

Notification of the Use of Pesticides

(This notice should be received at least 72 hours prior to pesticide use)

Date Issued: 3/29/24

To: Parents/guardians of students, and staff of [insert name of school]

From: The School IPM Coordinator: Jed von Schmidt Phone Number: 609-693-3131

This notice is to advise you that the following pesticides will be used at [insert name of school]:

Pesticide Common Name <u>TEMPO</u>	Pesticide Trade Name	EPA Registration Number <u>432-1373</u>
Pesticide Common Name	Pesticide Trade Name	EPA Registration Number

Location of the pesticide application: Top of WES gym perimeter

Reason for the pesticide application: Wasp wintering

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

DATE _____ TIME _____

If 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; and the time the application is scheduled to occur.

DATE / TIME 4/2/24 9:00 AM DATE / TIME 4/3/24 9:00 AM DATE / TIME 4/4/24 9:00 AM

Description of the possible adverse effects of the pesticides as per the Material Safety Data Sheets for the pesticides to be used, if available:

Harmful if swallowed, Causes skin irritation.

Pesticide product label instructions and precautions related to Public Safety.

NA

Note: as required by law, we are advising you of the following statement:

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."

REMEMBER: Whenever a non-low impact pesticide is used on school property there is also a Restricted Entry Interval (REI) that begins when the pesticide application ends. This Restricted Entry Interval last for seven hours unless the product label uses NUMERIC LANGUAGE, e.g., 4hours or 12 hours; directing a longer or shorter period of time. If the product label does not discuss Restricted Entry the period of time defaults to seven (7) hours.

School Integrated Pest Management Act Compliance Certification Form

Name of School: Waretown Elementary School
PLEASE PRINT CLEARLY

Address: 64 Rail Road Ave. Waretown NJ 08758
PLEASE PRINT CLEARLY

School Integrated Pest Management Coordinator: Jedrey van Schmitt
PLEASE PRINT CLEARLY

When a commercial pesticide applicator requests an integrated pest management coordinator to certify that the school has met the necessary notification and posting requirements for a pesticide application on school property, the signature of the integrated pest management coordinator on this form shall be required as a condition for the application of the pesticide.

Statement certifying compliance:

"I hereby certify that I am the school integrated pest management coordinator for the school named above, and further certify that this school has met all of the notification and posting requirements necessary for the following application of a pesticide other than a low impact pesticide, on this school's property."

Business or pesticide applicator performing the application: Western Pest Control

Application date and time if indoor application: _____
DATE TIME

If an outdoor application, three proposed dates in chronological order: 4/2/24, 4/3/24, 4/4/24

Description of application location (e.g., room number/name, specific playing field or outdoor location):

WES gym upper perimeter under coping.

Pesticides to be Used: TEMPO dust.