

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
2023	David Shea	TCUSD			132614 QAL			
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
David Shea		dshea@tcusd.net			Temple City	661-803-0782		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)	
TCHS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	2-3-22 10 am	10	Monsanto Ranger	524-517	7 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30	
TCHS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	2-3-22 12pm	10	Monsanto Ranger	524-517	12 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30	
TCHS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	3-22-22 11am	10	Monsanto Ranger	524-517	10 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30	
TCHS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	3-22-22 1pm	10	Monsanto Ranger	524-517	6 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30	
TCHS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	2-8-22 11am	10	Monsanto Ranger	524-517	10 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30	

Use this form ONLY to report pesticide applications made by schoolsite employees, staff, and volunteers at schools and child care centers. DO NOT report pesticide use by pest management professionals contracted to apply pesticides at schoolsites. They will report their own use. Report must be submitted no later than January 30th of the year following the year of use to:
School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2023	David Shea	TCUSD	132614 QAL				
REPORT PREPARED BY: David Shea		E-MAIL ADDRESS dshea@tcusd.net	CITY Temple City	PHONE NUMBER 661-803-0782			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
TCHS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	2-9-22 9am	10	Monsanto Ranger	524-517	10 <small>(vol.)</small> <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30
TCHS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	2-1-22 10am	10	Monsanto Ranger	524-517	8 <small>(vol.)</small> <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30
TCHS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	2-2-22 9am	10	Monsanto Ranger	524-517	12 <small>(vol.)</small> <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30
TCHS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	2-3-22 9am	10	Monsanto Ranger	524-517	12 <small>(vol.)</small> <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30
TCHS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	3-4-22 9am	10	PBI Gordon Speedzone	2217-1031	60 <small>(vol.)</small> <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30

Use this form ONLY to report pesticide applications made by schoolsite employees, staff, and volunteers at schools and child care centers. DO NOT report pesticide use by pest management professionals contracted to apply pesticides at schoolsites. They will report their own use. Report must be submitted no later than January 30th of the year following the year of use to:
School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

STATE OF CALIFORNIA
DPR-HSA-118 (REV. 12/16)
Page 1 of 2

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)		DISTRICT / CENTER NAME		LICENSE / CERTIFICATE NUMBER (OPTIONAL)		
2023	David Shea		TCUSD		132614 QAL		
REPORT PREPARED BY:			E-MAIL ADDRESS		CITY	PHONE NUMBER	
David Shea			dshea@tcusd.net		Temple City	661-803-0782	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
Longden <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	2-3-22 9am	10	Monsanto Ranger	524-517	12 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30
TCHS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	3-21-22 9am	10	PBI Gordon Speed Zone	2217-1031	40 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30
TCHS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	3-22-22 9am	10	PBI Gordon Speed Zone	2217-1031	40 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30
TCHS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	3-29-22 9am	10	PBI Gordon Speed Zone	2217-1031	40 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30
Longden <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	3-30-22 9am	10	PBI Gordon Speedzone	2217-1031	140 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30

Use this form ONLY to report pesticide applications made by schoolsite employees, staff, and volunteers at schools and child care centers. DO NOT report pesticide use by pest management professionals contracted to apply pesticides at schoolsites. They will report their own use. Report must be submitted no later than January 30th of the year following the year of use to:
School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

STATE OF CALIFORNIA
DPR-HSA-118 (REV. 12/16)
Page 1 of 2

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2022	David Shea	TCUSD	132614 QAL				
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY	PHONE NUMBER			
David Shea		dshea@tcusd.net	Temple City	661-803-0782			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
TCHS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	2-1-22 11am	10	Monsanto Ranger	524-517	10 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30
TCHS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	2-1-22 11am	10	BASF Pendlum	241-416	5 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30
TCHS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	2-1-22 12pm	10	Sygenta Fusalide	100-1084	2 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30
Longden <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	2-4-22 10am	10	Gowan Sedgehammer	81880-1-10163	9 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30
TCHS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	2-7-22 1pm	10	PBI Gordon Speedzone	2217-1031	15 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30

Use this form ONLY to report pesticide applications made by schoolsite employees, staff, and volunteers at schools and child care centers. DO NOT report pesticide use by pest management professionals contracted to apply pesticides at schoolsites. They will report their own use. Report must be submitted no later than January 30th of the year following the year of use to:
School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

STATE OF CALIFORNIA
DPR-HSA-118 (REV. 12/16)
Page 1 of 2

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
2022	David Shea	TCUSD			132614 QAL			
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
David Shea		dshea@tcusd.net			Temple City	661-803-0782		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)	
Longden <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	3-31-22 11am	10	PBI Gordon Speedzone	2217-1031	20 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30	
Cloverly <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	3-31-22 11am	10	PBI Gordon Speedzon	2217-1031	100 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30	
District Office <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5-2-22 2pm	10	Monsanto Ranger	524-517	4 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30	
LaRosa <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5-4-22 10am	10	Monsanto Ranger	524-517	4 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30	
District Office <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5-9-22 2pm	10	Monsanto Ranger	524-517	4 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30	

Use this form ONLY to report pesticide applications made by schoolsite employees, staff, and volunteers at schools and child care centers. DO NOT report pesticide use by pest management professionals contracted to apply pesticides at schoolsites. They will report their own use. Report must be submitted no later than January 30th of the year following the year of use to:
School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
2022	David Shea	TCUSD			132614 QAL			
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
David Shea		dshea@tcusd.net			Temple City	661-803-0782		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)	
Maint Shop <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5-13-22 12:30pm	10	Monsanto Ranger	524-517	21 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30	
Oak <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5-23-22 11am	10	Monsanto Ranger	524-517	12 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30	
Cloverly <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	6-21-22 2pm	10	Monsanto Ranger	524-517	12 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30	
LaRosa <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	6-22-22 1pm	10	Monsanto Ranger	524-517	36 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30	
LaRosa <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	6-23-22 1pm	10	Dow Dimension	62719-542	5 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30	

Use this form ONLY to report pesticide applications made by schoolsite employees, staff, and volunteers at schools and child care centers. DO NOT report pesticide use by pest management professionals contracted to apply pesticides at schoolsites. They will report their own use. Report must be submitted no later than January 30th of the year following the year of use to:
School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)		
2022	David Shea	TCUSD			132614 QAL		
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER	
David Shea		dshea@tcusd.net			Temple City	661-803-0782	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
District Office <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	6-23-22 1:45pm	10	Monsanto Ranger	524-517	6 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30
Emperor <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	6-24-22 11am	10	Monsanto Ranger	524-517	27 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30
Oak <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	6-27-22 1pm	10	Sygenta Fusilade	100-1070	24 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30
Cloverly <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	6-28-22 11:15pm	10	Monsanto Ranger	524-517	12 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30
TCHS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	6-28-22 3pm	10	Monsanto Ranger	524-517	12 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30

Use this form ONLY to report pesticide applications made by schoolsite employees, staff, and volunteers at schools and child care centers. DO NOT report pesticide use by pest management professionals contracted to apply pesticides at schoolsites. They will report their own use. Report must be submitted no later than January 30th of the year following the year of use to:
School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
2022	David Shea	TCUSD			132614 QAL			
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
David Shea		dshea@tcusd.net			Temple City	661-803-0782		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)	
Maintenance Yard <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	6-29-22 4pm	10	Monsanto Ranger	524-517	6 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30	
Longden <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	6-30-22 3pm	10	Monsanto Ranger	524-517	18 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30	
TCHS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7-13-22 8am	10	Monsanto Ranger	524-517	72 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30	
TCHS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7-15-22 10am	10	BASF Drive	7969-130	6 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30	
TCHS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7-15-22 10am	10	Monsanto Ranger	524-517	24 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30	

Use this form ONLY to report pesticide applications made by schoolsite employees, staff, and volunteers at schools and child care centers. DO NOT report pesticide use by pest management professionals contracted to apply pesticides at schoolsites. They will report their own use. Report must be submitted no later than January 30th of the year following the year of use to:
School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
2022	David Shea	TCUSD			132614 QAL			
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
David Shea		dshea@tcusd.net			Temple City	661-803-0782		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)	
TCHS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7-15-22 10am	10	PBI Gordon SpeedZone	2217-1031	2 <small>(vol.)</small> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT <small>(wt.)</small> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30	
TCHS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7-15-22 3pm	10	Gowan Sedgehammer	81880-1-10163	2 <small>(vol.)</small> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT <small>(wt.)</small> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30	
District Office <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7-15-22 11am	10	Monsanto Ranger	524-517	12 <small>(vol.)</small> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT <small>(wt.)</small> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30	
TCHS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7-17-22 10am	10	Monsanto Ranger	524-517	92 <small>(vol.)</small> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT <small>(wt.)</small> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30	
TCHS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7-17-22 10am	10	PBI Gordon SpeedZone	2217-1031	40 <small>(vol.)</small> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT <small>(wt.)</small> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30	

Use this form ONLY to report pesticide applications made by schoolsite employees, staff, and volunteers at schools and child care centers. DO NOT report pesticide use by pest management professionals contracted to apply pesticides at schoolsites. They will report their own use. Report must be submitted no later than January 30th of the year following the year of use to:
School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

STATE OF CALIFORNIA
DPR-HSA-118 (REV. 12/16)
Page 1 of 2

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2022	David Shea	TCUSD	132614 QAL				
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY	PHONE NUMBER			
David Shea		dshea@tcusd.net	Temple City	661-803-0782			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
Cloverly <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7-18-22 9am	10	Monsanto Ranger	524-517	10 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30
Cloverly <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7-18-22 10pm	10	PBI Gordon SpeedZone	2217-1031	140 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30
Longden <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7-19-22 9am	10	Monsanto Ranger	524-517	30 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30
Longden <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7-19-22 10am	10	PBI Gordon SpeedZone	2217-1031	120 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30
LaRosa <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7-20-22 8am	10	Monsanto Ranger	524-517	15 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30

Use this form ONLY to report pesticide applications made by schoolsite employees, staff, and volunteers at schools and child care centers. DO NOT report pesticide use by pest management professionals contracted to apply pesticides at schoolsites. They will report their own use. Report must be submitted no later than January 30th of the year following the year of use to:
School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

STATE OF CALIFORNIA
DPR-HSA-118 (REV. 12/16)
Page 1 of 2

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2022	David Shea	TCUSD	132614 QAL				
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY	PHONE NUMBER			
David Shea		dshea@tcusd.net	Temple City	661-803-0782			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
LaRosa <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7-20-22 9am	10	PBI Gordon SpeedZone	2217-1031	100 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30
Oak <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7-21-22 10am	10	Monsanto Ranger	524-517	25 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30
LaRosa <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	10-19-22 6:45am	10	Monsanto Ranger	524-517	16 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30
TCHS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	10-19-22 10am	10	Monsanto Ranger	524-517	12 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30
Longden <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	10-20-22 6:45am	10	Sygenta Fuslaide	100-10-70	2 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30

Use this form ONLY to report pesticide applications made by schoolsite employees, staff, and volunteers at schools and child care centers. DO NOT report pesticide use by pest management professionals contracted to apply pesticides at schoolsites. They will report their own use. Report must be submitted no later than January 30th of the year following the year of use to:
School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

STATE OF CALIFORNIA
DPR-HSA-118 (REV. 12/16)
Page 1 of 2

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
2022	David Shea	TCUSD			132614 QAL			
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
David Shea		dshea@tcusd.net			Temple City	661-803-0782		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)	
Longden <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	10-20-22 6:45am	10	Monsanto Ranger	524-517	20 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30	
Emperor <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	10-21-22 6:30am	10	Monsanto Ranger	524-517	12 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30	
Emperor <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	10-21-22 6:30am	10	Sygenta Fuslaide	100-10-70	4 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30	
Oak <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	10-21-22 9:30am	10	Gowen Sedgehammer	81880-1-517	20 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30	
TCHS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	10-7-22 6:45am	10	Monsanto Ranger	524-517	40 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30	

Use this form ONLY to report pesticide applications made by schoolsite employees, staff, and volunteers at schools and child care centers. DO NOT report pesticide use by pest management professionals contracted to apply pesticides at schoolsites. They will report their own use. Report must be submitted no later than January 30th of the year following the year of use to:
School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

STATE OF CALIFORNIA
DPR-HSA-118 (REV. 12/16)
Page 1 of 2

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2022	David Shea	TCUSD	132614 QAL				
REPORT PREPARED BY: David Shea		E-MAIL ADDRESS dshea@tcusd.net	CITY Temple City	PHONE NUMBER 661-803-0782			
SCHOOL CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
TCHS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	10-11-22 1pm	10	Monsanto Ranger	524-517	12 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30
Oak <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	10-17-22 6:30am	10	Monsanto Ranger	524-517	24 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30
Oak <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	10-17-22 6:30am	10	Sygenta Fuslaide	100-10-70	2 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30
Cloverly <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	10-18-22 6:30am	10	Monsanto Ranger	524-517	24 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30
TCHS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	10-18-22 10am	10	Monsanto Ranger	524-517	24 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30

Use this form ONLY to report pesticide applications made by schoolsite employees, staff, and volunteers at schools and child care centers. DO NOT report pesticide use by pest management professionals contracted to apply pesticides at schoolsites. They will report their own use. Report must be submitted no later than January 30th of the year following the year of use to:
School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

STATE OF CALIFORNIA
DPR-HSA-118 (REV. 12/16)
Page 1 of 2

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
2022	David Shea	TCUSD			132614 QAL			
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
David Shea		dshea@tcusd.net			Temple City	661-803-0782		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)	
TCHS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	12-1-22 10am	10	PBI Gordon Speedzone	2217-1031	15 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30	
TCHS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	12-1-22 1pm	10	Monsanto Ranger	524-517	2 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30	
TCHS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	12-2-22 9am	10	Monsanto Ranger	524-517	4 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	30	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						 (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						 (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB		

Use this form ONLY to report pesticide applications made by schoolsite employees, staff, and volunteers at schools and child care centers. DO NOT report pesticide use by pest management professionals contracted to apply pesticides at schoolsites. They will report their own use. Report must be submitted no later than January 30th of the year following the year of use to:
School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

STATE OF CALIFORNIA
DPR-HSA-118 (REV. 12/16)
Page 1 of 2

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2022	David Shea	TCUSD	132614 QAL				
REPORT PREPARED BY: David Shea		E-MAIL ADDRESS dshea@tcusd.net	CITY Temple City	PHONE NUMBER 661-803-0782			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
TCHS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	12-1-22 10am	10	PBI Gordon Speedzone	2217-1031	15 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30
TCHS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	12-1-22 1pm	10	Monsanto Ranger	524-517	2 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30
TCHS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	12-2-22 9am	10	Monsanto Ranger	524-517	4 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30
<input type="checkbox"/> School <input type="checkbox"/> Day Care						 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

Use this form ONLY to report pesticide applications made by schoolsite employees, staff, and volunteers at schools and child care centers. DO NOT report pesticide use by pest management professionals contracted to apply pesticides at schoolsites. They will report their own use. Report must be submitted no later than January 30th of the year following the year of use to:
School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015