

# Everett Public Schools

## Department of Maintenance/Operations

### Pesticide Application Record

Complete the following form the same day the pesticide application is made. At the end of the workday, turn the completed form into the main office in the Maintenance and Operations Department.

Facility \_\_\_\_\_

Facility Address \_\_\_\_\_

Application Date \_\_\_\_\_ Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Product Name	EPA Registration Number	Total Mix Applied	Mix Concentration	Size of Area Applied

Wind Direction: \_\_\_\_\_ Velocity of Wind: \_\_\_\_\_ Temperature: \_\_\_\_\_

Target Pest: \_\_\_\_\_ Area Applied: \_\_\_\_\_

#### **Applicator Information:**

Licensed Applicator name \_\_\_\_\_ License # \_\_\_\_\_

Applicator Address \_\_\_\_\_ Contact # \_\_\_\_\_

Name \_\_\_\_\_ License # \_\_\_\_\_ (if applicable)

Name \_\_\_\_\_ License# \_\_\_\_\_ (if applicable)

#### **Notification Information:**

Notification Required? ☐ Yes Notification Date: \_\_\_\_\_

☐ No Explain: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Applicator's Signature

Copy to: Maintenance Department