hours before staff and 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 stored on school grounds? ____ YES ____ NO

If "YES" where : _____

(Read label carefully!)

Keep all pesticides locked up and away from occupied areas.

Approved by school/district administrator: _____ Date: _____

School nurse _____ informed

Other (s) _____ informed
