

OCCUPANTS FUMIGATION NOTICE AND PESTICIDE DISCLOSURE

JOB ADDRESS: _____ CITY: _____
 Single Family Dwelling Multi Family Dwelling Other _____

Owner/Agent: _____
Tel. No. _____ Emergency No. _____

Occupant: _____
Tel. No. _____ Emergency No. _____

Prime Contractor: Coastal Termite and Pest Control Emergency No. 408-727-6240
Fumigation Contractor First Class Fumigation Emergency No. 408-770-4950

Target Pest(s): Drywood Termites Powderpost Beetles Other (s) _____

Fumigants proposed to be used: Methyl Bromide Sulfuryl Fluoride - Vikane Other _____

Are you aware of any conduits, pipes, common drains, air ducts, central vacuum systems or any other construction elements that would be allow the passage of fumigant from the structure to be fumigated to any other adjacent or adjoining structure?
YES () NO ()

CHLOROPICRIN WILL BE USED AS WARNING AGENT WITH EITHER FUMIGANT

Date Changes/Alternative date: _____
Initials _____

IMPORTANT – READ CAREFULLY

THIS BUILDING WILL BE FUMIGATED WITH LETHAL GASES ON THE DATE(S) INDICATED ABOVE. ALL PERSONS AND ANIMALS MUST VACATE THE PREMISES ON OR BEFORE ARRIVAL OF THE FUMIGATION CREW.

UNDER NO CIRCUMSTANCES CAN ANYONE ENTER THE BUILDING UNTIL THE FUMIGATION COMPANY’S NOTICE IS POSTED GIVING THE TIME AND DATE FOR SAFE RE-ENTRY.

“State law requires that you be given the following information: CAUTION-PESTICIDES ARE TOXIC CHEMICALS. Structural pest control companies are registered and regulated by the Structural Pest Control Board, and apply pesticides which are registered and approved for use by the California Department of Pesticide Regulation and the United States Environmental Protection Agency. Registration is granted when the State finds that based on existing scientific evidence there are no appreciable risks if proper use conditions are followed or that the risks are outweighed by the benefits. The degree of risk depends upon the degree of exposure, so exposure should be minimized.”

If within 24 hours you experience symptoms of dizziness, headache, nausea, reduced awareness, slowed movement, garbled speech or difficulty in breathing, leave the structure immediately and seek medical attention by contacting your physician or Poison Control Center (number below) and notify your pest control company. The warning agent chloropicrin can cause symptoms of tearing, respiratory distress and vomiting. Entry into the space during fumigation can be fatal.

For further information, contact any of the following: Your pest control company; for Health Questions - the County Health Department (number below); for Application Information – the County Agricultural Commissioner (number below) and for Regulatory Information – the Structural Pest control Board, 800-737-8188, 2005 Evergreen St. , Suite 1500, Sacramento, CA 95815.

FOR HEALTH QUESTIONS:

COUNTY HEALTH DEPARTMENT	COUNTY AGRICULTURAL COMMISSIONER	POISON CONTROL CENTER	STRUCTURAL PEST CONTROL BOARD
PHONE: #	PHONE #	PHONE#	PHONE:
Alameda: 510-267-8000	Alameda: 510-670-5232	800-876-4766	800-737-8188
Contra Costa: 925-957-5400	Contra Costa: 925-646-5250		
Monterey: 831-755-4500	Monterey: 831-759-7325		
Santa Clara: 408-918-3400	Santa Clara: 408-918-4600		
Santa Cruz: 831-454-2022	Santa Cruz: 831-763-8080		
San Mateo: 650-372-6200	San Mateo: 650-363-4700		
San Benito: 831-636-4035	San Benito: 831-637-5344		
San Francisco: 415-252-3800	San Francisco: 415-252-3862		
San Joaquin: 209-953-6000	San Joaquin: 209-953-6022		
Solano: 707-784-8600	Solano: 707-784-1310		

(This section may be modified to include the information of geographical area served by the licensee.)

I hereby acknowledge receipt of a copy this receipt of a copy of this document as well as a list that includes the instructions for the necessary preparations for the fumigation, procedures for leaving the structure, and the following documents. (Fact Sheet & Owners Checklist Prior to Fumigation).

We suggest that you notify nearby neighbors of the date of fumigation and to keep pets away during the fumigation. Close off any open access to the subarea to prevent pets from entering.

Owners/Agent (signature): _____ Date: _____

Occupants(s) (signature) _____ Date: _____