

# OCCUPANTS FUMIGATION NOTICE AND PESTICIDE DISCLOSURE

JOB ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

Single Family Dwelling       Multi Family Dwelling       Other \_\_\_\_\_

Owner/Agent \_\_\_\_\_

Telephone No. ( \_\_\_\_\_ )      Emergency No. ( \_\_\_\_\_ )

Occupant \_\_\_\_\_

Telephone No. ( \_\_\_\_\_ )      Emergency No. ( \_\_\_\_\_ )

Prime Contractor **Nix Termite**      Emergency No. ( ) **1-844-284-4357**

Fumigation Contractor \_\_\_\_\_      Emergency No. ( \_\_\_\_\_ )

Target Pest(s):  Drywood Termites     Beetles     Other(s) \_\_\_\_\_

Fumigants proposed to be used:  Sulfuryl Fluoride (Vikane or Zythor or Master Fume)

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 structure? YES  NO

## 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 to 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 breathing, leave the structure immediately and seek medical attention by contacting your physician or Poison Control Center and notify your pest control company. The warning agent, chloropicrin, can cause symptoms to 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; for Application information - The County Agricultural Commissioner and for Regulatory information - The Structural Pest Control Board, (800) 737-8188, 2005 Evergreen Street, Ste. 1500, Sacramento, CA 95815-3831

### HEALTH QUESTIONS:

COUNTY	COUNTY HEALTH DEPARTMENT	COUNTY AGRICULTURAL COMMISSIONER	POISON CONTROL CENTER	STRUCTURAL PEST CONTROL BOARD
Los Angeles	800 427-8700	626 575-5466	(800) 876-4766 All Counties	(800) 737-8188 All Counties
Riverside	951 358-5000	951 955-3000		
San Bernardino	800 782-4264	909 387-2105		
Orange	714 834-7700	714 955-0100		
San Diego	619 338-2222	858 694-2739		
Ventura	805 654-2813	805 933-3165		
Alamameda	510 567-8000	510 267-8000		
San Mateo	650 573-2346	650 363-4305		
Santa Clara	408 918-3400	408 423-0700		
Contra Costa	510 646-2521	925 646-5250		
San Francisco	415 554-2500	415 252-3862		

I hereby acknowledge receipt of a copy of this document as well as a list that includes the instructions for the necessary preparations for tent fumigation, procedures for leaving the structure, and the following documents.

(SEE REPORT OR CONTACT OUR OFFICE IF YOU HAVE ANY QUESTIONS REGARDING YOUR RESPONSIBILITIES TO PREPARE YOUR STRUCTURE PRIOR TO THE 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.

[ ] Owner/Agent (signature) \_\_\_\_\_ Date \_\_\_\_\_

[ ] Owner/Agent (signature) \_\_\_\_\_ Date \_\_\_\_\_