

NOTICE OF PESTICIDE APPLICATION

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

DAN GORMAN, CLINTON B.O.E. Phone Number: 908-236-7235
Name

The following pesticides will be used at [insert name of school]: _____

| | | |
|--|---|--|
| Pesticide Common Name <u>FLIGHT CONTROL</u> | Pesticide Trade Name <u>9, 10, ANTHRAQUINONE</u> | EPA Registration Number <u>NONE</u> |
| Pesticide Common Name | Pesticide Trade Name | 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: PLAY AREAS, BACK OF BUILDING, SIDES

Reason for the pesticide application: GEESE REPELLANT

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

DATE N/A TIME N/A

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 4/14/16 - 4/16/16 DATE WEATHER PERMITTING 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:

NONE KNOWN

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

USE PROTECTIVE CLOTHING, EYE PROTECTION, GLOVES
DURING APPLICATION