

2015-03640 & - 03636

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD CARE CENTER EMPLOYEES

STATE OF CALIFORNIA
DPR-HSA-118 (REV. 01/15)
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DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YR	SCHOOL DESIGNEE/PPM COORDINATOR	DISTRICT/CENTER NAME	E-MAIL ADDRESS	CITY	PHONE NUMBER	LICENSE/CERTIFICATE NUMBER (optional)	
2015	Linda Thomas	Bernyessa Union		San Jose	408-833-8224		
REPORT PREPARED BY: Linda Thomas							
Name & Address AND Specify if School or Child Care Center OR School CDS # /Child Care Center #	County	Date & Time Application Completed	Location Code (# or name from list on back)	Manufacturer & Name of Product Applied	EPA/California Registration Number from Label	Amount Used (and check one unit of measure)	Pest Control Code (from list on back)
Brooktree Elem	San Joaquin	4/29 9:00	2	Rondap Pro Max Monokro EMULAT BAYER	524-519 ✓ 432-1229 ✓	2	30
"	"	4/1 2:00	18	Suspend Bayer	432-763	1/2	16
"	"	4/8 1:30	4	Advance 375 gran, bait Whitmore Microgran	499-370	5	30
"	"	4/23 1:00	1	Mouse traps			80
"	"	4/11 2:00 PM	4	Critter Control	Exempt	2	80

Use this form to report ONLY pesticide applications made by employees and unlicensed persons at schools and child care centers. DO NOT report pesticide use by pest management professionals contracted to apply pesticides at school sites. They will report their own use. Report must be submitted no later than January 30th of the year following the year of use to:
School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

2015-03636

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PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE /CERTIFICATE NUMBER (optional)				
2015	Linda Thomas	Berkeley Union Sch. Dist					
REPORT PREPARED BY: Linda Thomas		E-MAIL ADDRESS: lthomas@busd.net	PHONE NUMBER: 408-833-8224				
CITY: San Jose							
Name & Address AND Specify if School or Child Care Center OR School CDS # /Child Care Center #	County	Date & Time Application Completed	Location Code (# or name from list on back)	Manufacturer & Name of Product Applied	EP A/C California Registration Number from Label	Amount Used (and check one unit or measure)	Pest Control Code (from list on back)
Brooktree Elem 1781 Oliveview Dr. San Jose, CA	Santa Clara	1/9 11:00	10	Roundup Pro Monsanto Dimension Dow Agro	524-579 637199-542	8 12	30
95131 11	11	1/21 1:00	4	MATFORCE Complete BAYER	432-1255	12	30
11	11	2/25 1:30	18	Roundup Pro Monsanto	524-579	12	30
11	11	3/10 3:00	4	MATFORCE Complete	432-1255	12	30
11	11	4/12 3:30	2	Suspend bayer	432-763	12	30

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PESTICIDE USE REPORTING FOR SCHOOL AND CHILD CARE CENTER EMPLOYEES

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT & LICENSING BRANCH

PHONE NUMBER

NOTES ON CONTRIBUTORS

Pest
Control
Code
(from list
on back)

30

30



School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

2015-03649 2-03647

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APPLICATION YR		SCHOOL DESIGNEE (IPM COORDINATOR)		DISTRICT/CENTER NAME		LICENSE / CERTIFICATE NUMBER (optional)	
2015							
REPORT PREPARED BY:				EMAIL ADDRESS		CITY	
PHONE NUMBER							
Name & Address AND Specify if School or Child Care Center OR School CDS # / Child Care Center #	County	Date & Time Application Completed	Location Code (# or name from list on back)	Manufacturer & Name of Product Applied	EPA/California Registration Number from Label	Amount Used (and check one unit of measure)	
Cherrywood Elem.	Santa Clara	8/13/00	8	Roundup Pro Monsanto	524-579	<input checked="" type="checkbox"/> 1.5 <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> (vol) <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	
Cherrywood Elem.	11	8/17/00	4	Advance 375A Whitmore Micro	499-370	<input type="checkbox"/> 4 <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> (vol) <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	
11	11	8/26/00	6	Adion Antigel Dupont	852-746	<input type="checkbox"/> 4 <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> (vol) <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	
11	11	9/2/00	4	Adion Insect granules Dupont	9198-AL-061	<input type="checkbox"/> 4 <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> (vol) <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	
11	11	9/2/00	6	Adion Antigel Dupont	352-146	<input type="checkbox"/> 2 <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> (vol) <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	

Use this form to report ONLY pesticide applications made by employees and unlicensed persons at schools and child care centers. DO NOT report pesticide use by pest management professionals contracted to apply pesticides at school sites. They will report their own use. Report must be submitted no later than January 30th of the year following the year of use to:
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APPLICATION YEAR	SCHOOL DESIGNEE (JPM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE / CERTIFICATE NUMBER (optional)				
2015	Linda Thomas	Berlyessa Union Sch Dist					
REPORT PREPARED BY:		E-MAIL ADDRESS	PHONE NUMBER				
Linda Thomas		lthomas@busd.net	408-833-8224				
CITY		San Jose					
Name & Address AND Specify if School or Child Care Center OR School CDS # / Child Care Center #	County	Date & Time Application Completed	Location Code (# or name from list on back)	Manufacturer & Name of Product Applied	EPA/California Registration Number from Label	Amount Used (and check one unit of measure)	Pest Control Code (from list on back)
CHERRYWOOD Elem. 2550 Greengate San Jose, CA 95132	Santa Clara	1/11/100	14	Rounding Pro Max Monsanto	524-579	2	30
11	11	2/24/1015	18	MAXforce complete Bayer	432-1255	4	30
11	11	4/9/130	18	Rounding Pro Monsanto	524-579	1.5	30
11	11	5/11/935	4	Adion Antigel Dupont Syngenta	100-1498	2	30
11	11	8/12	19	Adion Antigel Dupont Syngenta	100-1498	3	10

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APPLICATION YR 2015		SCHOOL DESIGNEE (JEN COORDINATOR) Linda Thomas		DISTRICT/CENTER NAME BusD.		LICENSE / CERTIFICATE NUMBER (optional)	
REPORT PREPARED BY: Linda Thomas				E-MAIL ADDRESS		CITY	
PHONE NUMBER							
Name & Address AND Specify if School or Child Care Center OR School CDS # (Child Care Center #)		County	Date & Time Application Completed	Location Code (# or name from list on back)	Manufacturer & Name of Product Applied	EPA/California Registration Number from Label	Amount Used (and check one unit of measure)
Cherrywood Elem	<input checked="" type="checkbox"/> School	Santa Clara	9/10	5	DuPont Advion Ant gel		10 <input checked="" type="checkbox"/> PT <input checked="" type="checkbox"/> QT <input checked="" type="checkbox"/> GR
11	<input checked="" type="checkbox"/> School	11	10/23 / 11/00	2+10	Robb's Pro Max Monsanto Dimension Dow Agro	524-579 / 62719-542	5 <input checked="" type="checkbox"/> PT <input checked="" type="checkbox"/> QT <input checked="" type="checkbox"/> GR
11	<input checked="" type="checkbox"/> School	11	10/23 / 11/00	2+10	Turfion Ester Monterey Ag.	17545-8	5 <input checked="" type="checkbox"/> PT <input checked="" type="checkbox"/> QT <input checked="" type="checkbox"/> GR
	<input type="checkbox"/> Child Care						
	<input type="checkbox"/> School						
	<input type="checkbox"/> Child Care						

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APPLICATION YR. SCHOOL DESIGNEE (PM COORDINATOR)		DISTRICT/CENTER NAME		LICENSE/CERTIFICATE NUMBER (optional)				
REPORT PREPARED BY:		E-MAIL ADDRESS		CITY				
Name & Address AND Specify # School or Child Care Center OR School CDS # /Child Care Center #		County	Date & Time Application Completed	Location Code (# or name from list on back)	Manufacturer & Name of Product Applied	EPA/California Registration Number from Label	Amount Used (and check one unit of measure)	Pest Control Code (from list on back)
<input type="checkbox"/> School <input type="checkbox"/> Child Care							<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	
<input type="checkbox"/> School <input type="checkbox"/> Child Care							<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	
<input type="checkbox"/> School <input type="checkbox"/> Child Care							<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	
<input type="checkbox"/> School <input type="checkbox"/> Child Care							<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	
<input type="checkbox"/> School <input type="checkbox"/> Child Care							<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	
<input type="checkbox"/> School <input type="checkbox"/> Child Care							<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	

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School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

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PESTICIDE USE REPORTING FOR SCHOOL AND CHILD CARE CENTER EMPLOYEES

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APPLICATION YR: 2015		SCHOOL DESIGNEE (PPM COORDINATOR):		DISTRICT/CENTER NAME:		LICENSE/CERTIFICATE NUMBER (optional):	
REPORT PREPARED BY:				E-MAIL ADDRESS:		CITY:	
PHONE NUMBER:							
Name & Address AND Specify if School or Child Care Center OR School CDS # /Child Care Center #	County	Date & Time Application Completed	Location Code (# or name from list on back)	Manufacturer & Name of Product Applied	EPA/California Registration Number from Label	Amount Used (and check one unit of measure)	Pest Control Code (from list on back)
LANTVIEW Elem.	Santa Clara	4-24 3:45	6 + 1	R. 565 plus xld BASF	499-290	2 <input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L	10
"	"	5/26 3:30	18	SUSPEND Bayer	432-763	12 <input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L	10
"	"	9/1 9am	19 DOMESTER	WASP FREEZE BASF	499-550	6 <input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L	10
"	"	9/15	4	ADDITION Insect granules DORRNT	9198-AL-001	3 <input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L	30
"	"	10/5 930	10	Contract BLOX BELL LABS	12455-79	15 <input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L	30

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APPLICATION YEAR	SCHOOL DESIGNEE (JPM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE / CERTIFICATE NUMBER (optional)				
2015	Linda Thomas	B. U.S.D.					
REPORT PREPARED BY: Linda Thomas		EMAIL ADDRESS: Lthomas@busd.net	CITY: San Jose				
PHONE NUMBER: 408-833-8224							
Name & Address AND Specify if School or Child Care Center OR School CDS # (Child Care Center #)	County	Date & Time Application Completed	Location Code (# or name from list on back)	Manufacturer & Name of Product Applied	EPA/California Registration Number from Label	Amount Used (and check one unit of measure)	Pest Control Code (from list on back)
Kaneview Elem. 2095 Warmwood San Jose, CA 95132	San Jose	1-20	10	Monsanto Roundup Ready Must be ester Monterey Ag	524-579	1.5	30
Child Care <input type="checkbox"/> School <input checked="" type="checkbox"/>						LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA <input checked="" type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR <input type="checkbox"/>	
"	"	3-14	8+10	Roundup Pro Monsanto	524-579	3	30
Child Care <input type="checkbox"/> School <input checked="" type="checkbox"/>						LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA <input checked="" type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR <input type="checkbox"/>	
"	"	4/16	6	PT 565 plus X20 BASF	499-290	4	10
Child Care <input type="checkbox"/> School <input checked="" type="checkbox"/>						LB <input type="checkbox"/> OZ <input checked="" type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR <input type="checkbox"/>	
"	"	4/21	1	Suspend bayer	432-763	10	10
Child Care <input checked="" type="checkbox"/> School <input type="checkbox"/>						LB <input checked="" type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR <input type="checkbox"/>	
"	"	4-24 345	6+1	Suspend BAYER	432-763	8	10
Child Care <input type="checkbox"/> School <input checked="" type="checkbox"/>						LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR <input type="checkbox"/>	

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PESTICIDE USE REPORTING FOR SCHOOL AND CHILD CARE CENTER EMPLOYEES

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APPLICATION YR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE/CERTIFICATE NUMBER (optional)				
2015							
REPORT PREPARED BY:		E-MAIL ADDRESS	PHONE NUMBER				
CITY							
Name & Address AND Specify if School or Child Care Center OR School CDS # /Child Care Center #	County	Date & Time Application Completed	Location Code (# or name from list on back)	Manufacturer & Name of Product Applied	EPA/California Registration Number from Label	Amount Used (and check one unit of measure)	Pest Control Code (from list on back)
Levin Elm Elem.	Santa Clara	10/15 2:30	8	maxforce comp. Bayer	432-1255	2 <input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	30
11	"	11/10	8	Advision Insect granules Dupont	9198-AL-001	5 <input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	30
Morrill Middle	"	4/27 11:00	10	Dow Agro Sci. LLC	62719-542	4 <input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	
Noble elem.	"	12/8 9a	10	Turfion	17545-8	2 <input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	N
						<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	

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APPLICATION YR. SCHOOL DESIGNEE (PEM COORDINATOR)		DISTRICT/CENTER NAME		LICENSE / CERTIFICATE NUMBER (optional)				
REPORT PREPARED BY:		E-MAIL ADDRESS		CITY				
Name & Address AND Specify if School or Child Care Center OR School CDS # /Child Care Center #		County	Date & Time Application Completed	Location Code (# or name from list on back)	Manufacturer & Name of Product Applied	EPA/California Registration Number from Label	Amount Used (and check one unit of measure)	Pest Control Code (from list on back)
<input type="checkbox"/> School <input type="checkbox"/> Child Care							<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> L <input type="checkbox"/> GR	
<input type="checkbox"/> School <input type="checkbox"/> Child Care							<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> L <input type="checkbox"/> GR	
<input type="checkbox"/> School <input type="checkbox"/> Child Care							<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> L <input type="checkbox"/> GR	
<input type="checkbox"/> School <input type="checkbox"/> Child Care							<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> L <input type="checkbox"/> GR	

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2015-03670 9-03668

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD CARE CENTER EMPLOYEES

APPLICATION YR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE/CERTIFICATE NUMBER (optional)				
2015	LT						
REPORT PREPARED BY: LT		E-MAIL ADDRESS	CITY				
		PHONE NUMBER					
Name & Address AND Specify if School or Child Care Center OR School CDS # /Child Care Center #	County	Date & Time Application Completed	Location Code (# or name from list on back)	Manufacturer & Name of Product Applied	EPA/California Registration Number from Label	Amount Used (and check one unit of measure)	Pest Control Code (from list on back)
MAESTIC WAY ELEM.	SANTA CLARA	8/17 10-	4	BASF WASH FREEZE	499-550	2.0003 <input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	30
		10/25 1030	10	Roundup Pro Monsanto	524-579	3 <input type="checkbox"/> LB <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	30
		10/25 1030	10	Dimension Dow Agro	62719-542	3 <input type="checkbox"/> LB <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	30
		10/25 1030	10	Turfion Monterey Ag.	17545-8	3 <input type="checkbox"/> LB <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	30
		10/24 330	6	SUSPEND Bayer	432-763	2 <input type="checkbox"/> LB <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	10

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APPLICATION YEAR	SCHOOL DESIGNEE (JPM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE / CERTIFICATE NUMBER (optional)				
2015	Ruida Thomas	Bernessal Union Sch Dist					
REPORT PREPARED BY: L. Thomas		E-MAIL ADDRESS: Lthomas@busd.net	PHONE NUMBER: 833-8224				
CITY: San Jose							
Name & Address AND Specify if School or Child Care Center OR School CDS # / Child Care Center #	County	Date & Time Application Completed	Location Code (# or name from list on back)	Manufacturer & Name of Product Applied	EPA/California Registration Number from Label	Amount Used (and check one unit of measure)	Pest Control Code (from list on back)
MAJESTIC Way Etern.	Santa Clara	2/9 1:00	10	Monsanto Roundup Pro	524-579	3	30
1855 Majestic Way, San Jose, CA 95132	11	3/25 3:30	6	BAYER Suspend	432-763	3	10
	11	4/9	18	BAYER Suspend	432-763	3	10
		5/14	10	Roundup Pro	524-579	2	30
		7/19	10	Roundup Pro	524-579	30	

Use this form to report ONLY pesticide applications made by employees and unlicensed persons at schools and child care centers. DO NOT report pesticide use by pest management professionals contracted to apply pesticides at school sites. They will report their own use. Report must be submitted no later than January 30th of the year following the year of use to:

School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

2015-03673

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD CARE CENTER EMPLOYEES

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DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR: 2015		SCHOOL/DESIGNEE (PPM COORDINATOR): Linda Thomas		DISTRICT/CENTER NAME: BUSD,		LICENSE/CERTIFICATE NUMBER (optional):	
REPORT PREPARED BY: L. Thomas				E-MAIL ADDRESS:		CITY:	
PHONE NUMBER:							
Name & Address AND Specify if School or Child Care Center OR School CDS # (Child Care Center #)		County	Date & Time Application Completed	Location Code (# or name from list on back)	Manufacturer & Name of Product Applied	EPA/California Registration Number from Label	Amount Used (and check one unit of measure)
MAJESTIC WAY Elm. <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care		Santa Clara	11/13	4	Advion Insect granules DuPont	9198-A2-001	<input checked="" type="checkbox"/> 4 <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L
<input type="checkbox"/> School <input type="checkbox"/> Child Care			11/13	6	Advion Ant gel Syngenta	160-1498	<input type="checkbox"/> 2 <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L
<input type="checkbox"/> School <input type="checkbox"/> Child Care							<input type="checkbox"/> 30 <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L
<input type="checkbox"/> School <input type="checkbox"/> Child Care							<input type="checkbox"/> 30 <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L
<input type="checkbox"/> School <input type="checkbox"/> Child Care							<input type="checkbox"/> 30 <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L

Use this form to report ONLY pesticide applications made by employees and unlicensed persons at schools and child care centers. .
 DO NOT report pesticide use by pest management professionals contracted to apply pesticides at school sites. They will report their own use.
 Report must be submitted no later than January 30th of the year following the year of use to:
 School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD CARE CENTER EMPLOYEES

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PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YR. SCHOOL DESIGNEE (PM COORDINATOR)		DISTRICT/CENTER NAME		LICENSE / CERTIFICATE NUMBER (optional)	
REPORT PREPARED BY:		E-MAIL ADDRESS		CITY	
PHONE NUMBER		NAME & Address AND Specify if School or Child Care Center OR School CDS # / Child Care Center #		County	Date & Time Application Completed
Location Code (# or name from list on back)		Manufacturer & Name of Product Applied		EPA/California Registration Number from Label	Amount Used (and check one unit of measure)
Pest Control Code (from list on back)					
<input type="checkbox"/> School <input type="checkbox"/> Child Care					<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR
<input type="checkbox"/> School <input type="checkbox"/> Child Care					<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR
<input type="checkbox"/> School <input type="checkbox"/> Child Care					<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR
<input type="checkbox"/> School <input type="checkbox"/> Child Care					<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR
<input type="checkbox"/> School <input type="checkbox"/> Child Care					<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR
<input type="checkbox"/> School <input type="checkbox"/> Child Care					<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR
<input type="checkbox"/> School <input type="checkbox"/> Child Care					<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR
<input type="checkbox"/> School <input type="checkbox"/> Child Care					<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR

Use this form to report ONLY pesticide applications made by employees and unlicensed persons at schools and child care centers. DO NOT report pesticide use by pest management professionals contracted to apply pesticides at school sites. They will report their own use. Report must be submitted no later than January 30th of the year following the year of use to:
School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

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PESTICIDE USE REPORTING FOR SCHOOL AND CHILD CARE CENTER EMPLOYEES

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APPLICATION YEAR	SCHOOL DESIGNEE (PEM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE / CERTIFICATE NUMBER (optional)				
2015	Linda Thomas	BUSD					
REPORT PREPARED BY: L. Thomas							
E-MAIL ADDRESS: _____							
CITY: _____							
PHONE NUMBER: _____							
Name & Address AND Specify if School or Child Care Center OR School CDS # / Child Care Center #	County	Date & Time Application Completed	Location Code (# or name from list on back)	Manufacturer & Name of Product Applied	EPA/California Registration Number from Label	Amount Used (and check one unit of measure)	Pest Control Code (from list on back)
Merrill Middle	Santa Clara	10/1/3:30	6	DT 565 plus xld BASF	499-290	6 <input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	10
	11	4/10	6	Advoion Inset granules DUPONT	9198-AL-001	4 <input type="checkbox"/> LB <input type="checkbox"/> OZ <input checked="" type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	30
	11	12/4	6	Advoion Antigel Syngenta	100-1498	2 <input type="checkbox"/> LB <input type="checkbox"/> OZ <input checked="" type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> PT <input type="checkbox"/> QT <input checked="" type="checkbox"/> GR	10

Use this form to report ONLY pesticide applications made by employees and unlicensed persons at schools and child care centers. DO NOT report pesticide use by pest management professionals contracted to apply pesticides at school sites. They will report their own use. Report must be submitted no later than January 30th of the year following the year of use to: School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

2015-03675

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD CARE CENTER EMPLOYEES

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DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR		SCHOOL DESIGNEE (IPM COORDINATOR)		DISTRICT/CENTER NAME		LICENSE/CERTIFICATE NUMBER (optional)	
2015		Linda Thomas		BusD.			
REPORT PREPARED BY: L. Thomas				E-MAIL ADDRESS: LThomas@busd.net		CITY: SJ	
				PHONE NUMBER: 833-8224			
Name & Address AND Specify if School or Child Care Center OR School CDS #/Child Care Center #	County	Date & Time Application Completed	Location Code (# or name from list on back)	Manufacturer & Name of Product Applied	EPA/California Registration Number from Label	Amount Used (and check one unit of measure)	Pest Control Code (from list on back)
MORRILL MIDDLE SCHOOL	SANTA CLARA	2/7/10	10	Roundup Pro Max	524-579	3	30
1970 MORRILL AVE SAN JOSE, CA 95132	11	4/11/20	4	Advo Ant Gel Syngenta	160-1498	3	30
11	11	4/27/20	10	Roundup Pro Max Dimension 2EO Dow Agro	524-579 62219-542	3	30
11	11	4/1/20	6	Moose traps		3	80
11	11	9/8/10	4	Wasp freeze BASF	499-550	3	30

Use this form to report ONLY pesticide applications made by employees and unlicensed persons at schools and child care centers. DO NOT report pesticide use by pest management professionals contracted to apply pesticides at school sites. They will report their own use. Report must be submitted no later than January 30th of the year following the year of use to: School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

2015-0368] # -03679

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD CARE CENTER EMPLOYEES

APPLICATION YR	SCHOOL DESIGNEE (JPM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE / CERTIFICATE NUMBER (optional)				
2015	Linda Thomas						
REPORT PREPARED BY: L. Thomas		E-MAIL ADDRESS	CITY				
			ST				
			PHONE NUMBER				
			833-8224				
Name & Address AND Specify if School or Child Care Center OR School CDS # / Child Care Center #	County	Date & Time Application Completed	Location Code (# or name from list on back)	Manufacturer & Name of Product Applied	EPA/California Registration Number from Label	Amount Used (and check one unit of measure)	Pest Control Code (from list on back)
Noble Elem	SANTA CLARA	7/23	10	Roundup Pro Max Monsanto	524-579	3	30
		8/30	10	Wasp Freeze BASF	499-550	16	30
		10/12	10	Roundup Pro Max Monsanto	524-579	1/2	30
		10/8	10	Roundup Pro Max Monsanto	524-579	2	30
		12/8	10	Dimension Dow Agro	62919-542	2	30
		900		TORTION Monterey Ag	17545-8		

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PESTICIDE USE REPORTING FOR SCHOOL AND CHILD CARE CENTER EMPLOYEES

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APPLICATION YEAR 2015		SCHOOL DESIGNEE (IPM COORDINATOR) Linda Thomas		DISTRICT/CENTER NAME BERRIESA Union Sch Dist		LICENSE / CERTIFICATE NUMBER (optional)	
REPORT PREPARED BY: L. Thomas				E-MAIL ADDRESS LThomas@busd.net		CITY SAN JOSE	
PHONE NUMBER 833-8224							
Name & Address AND Specify if School or Child Care Center OR School CDS # / Child Care Center #		County		Date & Time Application Completed		Location Code (# or name from list on back)	
NOBLE ELEMENT <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care		SANTA CLARA		1/14 3:00		2	
3466 Grassmont San Jose, CA 95132 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care				1/14 3:00		2	
<input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care				1/14 3:00		2	
<input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care				3/19 3:30		8	
<input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care				5/12 3:30		18	
Manufacturer & Name of Product Applied		EPA/California Registration Number from Label		Amount Used (and check one unit of measure)		Pest Control Code (from list on back)	
Monsanto Roundup ProMax		524-579		<input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR		<input checked="" type="checkbox"/> GA <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	
Dimension Dow Agro Sci		62719-542		<input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR		<input checked="" type="checkbox"/> GA <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	
Turfion Monterey Ag		17545-8		<input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR		<input checked="" type="checkbox"/> GA <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	
Roundup ProMax Monsanto		524-579		<input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR		<input checked="" type="checkbox"/> GA <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	
Suspend		432-703		<input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR		<input checked="" type="checkbox"/> GA <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	
BAYER				<input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR		<input checked="" type="checkbox"/> GA <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	

Use this form to report ONLY pesticide applications made by employees and unlicensed persons at schools and child care centers. DO NOT report pesticide use by pest management professionals contracted to apply pesticides at school sites. They will report their own use. Report must be submitted no later than January 30th of the year following the year of use to: School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

2015-03900 4-03685

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD CARE CENTER EMPLOYEES

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DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YR		SCHOOL DESIGNEE (IPM COORDINATOR)		DISTRICT/CENTER NAME		LICENSE / CERTIFICATE NUMBER (optional)	
2015		L. Thomas		Bernessa Dinn Sch Dist			
REPORT PREPARED BY:				E-MAIL ADDRESS		CITY	
L Thomas				Lthomas@busd.net		SJ	
Name & Address AND Specify if School or Child Care Center OR School CDS # / Child Care Center #				County		Date & Time Application Completed	
Northwood Elem				Santa Clara		4/30	
2760 E. Trimble Rd						4	
11				9		6/3	
11				11		7/15	
11				11		7/8	
Location Code (# or name from list on back)				Manufacturer & Name of Product Applied			
6				BAYER SUSPEND			
4				MAXFORCE complete BAYER			
6				Suspend Bayer			
19 gate				wasp freeze bas f			
10+8				remulap pro Max mansant			
EPA/California Registration Number from Label				Amount Used (and check one unit of measure)			
432-763				12			
432-1255				16			
432-763				20			
432-763				30			
499-550				30			
524-579				30			

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 PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YR 2015		SCHOOL DESIGNEE (JPM COORDINATOR) Linda Thomas		DISTRICT/CENTER NAME BUSD		LICENSE / CERTIFICATE NUMBER (optional)	
REPORT PREPARED BY: L. Thomas				E-MAIL ADDRESS LThomas@busd.net		CITY ST	
				PHONE NUMBER 833-8224			
Name & Address AND Specify if School or Child Care Center OR School CDS # / Child Care Center #		County	Date & Time Application Completed	Location Code (# or name from list on back)	Manufacturer & Name of Product Applied	EPA/California Registration Number from Label	Amount Used (and check one unit of measure)
Northwood Elem. 2760 E Trimble San Jose, CA 95132		San Jose	1/22	10	Roundup Pro Max Dimension TURFLON	524-579 ✓ 68719-542 ✓ 17545-8 ✓	4 2 30
11		11	3/27	10	Roundup Pro	524-579	12 2 30
11		11	3/31	6	suspend bayer	432-763	12 2 10
11		11	4/13	6	suspend bayer	432-763	12 2 10
11		11	4/16	6	11	11	12 2 10

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 School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

2015-03907

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD CARE CENTER EMPLOYEES

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APPLICATION YR		SCHOOL/DESIGNEE (JPM COORDINATOR)		DISTRICT/CENTER NAME		LICENSE /CERTIFICATE NUMBER (optional)		
REPORT PREPARED BY:		E-MAIL ADDRESS		CITY		PHONE NUMBER		
2015		Linda Thomas						
Name & Address AND Specify if School or Child Care Center OR School CDS # (Child Care Center #)		County	Date & Time Application Completed	Location Code (# or name from list on back)	Manufacturer & Name of Product Applied	EPA/California Registration Number from Label	Amount Used (and check one unit of measure)	Pest Control Code (from list on back)
Northwest Elem.	<input type="checkbox"/> School <input checked="" type="checkbox"/> Child Care	Santa Clara	7/2	6	Suspend baiter	432-763	<input checked="" type="checkbox"/> 10 <input type="checkbox"/> 3 <input type="checkbox"/> 1	10
	<input type="checkbox"/> School <input checked="" type="checkbox"/> Child Care		8/5	10	Roadway Pro Max Monsanto	524-579	<input type="checkbox"/> 10 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 1	30
	<input type="checkbox"/> School <input checked="" type="checkbox"/> Child Care		10/16	4 + 13	Suspend baiter	432-763	<input type="checkbox"/> 10 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 1	30
	<input type="checkbox"/> School <input checked="" type="checkbox"/> Child Care		10/20	6	mouse traps	X	<input type="checkbox"/> 10 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 1	80
	<input type="checkbox"/> School <input checked="" type="checkbox"/> Child Care		1/10	6	Suspend	432-763	<input type="checkbox"/> 10 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 1	10

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APPLICATION YR		SCHOOL DESIGNEE (IPM COORDINATOR)		DISTRICT/CENTER NAME		LICENSE / CERTIFICATE NUMBER (optional)	
REPORT PREPARED BY:		E-MAIL ADDRESS		CITY		PHONE NUMBER	
2015		Arlene Thomas		B.U.S.D.			
L Thomas				San Jose			
Name & Address AND Specify if School or Child Care Center OR School CDS # / Child Care Center #	County	Date & Time Application Completed	Location Code (# or name from list on back)	Manufacturer & Name of Product Applied	EPA/California Registration Number from Label	Amount Used (and check one unit of measure)	Pest Control Code (from list on back)
Northwood Elem	Santa Clara	11/28	6	Suspend Bayer	432-763	5	10
						<input type="checkbox"/> LB <input checked="" type="checkbox"/> OZ <input type="checkbox"/> Vol. <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	
						<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> Vol. <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	
						<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> Vol. <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	
						<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> Vol. <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	

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2015-03910 & -03908

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APPLICATION YR		SCHOOL DESIGNEE (JPM COORDINATOR)		DISTRICT/CENTER NAME		LICENSE / CERTIFICATE NUMBER (optional)		
20165		Linda Thomas		BERKESSA / JPM SD DIST				
REPORT PREPARED BY:				E-MAIL ADDRESS		CITY		
L. Thomas								
Name & Address AND Specify if School or Child Care Center OR School CDS # / Child Care Center #		County	Date & Time Application Completed	Location Code (# or name from list on back)	Manufacturer & Name of Product Applied	EPACalifornia Registration Number from Label	Amount Used (and check one unit of measure)	Pest Control Code (from list on back)
Piedmont Middle Sch.	<input checked="" type="checkbox"/> School	Santa Clara	1/28/15	18	Monsanto/Roundup Dimension / Dow Agro	524-579 62719-542	4 <input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L	30
11	<input checked="" type="checkbox"/> School	11	3/7/15	18	Monsanto Roundup Primox	524-579	2 <input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L	30
11	<input checked="" type="checkbox"/> School	11	3/18	6	Bayer/Suspend	432-763	12 <input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L	10
11	<input checked="" type="checkbox"/> School	11	3/30	2	WASP Freeze PR BASF	499-550	4 <input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L	30
11	<input checked="" type="checkbox"/> School	11	4/6	18	Bayer-Suspend	432-763	1/2 <input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L	10

Use this form to report ONLY pesticide applications made by employees and unlicensed persons at schools and child care centers. DO NOT report pesticide use by pest management professionals contracted to apply pesticides at school sites. They will report their own use. Report must be submitted no later than January 30th of the year following the year of use to:
School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

2015-03908

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD CARE CENTER EMPLOYEES

STATE OF CALIFORNIA
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PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YR	SCHOOL DESIGNEE (PPM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE /CERTIFICATE NUMBER (optional)				
2015	L. Thomas	BUSD					
REPORT PREPARED BY:		E-MAIL ADDRESS	PHONE NUMBER				
L. Thomas		Lthomas@busd.net	833-8224				
CITY							
SJ							
Name & Address AND Specify if School or Child Care Center OR School CDS # /Child Care Center #	County	Date & Time Application Completed	Location Code (# or name from list on back)	Manufacturer & Name of Product Applied	EPA/California Registration Number from Label	Amount Used (and check one unit of measure)	Pest Control Code (from list on back)
Piedmont M, DDLC	Santa Clara	4/28	6	BATER/ SUSPEND	432-763	16 LB <input checked="" type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR <input type="checkbox"/>	10
955 Piedmont Rd San Jose, CA 95132	"	5/1	2 + 8	Monanto Roundup Pro	524-579	4 LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA <input checked="" type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR <input type="checkbox"/>	30
"	"	5/8	6	BATER/ SUSPEND	432-763	8 LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR <input type="checkbox"/>	10
"	"	8/21	4	DUPONT Advion Insect Granules	9198-AL-001	2 LB <input checked="" type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR <input type="checkbox"/>	30
"	"	9/4	6	SYNGENTA Advion Ant gel	100-1498	4 LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR <input checked="" type="checkbox"/>	10

Use this form to report ONLY pesticide applications made by employees and unlicensed persons at schools and child care centers. DO NOT report pesticide use by pest management professionals contracted to apply pesticides at school sites. They will report their own use. Report must be submitted no later than January 30th of the year following the year of use to:

School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

2015-03913

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD CARE CENTER EMPLOYEES

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PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YR	SCHOOL DESIGNEE (JPM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE / CERTIFICATE NUMBER (optional)				
2015	Kinde Thomas						
REPORT PREPARED BY: L. Thomas							
E-MAIL ADDRESS							
CITY							
PHONE NUMBER							
Name & Address AND Specify if School or Child Care Center OR School CDS # (Child Care Center #)	County	Date & Time Application Completed	Location Code (# or name from list on back)	Manufacturer & Name of Product Applied	EPA/California Registration Number from Label	Amount Used (and check one unit of measure)	Pest Control Code (from list on back)
Pedernault Middle	Santa Clara	11/9	6	BASF-Alpine Flea + Bed Bug	499-546	<input type="checkbox"/> LB <input type="checkbox"/> OZ <input checked="" type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	10
11	11	11/30	16	Monsanto Roundup Pro Max Docu agro Dimension 2EW	524-579 62719-542	<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input checked="" type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	30
11 11	11	11/28	18	62719-542	Docu agro Dimension 2EW	<input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	30
RUSKIN Elem 1401 Tynlock ST, 95182	11	11/10	18	11	11	<input type="checkbox"/> LB <input type="checkbox"/> OZ <input checked="" type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	30
						<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	

Use this form to report ONLY pesticide applications made by employees and unlicensed persons at schools and child care centers. DO NOT report pesticide use by pest management professionals contracted to apply pesticides at school sites. They will report their own use. Report must be submitted no later than January 30th of the year following the year of use to:

School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD CARE CENTER EMPLOYEES

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PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YR		SCHOOL DESIGNEE (IPM COORDINATOR)		DISTRICT/CENTER NAME		LICENSE / CERTIFICATE NUMBER (optional)	
REPORT PREPARED BY:				E-MAIL ADDRESS		CITY	
Name & Address AND Specify if: School or Child Care Center OR School CDS # / Child Care Center #				County	Date & Time Application Completed	Location Code (# or name from list on back)	Manufacturer & Name of Product Applied
EPA/California Registration Number from Label				Amount Used (and check one unit of measure)	Pest Control Code (from list on back)		
<input type="checkbox"/> School <input type="checkbox"/> Child Care						<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	
<input type="checkbox"/> School <input type="checkbox"/> Child Care						<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	
<input type="checkbox"/> School <input type="checkbox"/> Child Care						<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	
<input type="checkbox"/> School <input type="checkbox"/> Child Care						<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	
<input type="checkbox"/> School <input type="checkbox"/> Child Care						<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	
<input type="checkbox"/> School <input type="checkbox"/> Child Care						<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	
<input type="checkbox"/> School <input type="checkbox"/> Child Care						<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	

Use this form to report ONLY pesticide applications made by employees and unlicensed persons at schools and child care centers.
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Report must be submitted no later than January 30th of the year following the year of use to:
School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

2015-03918 - 03916

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD CARE CENTER EMPLOYEES

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PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YR		SCHOOL DESIGNEE (PM COORDINATOR)		DISTRICT/CENTER NAME		LICENSE/CERTIFICATE NUMBER (optional)		
2015		Linda Thomas						
REPORT PREPARED BY: L Thomas				E-MAIL ADDRESS		CITY		
Name & Address AND Specify if School or Child Care Center OR School CDS # /Child Care Center #				County		Date & Time Application Completed		
Location Code (# or name from list on back)				Manufacturer & Name of Product Applied		EPA/California Registration Number from Label		
Amount Used (and check one unit of measure)				Pest Control Code (from list on back)				
Ruskin Elem 1401 Turlock San Jose, CA	<input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	Santa Clara	8/20	6	DUPONT Advision Insect Granules	9198-AL-201	2 LB <input type="checkbox"/> OZ <input checked="" type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR ML <input type="checkbox"/> KG <input type="checkbox"/> L	30
45737	<input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	11	8/21 315	6	BAYER- SUSPEND	432-763	4 LB <input type="checkbox"/> OZ <input checked="" type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR ML <input type="checkbox"/> KG <input type="checkbox"/> L	15
11	<input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	11	8/24	14	BASF waspfreeze	499-550	8 LB <input type="checkbox"/> OZ <input checked="" type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR ML <input type="checkbox"/> KG <input type="checkbox"/> L	30
11	<input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	11	8/27	4	SYNGENTA Advision Ant Gel	100-1498	4 LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input checked="" type="checkbox"/> GR ML <input type="checkbox"/> KG <input type="checkbox"/> L	30
11	<input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	11	8/27	8	BASF PT 565 plus XLD	499-298	11 LB <input type="checkbox"/> OZ <input checked="" type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR ML <input type="checkbox"/> KG <input type="checkbox"/> L	30

Use this form to report ONLY pesticide applications made by employees and unlicensed persons at schools and child care centers. Do NOT report pesticide use by pest management professionals contracted to apply pesticides at school sites. They will report their own use. Report must be submitted no later than January 30th of the year following the year of use to: School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

2015-03916

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD CARE CENTER EMPLOYEES

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APPLICATION YEAR	SCHOOL DESIGNEE (PJM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE / CERTIFICATE NUMBER (optional)
2015	Linda Thomas	Berkeley Union Sch Dist	
REPORT PREPARED BY: L. Thomas		EMAIL ADDRESS: LThomas@busd.net	CITY: .
Name & Address AND Specify if School or Child Care Center OR School CDS # / Child Care Center #		County	Date & Time Application Completed
Berkshire Elem. 1461 Turlock Ln. Sacramento 95813-2	Santa Clara	1/10/15	18
11	Santa Clara	5/12/330	1
11	11	6/3	6
11	11	6/4	18
11	11	6/6	6
Manufacturer & Name of Product Applied		EPA/California Registration Number from label	Amount Used (and check one unit of measure)
Monsanto-Roundup Pro Max Dow Agro Dimension 200	524-579	62779-542	10 3
SYNGENTA - ADVION ANT GEL	100-1498		3
BAYER Suspend	432-763		6
Monsanto Roundup Pro Max	524-579		3
BAYER Suspend	432-763		4

Use this form to report ONLY pesticide applications made by employees and unlicensed persons at schools and child care centers. DO NOT report pesticide use by pest management professionals contracted to apply pesticides at school sites. They will report their own use. Report must be submitted no later than January 30th of the year following the year of use to:

School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

2015-03921-03920

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD CARE CENTER EMPLOYEES

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PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR		SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE / CERTIFICATE NUMBER (optional)			
2015		Judith Thomas	BUSD				
REPORT PREPARED BY:			E-MAIL ADDRESS	CITY	PHONE NUMBER		
L Thomas							
Name & Address AND Specify if School or Child Care Center OR School CDS # (Child Care Center #)	County	Date & Time Application Completed	Location Code (# or name from list on back)	Manufacturer & Name of Product Applied	EPA/California Registration Number from Label	Amount Used (and check one unit of measure)	Pest Control Code (from list on back)
Ruskin Ellen School <input checked="" type="checkbox"/> Child Care <input type="checkbox"/>	Santa Clara	11/10	4	DODANT Advion Insect gran.	9198-AL-001	4 <input type="checkbox"/> LB <input type="checkbox"/> OZ <input checked="" type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input checked="" type="checkbox"/> GR	30
11 School <input checked="" type="checkbox"/> Child Care <input type="checkbox"/>	11	12/1	4	Syngenta Advion Antigel	100-1498	3 <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input checked="" type="checkbox"/> GR	10
Spermann Middle 365 kmbl School <input type="checkbox"/> Child Care <input type="checkbox"/>	11	2/9	18	Dow agro Dimension	62719-542	2 <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input checked="" type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	30
Summerdale Elem. 1100 Summerdale School <input type="checkbox"/> Child Care <input type="checkbox"/>	11	9/24	2	Turfion Monterey HC	17545-8	.5 <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input checked="" type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	30
11 School <input type="checkbox"/> Child Care <input type="checkbox"/>	11	6/1	10	Dow agro Sci Deminon	627-19-542	2.5 <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input checked="" type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	30

Use this form to report ONLY pesticide applications made by employees and unlicensed persons at schools and child care centers. DO NOT report pesticide use by pest management professionals contracted to apply pesticides at school sites. They will report their own use. Report must be submitted no later than January 30th of the year following the year of use to:
School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

2015-03920

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD CARE CENTER EMPLOYEES

STATE OF CALIFORNIA
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APPLICATION YR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE / CERTIFICATE NUMBER (optional)				
2015	Linda Thomas						
REPORT PREPARED BY: _____							
E-MAIL ADDRESS: _____							
CITY: _____							
PHONE NUMBER: _____							
Name & Address AND Specify if School or Child Care Center OR School CDS # (Child Care Center #)	County	Date & Time Application Completed	Location Code (# or name from list on back)	Manufacturer & Name of Product Applied	EPA/California Registration Number from Label	Amount Used (and check one unit of measure)	Pest Control Code (from list on back)
Ruskin Elem <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	Santa Clara	9/1	4	DORANT Admion Insect granules	9148-AZ-001	<input checked="" type="checkbox"/> 4 LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT (Vol) (wt) (L) (GR)	30
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	11	9/9	4	BAYER may force complete	432-1255	<input checked="" type="checkbox"/> 4 LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT (Vol) (wt) (L) (GR)	30
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	11	9/29	1	BAYER SUSPEND	432-763	<input checked="" type="checkbox"/> 4 LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT (Vol) (wt) (L) (GR)	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	11	10/1	6	BASF 565 plus R20	469-290	<input checked="" type="checkbox"/> 20 LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT (Vol) (wt) (L) (GR)	10
11 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	11	10/26	18	Monsanto Roundup Pro Max	524-579	<input checked="" type="checkbox"/> 3 LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT (Vol) (wt) (L) (GR)	30

Use this form to report ONLY pesticide applications made by employees and unlicensed persons at schools and child care centers.
DO NOT report pesticide use by pest management professionals contracted to apply pesticides at school sites. They will report their own use.
Report must be submitted no later than January 30th of the year following the year of use to:
School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

2015-03924 and -03923

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD CARE CENTER EMPLOYEES

STATE OF CALIFORNIA
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PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YR	SCHOOL DESIGNEE (PPM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE /CERTIFICATE NUMBER (optional)
2015	Kenda Thomas	Beryessa Un. Sch. Dist	
REPORT PREPARED BY: L Thomas		E-MAIL ADDRESS: Lthomasp@bdsd.net	CITY: SJ
Name & Address AND Specify if School or Child Care Center OR School CDS # /Child Care Center #		MANUFACTURER & NAME OF PRODUCT APPLIED	AMOUNT USED (and check one unit of measure)
Sumnerdale Elementary 1100 Sumnerdale Dr San Jose, CA	Santa Clara	Roundup Pro Max Monsanto TYPE: NON Monterey Ag	1/2 PT
11	4/22	8	499-370
11	6/1	10	524-579
11	9/1	14	499-580
11	9/10	4	499-550

Use this form to report ONLY pesticide applications made by employees and unlicensed persons at schools and child care centers. DO NOT report pesticide use by pest management professionals contracted to apply pesticides at school sites. They will report their own use. Report must be submitted no later than January 30th of the year following the year of use to: School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

2015-03923

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD CARE CENTER EMPLOYEES

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PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE / CERTIFICATE NUMBER (optional)
2015	Linda Thomas	BUSD	
REPORT PREPARED BY: L Thomas		E-MAIL ADDRESS	PHONE NUMBER
Name & Address AND Specify if School or Child Care Center OR School CDS # / Child Care Center #		County	Date & Time Application Completed
Summer date Elem	Santa Clara	11/2	6
11	11/16	10	Monsanto Roundup Pro Max Dow Agro Sci D. Monsion
			432-763
			524-579 ✓ 68719-542 ✓
			Amount Used (and check one unit of measure)
			8
			7
			33
			10

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School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

2015-03927 4-03925

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD CARE CENTER EMPLOYEES

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APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE /CERTIFICATE NUMBER (optional)				
2015	Jurda Thomas						
REPORT PREPARED BY:		E-MAIL ADDRESS	PHONE NUMBER				
CITY							
Name & Address AND Specify if School or Child Care Center OR School CDS # (Child Care Center #)	County	Date & Time Application Completed	Location Code (# or name from list on back)	Manufacturer & Name of Product Applied	EPA/California Registration Number from Label	Amount Used (and check one unit of measure)	Pest Control Code (from list on back)
Sierra Mont Middle Sch	Santa Clara	8/28	4	BASF wasp freeze	499-550	3 <input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> (vol) <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	30
11	11	9/1	4	DUPONT Advion Granules	9198-AL-001	4 <input type="checkbox"/> LB <input checked="" type="checkbox"/> OZ <input type="checkbox"/> (vol) <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	30
11	11	9/8	11	Sygenta Advion ant gel	100-7498	6 <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> (vol) <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> PT <input type="checkbox"/> QT <input checked="" type="checkbox"/> GR	10
11	11	9/15	4	BASF wasp freeze	499-550	16 <input type="checkbox"/> LB <input checked="" type="checkbox"/> OZ <input type="checkbox"/> (vol) <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	30
11	11	10/2	6	BASF Gels plus XL	499-290	8 <input type="checkbox"/> LB <input checked="" type="checkbox"/> OZ <input type="checkbox"/> (vol) <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	70

Use this form to report ONLY pesticide applications made by employees and unlicensed persons at schools and child care centers. DO NOT report pesticide use by pest management professionals contracted to apply pesticides at school sites. They will report their own use. Report must be submitted no later than January 30th of the year following the year of use to: School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

2015-03925

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD CARE CENTER EMPLOYEES

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APPLICATION YR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE / CERTIFICATE NUMBER (optional)
2015	Andra Thomas	BUSD	
REPORT PREPARED BY: L Thomas		E-MAIL ADDRESS: LThomas@busd.net	CITY: San Jose
PHONE NUMBER: 833-8224			

Name & Address AND Specify if School or Child Care Center OR School CDS # / Child Care Center #	County	Date & Time Application Completed	Location Code (# or name from list on back)	Manufacturer & Name of Product Applied	EPA/California Registration Number from Label	Amount Used (and check one unit of measure)	Pest Control Code (from list on back)
SIEKRAMONT MIDDLE	Santa Clara	2/9/15	18	Monsanto - Roundup Pro Max Dimension	524-579 62719-542	42 LB <input checked="" type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR <input type="checkbox"/>	30
3155 Kimlee San Jose, CA 95132	11	5/19	1	Bayer - Avenge	432-263	10 LB <input checked="" type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR <input type="checkbox"/>	10
11	11	4/30	18	Monsanto - Roundup Pro Max	524-579	4 LB <input checked="" type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR <input type="checkbox"/>	30
11	11	6/22	4	Disport Advisor insect granules	9198-AL-001	4 LB <input checked="" type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR <input type="checkbox"/>	30
11	11	7/1	18	Monsanto Roundup Pro Max	524-579	4 LB <input checked="" type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR <input type="checkbox"/>	30

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PESTICIDE USE REPORTING FOR SCHOOL AND CHILD CARE CENTER EMPLOYEES

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DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR		SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE /CERTIFICATE NUMBER (optional)
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY	PHONE NUMBER
Name & Address AND Specify if School or Child Care Center OR School CDS # /Child Care Center #	Security	Date & Time Application Completed	Location Code (# or name from list on back)	Manufacturer & Name of Product Applied
				EPA/California Registration Number from Label
				Amount Used (and check one unit of measure)
				Pest Control Code (from list on back)

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2015-04040 and -04039

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD CARE CENTER EMPLOYEES

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DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YR 2015		SCHOOL DESIGNEE (IPM COORDINATOR) Linda Thomas		DISTRICT/CENTER NAME		LICENSE/CERTIFICATE NUMBER (optional)	
REPORT PREPARED BY: L Thomas				E-MAIL ADDRESS		CITY	
Name & Address AND Specify if School or Child Care Center OR School CDS # /Child Care Center #				County		Date & Time Application Completed	
Location Code (# or name from list on back)				Manufacturer & Name of Product Applied		EPA/California Registration Number from Label	
Amount Used (and check one unit of measure)				Pest Control Code (from list on back)			
<input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care				<input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care			
<input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care				<input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care			
<input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care				<input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care			
<input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care				<input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care			
<input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care				<input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care			

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2015-04039

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD CARE CENTER EMPLOYEES

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PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YR	SCHOOL DESIGNEE (JPM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE /CERTIFICATE NUMBER (optional)				
2015	Linda Thomas	Bernessa Union Sch Dist					
REPORT PREPARED BY: L Thomas		EMAIL ADDRESS: LThomas@hsd.net	PHONE NUMBER: 833-8224				
CITY: 55							
Name & Address AND Specify if School or Child Care Center OR School CDS # /Child Care Center #	County	Date & Time Application Completed	Location Code (# or name from list on back)	Manufacturer & Name of Product Applied	EPA/California Registration Number from Label	Amount Used (and check one unit of measure)	Pest Control Code (from list on back)
TOYON Elem. 9458 ARD St, San Jose, CA	Santa Clara	3/10/15	10	monsanto Roundup Pro Max	524-579	1/2 <input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	30
95127	11	4/10	6	BAYER Suspend	432-743	1/2 <input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	10
11	11	4/14	10	BAYER Finale	432-1229	1/2 <input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	30
11	11	4/28	10	11	11	3 <input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	30
11	11	4/30	6	Bayer Suspend	432-763	1/2 <input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	10

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School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

2015-04043

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD CARE CENTER EMPLOYEES

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DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE / CERTIFICATE NUMBER (optional)				
2015	Linda Thomas	BOSD					
REPORT PREPARED BY: L Thomas							
E-MAIL ADDRESS							
CITY							
PHONE NUMBER							
Name & Address AND Specify if School or Child Care Center OR School CDS # / Child Care Center #	County	Date & Time Application Completed	Location Code (# or name from list on back)	Manufacturer & Name of Product Applied	EPA/California Registration Number from Label	Amount Used (and check one unit of measure)	Pest Control Code (from list on back)
Tuyen Elem	S. Clara	9/15	10	Monsanto Roundup Pro Max	524-579	4	30
CL	"	9/15	10	Dow Agro Sci Dimension	62719-542	4	30
CL	"	9/18	10	Monsanto Roundup Pro Max	524-579	1/2	30
11	"	12/2	10	Monsanto Roundup Pro Max	524-579	2	30

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APPLICATION YEAR		SCHOOL DESIGNEE (IPM COORDINATOR)		DISTRICT/CENTER NAME		LICENSE /CERTIFICATE NUMBER (optional)			
REPORT PREPARED BY:				E-MAIL ADDRESS		CITY			
Name & Address AND/Specify if School or Child Care Center OR School CDS # /Child Care Center #				County	Date & Time Application Completed	Location Code (# or name from list on back)	Manufacturer & Name of Product Applied		
				EPA/California Registration Number from Label	Amount Used (and check one unit of measure)	Pest Control Code (from list on back)			
<div> <input type="checkbox"/> School <input type="checkbox"/> Child Care </div>								<div> <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR </div>	
<div> <input type="checkbox"/> School <input type="checkbox"/> Child Care </div>								<div> <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR </div>	
<div> <input type="checkbox"/> School <input type="checkbox"/> Child Care </div>								<div> <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR </div>	
<div> <input type="checkbox"/> School <input type="checkbox"/> Child Care </div>								<div> <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR </div>	

School Pesticide Use Reporting, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

2015-04046 and -04044

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD CARE CENTER EMPLOYEES

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PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE /CERTIFICATE NUMBER (optional)
REPORT PREPARED BY: <u>CThones</u>		EMAIL ADDRESS	PHONE NUMBER
Name & Address AND Specify if School or Child Care Center OR School CDS # /Child Care Center #		County	Date & Time Application Completed
Vinci Park Elem	School <input type="checkbox"/> Child Care <input checked="" type="checkbox"/>	S. Clara	8/6/29
Location Code (# or name from list on back)	Manufacturer & Name of Product Applied	EPA/California Registration Number from Label	Amount Used (and check one unit of measure)
8	mark ONslaught	1021-257M	1 L
1+6	bayer suspend	432-763	18
8	BASF PT wasp freeze	499-550	16
4	bayer maxforce complete	432-1255	10
4	BASF PT wasp freeze	499-550	8
11	School <input checked="" type="checkbox"/> Child Care <input type="checkbox"/>	11	8/28
11	School <input checked="" type="checkbox"/> Child Care <input type="checkbox"/>	11	7/9
11	School <input checked="" type="checkbox"/> Child Care <input type="checkbox"/>	11	8/28

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PEST MANAGEMENT & LICENSING BRANCH

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DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR		SCHOOL DESIGNEE (IPM COORDINATOR)		DISTRICT/CENTER NAME		LICENSE / CERTIFICATE NUMBER (optional)	
REPORT PREPARED BY:				E-MAIL ADDRESS		CITY	
PHONE NUMBER							
Name & Address AND Specify if School or Child Care Center OR School CDS # / Child Care Center #		County	Date & Time Application Completed	Location Code (if or name from list on back)	Manufacturer & Name of Product Applied	EPA/California Registration Number (from Label)	Amount Used (and check one unit of measure)
<input type="checkbox"/> School <input type="checkbox"/> Child Care							<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR
<input type="checkbox"/> School <input type="checkbox"/> Child Care							<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR
<input type="checkbox"/> School <input type="checkbox"/> Child Care							<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR
<input type="checkbox"/> School <input type="checkbox"/> Child Care							<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR
<input type="checkbox"/> School <input type="checkbox"/> Child Care							<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR
<input type="checkbox"/> School <input type="checkbox"/> Child Care							<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR

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 Department of Pesticide Regulation
 P.O. Box 4015
 Sacramento, CA 95812-4015

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