

PLYMOUTH COMMUNITY SCHOOL CORPORATION

PESTICIDE APPLICATION PLAN

Date of planned application: _____ Day of week: _____

Which pesticide(s) will be used?

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?

Will pesticides be stored on school grounds? Yes No

If "Yes" where: _____

Approved by school administrator: _____ Date: _____

School Nurse: _____ Informed: _____

Other(s): _____ Informed: _____