

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 _____ Emergency No. () _____
 Fumigation Contractor: Quality Pest Services, Inc. **(800) 597-1693** Emergency No. **(949) 608-1148**
 Target Pest(s): Drywood Termites Beetles Bed Bugs Other: _____
 Fumigants proposed to be used : Sulfuryl Fluoride: Vikane Sulfuryl Fluoride: Zythor

Mandatory Inquiry:

Are you aware of any conduits, pipes, common drains, air ducts, central vacuum systems or any other construction elements that would allow the passage of a fumigant from the structure to be fumigated to any other adjacent or adjoining structures? YES () NO () Int. _____ If Yes, Please Describe: _____

CHLOROPICRIN WILL BE USED AS WARNING AGENT WITH EITHER FUMIGANT

Dates of fumigation: _____ 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 (see 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; **Quality Pest Services, Inc. (800) 597-1693**; for Health Questions - the County Health Department (see below); for Application Information - the County Agricultural Commissioner (see below) and for Regulatory Information - the Structural Pest Control Board, 800/737-8188, 2005 Evergreen Street, Ste. #1500, Sacramento, CA 95815.

FOR HEALTH QUESTIONS:

COUNTY HEALTH DEPARTMENT	COUNTY AGRICULTURAL COMMISSIONER	POISON CONTROL CENTER	STRUCTURAL PEST CONTROL BOARD
Kern (661) 321-3000 Los Angeles (800) 427-8700 Orange (714) 834-8180 Riverside (951) 358-5055 San Bernardino (800) 442-2283 San Diego (619) 692-8499 Santa Barbara (805) 681-4900 Ventura (805) 654-2813	Kern (661) 868-6300 Los Angeles (626) 575-5466 Orange (714) 955-0100 Riverside (951) 955-3045 San Bernardino (909) 387-2105 San Diego (858) 694-8980 Santa Barbara (805) 681-5600 Ventura (805) 388-4222	(800) 411-8080 (800) 876-4766	(800) 737-8188

I hereby acknowledge 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.

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| <input type="checkbox"/> Fact Sheet | <input type="checkbox"/> Roof Disclaimer | <input type="checkbox"/> Neighbor's Release |
| <input type="checkbox"/> Food Bagging Instructions | <input type="checkbox"/> Plant Disclaimer | <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> Preparatory Instructions | <input type="checkbox"/> Security Disclaimer | <input type="checkbox"/> Others: _____ |

We suggest that you notify nearby neighbors of the date of fumigation and to keep pets away during the fumigation. **Close off all sub area accesses days prior to the fumigation to prevent any animals from entering.**

Owner/ Agent (signature) _____ Date _____
 Occupant(s) (signature) _____