WARNING:
PESTICIDE TREATED AREA

Name of Pesticide:

_____

Name of Manufacturer:

_____

US EPA Registration No.:

_____

Intended Application Date_____ Treated Areas _____

Actual Application Date_____ Reason for Treatment _____

For more information about this pesticide application contact:

Name_____ Title_____

For recordkeeping purposes per the Healthy Schools Act: Amount of Pesticide Used_____