

School IPM Recordkeeping Form

Oregon Department of Agriculture
Pesticide Program
(503) 986-4635

Form date 4/19



Oregon
Department
of Agriculture

Date: 4/5/21 Time of application: Start 8:00am End 8:06am
School: Creswell Elementry School Specific area(s) treated: Canopy at Library front
Address: 996 A St Size of area treated: less than 2sq ft
Applicator name: Davy Strother Applicator license number: AG-L1073231PPA

Supervising applicator and license number (if applicator is a Trainee or Apprentice):

Condition that prompted application:

Emergency spray of yellow jackets

Date written notice was sent: 4/5/2021

**** Be sure to attach/save a copy of the written notice that was sent****

Date and time of warning sign placement Date: 4/5/21 Time: 8am

Date and time of warning sign removal Date: _____ Time: _____

Product name	EPA #	Type of application	Dilution	Total amount	Equipment used
Do It Best foaming wasp and hornet killer	1021-1780-75111	aerosol	premix	less than 10 oz	sprayer can

Notes:

Did the application prove effective? Yes ☐ No ☐ Note: _____

- Be sure to retain an up-to-date copy of the label on file at a school on the campus
- Be sure to retain a copy of the SDS on file at a school on the campus
- Be sure to keep a file of pesticide supplier information