

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 (IPM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE /CERTIFICATE NUMBER (optional)				
2015	Bill Tronson	Oroville Union High School District	NA				
REPORT PREPARED BY:			E-MAIL ADDRESS	CITY	PHONE NUMBER		
[REDACTED]			btronson@ouhsd.org	Oroville	539 624 9109		
Name & Address AND Specify if School/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)
04 61515 000000 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	BUTTE	11/20/15 12:00	2,10	MONSANTO CO RANGER PRO	524-517	50 <input type="checkbox"/> LB <input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <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	30
04 61515 000000 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	BUTTE	11/24/15 12:00	2,10	BASF PENDULUM	241-416	50 <input type="checkbox"/> LB <input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <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	30
04 61515 000000 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	BUTTE	12/2/15 11:00	8	MONSANTO CO RANGER PRO	524-517	60 <input type="checkbox"/> LB <input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <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	30
04 61515 000000 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	BUTTE	11/2/15 11:00	8	QUALI-PRO CHAZALIN 4 PRO	72167-15-73220	60 <input type="checkbox"/> LB <input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <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	30
04 61515 000000 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	BUTTE	12/30/15	10	BASF PENDULUM	241-416	70 <input type="checkbox"/> LB <input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <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	30

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APPLICATION YR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE / CERTIFICATE NUMBER (optional)	CITY	PHONE NUMBER		
2015	Bill Tronson	Oroville Union High School District	NA	Oroville	539 624 9109		
REPORT PREPARED BY: S. TRONSON		E-MAIL ADDRESS btronson@ouhsd.org					
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)
04 61515 000000	BUTTE	8/6/15 11:00	10	MONSANTO CO LANCER PRO	524-517	36 <input checked="" type="checkbox"/> OZ (Vol.) <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GA ML KG L	30
04 61515 000000	BUTTE	9/15/15 10:00	2, 10	MONSANTO CO LANCER PRO	524-517	70 <input checked="" type="checkbox"/> OZ (Vol.) <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GA ML KG L	30
04 61515 000000	BUTTE	10/16/15 12:00	2	BASF CORP FENRULUM	241-416	36 <input checked="" type="checkbox"/> OZ (Vol.) <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GA ML KG L	30
04-61515 000000	BUTTE	11/6/15 10:30	2, 10	QUAH PRO ORZAN 4 PRO	72167-15-73220	48 <input checked="" type="checkbox"/> OZ (Vol.) <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GA ML KG L	30
04 61515 000000	BUTTE	11/6/15 10:30	2, 10	MONSANTO CO LANCER PRO	524-517	45 <input checked="" type="checkbox"/> OZ (Vol.) <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GA ML KG L	

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2015	Bill Tronson	Oroville Union High School District	NA	Oroville	539 624 9109		
REPORT PREPARED BY:		E-MAIL ADDRESS btronson@ouhsd.org					
Name & Address AND Specify if School or Child Care Center 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)
04-61515 000000	BUTTE	5/22/15 11:00	10	MONSIEUR CO RANGER PRO	524-517	40 <input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ (vol) <input type="checkbox"/> OZ (wt) <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GA <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	30
04-61515 000000	BUTTE	6/16/15 10:30	2, 10	MONSIEUR CO RANGER PRO	524-517	25 <input type="checkbox"/> LB <input type="checkbox"/> OZ (vol) <input type="checkbox"/> OZ (wt) <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GA <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	30
04-61515 000000	BUTTE	6/26/15 11:00	8	MUFARM TAHOE 4E	2259-517	60 <input type="checkbox"/> LB <input type="checkbox"/> OZ (vol) <input type="checkbox"/> OZ (wt) <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GA <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	30
04-61515 000000	BUTTE	7/24/15 10:00	2, 10	MONSIEUR CO RANGER PRO	524-517	45 <input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ (vol) <input type="checkbox"/> OZ (wt) <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GA <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	30
04-61515 000000	BUTTE	8/16/15 09:00	2	PEL/BOASIN Q4	2217-930	25 <input type="checkbox"/> LB <input type="checkbox"/> OZ (vol) <input type="checkbox"/> OZ (wt) <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GA <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	30

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2015	Bill Tronson	Oroville Union High School District	NA	Oroville	539 624 9109		
REPORT PREPARED BY:		E-MAIL ADDRESS btronson@ouhisd.org					
Name & Address AND Specify if School/Child Care Center OR School/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)
04 61515 000000	Butte	3/20/15 12:00	2	PBI / GARDON GR4	2217-835	<input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> LB <input type="checkbox"/> GA <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
04 61515 000000	Butte	3/20/15 12:00	2, 10	MONSANTO RANGER PRO	524-517	<input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> LB <input type="checkbox"/> GA <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
04 61515 000000	Butte	4/17/15 11:00	2, 10	PBI / GARDON SPREZZON	2217-835	<input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> LB <input type="checkbox"/> GA <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
04 61515 000000	Butte	5/11/15 12:00	2, 10	MONSANTO RANGER PRO	524-517	<input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> LB <input type="checkbox"/> GA <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
04 61515 000000	Butte	5/15/15 10:00	10	PBI / GARDON EMBARK	2217-768	<input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> LB <input type="checkbox"/> GA <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

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APPLICATION YR.		SCHOOL DESIGNEE (IPM COORDINATOR)		DISTRICT/CENTER NAME		LICENSE / CERTIFICATE NUMBER (optional)		
2015		Bill Tronson		Oroville Union High School District		NA		
REPORT PREPARED BY:				E-MAIL ADDRESS		PHONE NUMBER		
[Redacted]				btronson@ouhsd.org		539 624 9109		
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)
04 61515 000000		BUTTE	1/15/15 12:00	2, 10	MONSANTO CO RANGER 800	524-517	72 <input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	30
04 61515 000000		BUTTE	1/16/15 11:00	8	QUALIC-PRO CRYZALIN 400	7216715-73220	433 <input type="checkbox"/> LB <input type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	30
04 61515 000000		BUTTE	1/20/15 11:00	2, 10	MONSANTO CO RANGER 800	524-517	36 <input type="checkbox"/> LB <input type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	30
04 61515 000000		BUTTE	2/17/15 12:00	10	FAI/GARDON CAP SPEEDZONE	2217-835	20 <input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	30
04 61515 000000		BUTTE	2/20/15	2, 10	MONSANTO CO RANGER 800	524-517	64 <input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	30

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APPLICATION YR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE / CERTIFICATE NUMBER (optional)	PHONE NUMBER			
2015	Bill Tronson	Oroville Union High School District	NA	539 624 9109			
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY				
		btronson@ouhdsd.org	Oroville				
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)
HARRISON STADIUM 1800 MITCHELL <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	BUTTE	3/13/15 8:00 AM	10	Monsanto Ranger Pro	524-517	70 <input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	30
HARRISON STADIUM 1800 MITCHELL <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	BUTTE	5/8/15 7:00 AM	10	Monsanto Ranger Pro	524-517	70 <input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	30
HARRISON STADIUM 1800 MITCHELL <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	BUTTE	11/6/15 11:00 AM	210	Monsanto Ranger Pro	524-517	5 <input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	30

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APPLICATION YR: 2015
SCHOOL DESIGNEE (IPM COORDINATOR): Bill Tronson
DISTRICT/CENTER NAME: Oroville Union High School District
LICENSE/CERTIFICATE NUMBER (optional): NA
REPORT PREPARED BY: [Redacted]

E-MAIL ADDRESS: btronson@ouhsd.org
CITY: Oroville
PHONE NUMBER: 539 624 9109

Name & Address AND Specify if School/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 Prospect High School 2060 2nd Street	BUTTE	2/6/15 8:00 AM	10	Monsanto Ranger Pro	524-517	<input checked="" type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR 10	30
<input checked="" type="checkbox"/> School Prospect High School 2060 2nd Street	BUTTE	3/20/15 8:30 AM	2-10	Monsanto Ranger Pro	524-517	<input checked="" type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR 10	30
<input checked="" type="checkbox"/> School Prospect High School 2060 2nd Street	BUTTE	5/15/15 6:00 AM	2-10	Monsanto Ranger Pro	524-517	<input checked="" type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR 4	30
<input checked="" type="checkbox"/> School Prospect High School 2060 2nd Street	BUTTE	9/4/15 6:30 AM	10	Monsanto Ranger Pro	524-517	<input checked="" type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR 10	30
<input checked="" type="checkbox"/> School Prospect High School 2060 2nd Street	BUTTE	11/13/15 7:30 AM	10	Monsanto Ranger Pro	524-517	<input checked="" type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR 8	30

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2015	Bill Tronson	Oroville Union High School District	NA	539 624 9109			
REPORT PREPARED BY:		CITY Oroville					
E-MAIL ADDRESS btronson@ouhbsd.org							
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 CDS# 04-6151504803	Butte	1-2-2015 11:30 AM	#2	Monsanto Company Ranger PRO	No. 524-517	200 <input checked="" type="checkbox"/> OZ (Vol) <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L	30
<input checked="" type="checkbox"/> School CDS# 04-6151504803	Butte	1-9-2015 11:30	#2	Monsanto Company Ranger PRO	No. 524-517	150 <input checked="" type="checkbox"/> OZ (Vol) <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L	30
<input checked="" type="checkbox"/> School CDS# 04-6151504803	Butte	1-23-2015 11:30	#2	Monsanto Company Ranger PRO	No. 524-517	100 <input checked="" type="checkbox"/> OZ (Vol) <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L	30
<input checked="" type="checkbox"/> School CDS# 04-615104803	Butte	2-17-2015 11:30	#2	Monsanto Company Ranger PRO	No. 524-517	250 <input checked="" type="checkbox"/> OZ (Vol) <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L	30
<input checked="" type="checkbox"/> School CDS# 04-615104803	Butte	2-19-2015 11:30	#2	Monsanto Company Ranger PRO	No. 524-517	150 <input checked="" type="checkbox"/> OZ (Vol) <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L	30

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REPORT PREPARED BY:		E-MAIL ADDRESS		CITY	PHONE NUMBER		
		btronson@ouhsd.org		Oroville	539 624 9109		
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)	Past Control Code (from list on back)
04-6151504803 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	Butte	2-19-2015 AM 11:30	#2	Monsanto Company Ranger PRO	No. 524-517	100 <input type="checkbox"/> LB <input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <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	30
04-6151504803 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	Butte	2-27-2015 AM 11:30	#2 #10	Monsanto Company Ranger PRO	No. 524-517	10 <input type="checkbox"/> LB <input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <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	30
04-6151504803 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	Butte	3-6-2015 11:00 AM	#2	Monsanto Company Ranger PRO	No. 524-517	100 <input type="checkbox"/> LB <input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <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	30
04-6151504803 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	Butte	4-1-2015 11:30 AM	#10	Monsanto Company Ranger PRO	No. 524-517	8 <input type="checkbox"/> LB <input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <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	30
04-6151504803 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	Butte	4-1-2015 11:30	#2	PBI - Gordon's Corp. Q4 Plus	EPA # No. 2217-930	64 <input type="checkbox"/> LB <input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <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	30

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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 DISTRICT (IPM COORDINATOR)	DISTRICT CENTER NAME	LICENSE / CERTIFICATE NUMBER (optional)	CITY	PHONE NUMBER	E-MAIL ADDRESS
2015	Bill Tronson	Oroville Union High School District	NA	Oroville	539 624 9109	btronson@ouhsd.org
REPORT PREPARED BY:						
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)
<input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care CDS # 04-615104803	BUTTE	4-2-15	#2	PBI-Gordon's Corp Q4 Plus	EPA # no. 2217-930	<input checked="" type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR 12.8
<input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care 04-615104803	BUTTE	4-24-2015 11:30 AM	#2	Monsanto Company Ranger PRO	no. 524-517	<input checked="" type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR 30
<input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care 04-6151504803	BUTTE	5-22-2015 11:00 AM	#2	Monsanto Company Ranger PRO	no. 524-517	<input checked="" type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR 250
<input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care 04-6151504803	BUTTE	7-4-15 11:00 AM	#2	Monsanto Company Ranger PRO	no. 524-517	<input checked="" type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR 30
<input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care 04-6151504803	BUTTE	7-4-15 11:00 AM	#2	PBI-Gordon's Corp Q4 Plus	no. 2217-970	<input checked="" type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR 6.9

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PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE / CERTIFICATE NUMBER (optional)	PHONE NUMBER			
2015	[REDACTED]	Oroville Union High School District	NA	539 624 9109			
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY				
[REDACTED]		btronson@ouhsd.org	Oroville				
Name & Address AND Specify if School/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)
04-6151504803 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	Butte	7-16-15 2:30pm	#2	Monsanto Company Ranger PRO	no 524-517	50 <input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	30
04-6151504803 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	Butte	7-16-2015 2:30pm	#8	PBI-Gordon Q4 PLUS	no. 2217 - 930	50 <input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	30
04-6151504803 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	Butte	7-17-15 10:00am	#10	Monsanto Company Ranger PRO	no-524-517	50 <input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	30
04-6151504803 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	Butte	8-4-2015 10:00am	#10	Monsanto Company Ranger PRO	no-524-517	50 <input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	30
04-6151504803 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	Butte	8-28-15 11:30	#2	Monsanto Company Ranger PRO	no-524-517	50 <input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	30

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

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APPLICATION YR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE / CERTIFICATE NUMBER (optional)	PHONE NUMBER			
2015	[REDACTED]	Oroville Union High School District	NA	539 624 9109			
REPORT PREPARED BY:		E-MAIL ADDRESS bttrnson@ouhsd.org					
CITY Oroville		CITY Oroville					
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)
04-6151504803 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	Butte	10-9-15 10:00 AM	#2	PBI-Gordon's Carbonyl Q4 Plus	no. 2217-970 no. 524-517	100 <input checked="" type="checkbox"/> OZ (Vol) <input type="checkbox"/> OZ (Wt) <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> L <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> GR	30
04-6151504803 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	Butte	10-10-15 10:00	#10	Monsanto Company Ranger PRO	no. 524-517	10 <input checked="" type="checkbox"/> OZ (Vol) <input type="checkbox"/> OZ (Wt) <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> L <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> GR	30
04-6151504803 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	Butte	11-13-15 11:00 AM	#10 #2	Monsanto Company Ranger PRO	no. 524-517	200 <input checked="" type="checkbox"/> OZ (Vol) <input type="checkbox"/> OZ (Wt) <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> L <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> GR	30
04-615104807 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	Butte	11-13-15 11:00 AM	#2	BASF Corporation Pendulum	EPA Reg. no. 241-416	200 <input checked="" type="checkbox"/> OZ (Vol) <input type="checkbox"/> OZ (Wt) <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> L <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> GR	30
04-615104803 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	Butte	11-23-15 12:00 PM	#2	Monsanto Company Ranger PRO	no. 524-517	300 <input checked="" type="checkbox"/> OZ (Vol) <input type="checkbox"/> OZ (Wt) <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> L <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> GR	30

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 PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE / CERTIFICATE NUMBER (optional)	PHONE NUMBER			
2015	[REDACTED]	Oroville Union High School District	NA	539 624 9109			
REPORT PREPARED BY: [REDACTED]							
E-MAIL ADDRESS btanson@ouhsd.org							
CITY Oroville							
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)
04-6151504803 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	Butte	11-25-15 12:00 PM	TF 2	QUALI-PRO Oryzalin 4 Pro	Reg # 72167-15-73220	300 <input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <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

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APPLICATION YR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE/CERTIFICATE NUMBER (optional)	PHONE NUMBER			
2015	[Redacted]	Oroville Union High School District	NA	539 624 9109			
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY				
[Redacted]		btronson@ouhsd.org	Oroville				
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)
046515 0435602	BUTTE	1/19/17 11:30	2/10	MONSANTO CO LAWBER PRO	524-517	72 <input checked="" type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> OZ (Vol.) <input type="checkbox"/> OZ (Wt.) <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> L <input type="checkbox"/> GR	30
046515 0435602	BUTTE	1/19/17 11:30	2/10	BASF PENDULIN	241-416	48 <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> OZ (Vol.) <input type="checkbox"/> OZ (Wt.) <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> L <input type="checkbox"/> GR	30
046515 0435602	BUTTE	1/19/17 11:30	2/10	QUALI-PRO ORYZALIN 4	66222-207	24 <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> OZ (Vol.) <input type="checkbox"/> OZ (Wt.) <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> L <input type="checkbox"/> GR	30
046515 0435602	BUTTE	4/20/17 9:30	2/10	MONSANTO CO RANGER PRO	524-517	60 <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> OZ (Vol.) <input type="checkbox"/> OZ (Wt.) <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> L <input type="checkbox"/> GR	30
046515 0435602	BUTTE	4/20/17 9:30	2/10	NUFARM TAHOE 4E	229-517	48 <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> OZ (Vol.) <input type="checkbox"/> OZ (Wt.) <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> L <input type="checkbox"/> GR	3

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TYPES OF PEST CONTROL CODES:

Code 10 - Structural Pest Control..... Includes pest control work performed within or on buildings or other structures, not including vertebrate pest control
 Code 30 - Landscape Maintenance Pest Control..... Includes pest control work performed on landscape plantings around buildings, not including vertebrate pest control
 Code 80 - Vertebrate Pest Control..... Includes pest control work in school buildings or landscapes for managing vertebrates such as rats, mice, gophers, and ground squirrels

LOCATION CODES:

- | | | | | |
|-----------------------|---|------------------------|----------------------|----------------------------|
| 1 Administration Bldg | 5 Cafeteria/Kitchen | 9 Landscape (Indoor) | 12 Locker Room | 16 Restroom |
| 2 Athletic Field | 6 Classroom | 10 Landscape (outdoor) | 13 Multipurpose Room | 17 Vehicle |
| 3 Auditorium | 7 Gymnasium | 11 Library | 14 Playground | 18 Multiple Locations |
| 4 Bldg, Exterior | 8 Hardscape (parking lot, sidewalk, etc.) | | 15 Pool | 19 Other (Please indicate) |

Notes for recordkeeping (this section is optional and can be used for your recordkeeping needs)

Reasons for application (required for Healthy Schools Act (HSA) recordkeeping).

Application 1:

WEED CONTROL

Application 2:

WEED CONTROL

Application 3:

WEED CONTROL

Application 4:

WEED CONTROL

Application 5:

WEED CONTROL

This form, when filled out completely, can be used as the pesticide use record required under the HSA.

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PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YR. 2015		SCHOOL DESIGNEE (IPM COORDINATOR)		DISTRICT/CENTER NAME		LICENSE / CERTIFICATE NUMBER (optional)		
		Oroville Union High School District		NA				
REPORT PREPARED BY:		E-MAIL ADDRESS		CITY		PHONE NUMBER		
		bttronson@ouhdsd.org		Oroville		539 624 9109		
Name & Address AND Specify if School/Child Care Center	School/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)
CDS# 04-6151504803	<input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	Butte	1-15-2016 11:00 AM	#2	QUALI-PRO Oryzalin 4 PRO	Res# 72167-15-73220	100 <input checked="" type="checkbox"/> OZ (Vol.) <input type="checkbox"/> OZ (Wt.) <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	30
CDS# 04-6151504803	<input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	Butte	1-15-2016 11:00 AM	#2	MONSANTO Company Ranger PRO	NO-524-517	50 <input checked="" type="checkbox"/> OZ (Vol.) <input type="checkbox"/> OZ (Wt.) <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	30
CDS# 04-6151504803	<input type="checkbox"/> School <input type="checkbox"/> Child Care	Butte	2-5-16 11:00 AM	#2	MONSANTO Company Ranger PRO	NO-524-517	50 <input checked="" type="checkbox"/> OZ (Vol.) <input type="checkbox"/> OZ (Wt.) <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	30
CDS# 04-6151504803	<input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	Butte	2-5-16 11:30 AM	#2	QUALI-PRO Oryzalin 4 PRO	Res# 72167-15-73220 Res# 72167-15-73220	50 <input checked="" type="checkbox"/> OZ (Vol.) <input type="checkbox"/> OZ (Wt.) <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	30
CDS# 04-6151504803	<input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	Butte	2-9-16 2:00 PM	#2	QUALI-PRO Oryzalin PRO	Res# 72167-15-73220 Res# 72167-15-73220	100 <input checked="" type="checkbox"/> OZ (Vol.) <input type="checkbox"/> OZ (Wt.) <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	30

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APPLICATION YR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE / CERTIFICATE NUMBER (optional)	PHONE NUMBER			
2016	[REDACTED]	Oroville Union High School District	NA	539 624 9109			
REPORT PREPARED BY: [REDACTED]		E-MAIL ADDRESS	CITY				
		btronson@ouhsd.org	Oroville				
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)
CDS # 04-6151504803	BUTT	2-9-16 2:00 PM	#2	Monsanto Compey Ranger PRO	NO-524-517	<input checked="" type="checkbox"/> LB <input type="checkbox"/> GA <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
04-6151504803	BUTT	2-26-16	#2	Monsanto Compey Ranger PRO	NO-524-517	<input checked="" type="checkbox"/> LB <input type="checkbox"/> GA <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
04-6151504803	BUTT	4-8-16 10:00 AM	#2	Monsanto Compey Ranger PRO	NO-524-517	<input checked="" type="checkbox"/> LB <input type="checkbox"/> GA <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
04-6151504803	BUTT	4-8-16 10:00 AM	#2	BASF competition PENDULIUM	EPA Reg No 241-416	<input checked="" type="checkbox"/> LB <input type="checkbox"/> GA <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
04-6151504803	BUTT	5-27-16 11:00 AM	#2	Monsanto Compey Ranger PRO	NO-524-517	<input checked="" type="checkbox"/> LB <input type="checkbox"/> GA <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

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APPLICATION YR.	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE / CERTIFICATE NUMBER (optional)	PHONE NUMBER			
2016	[REDACTED]	Oroville Union High School District	NA	539 624 9109			
REPORT PREPARED BY: [REDACTED]							
E-MAIL ADDRESS: btronson@ouhisd.org							
CITY: Oroville							
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)
046151504803 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	Butte	5-27-16 11:00 AM	# 2	BASF Compostal FENDULIN	EPA Reg No. 241-416	50 <input checked="" type="checkbox"/> OZ (Vol.) <input type="checkbox"/> OZ (Wt.) <input type="checkbox"/> ML <input type="checkbox"/> L <input type="checkbox"/> KG <input type="checkbox"/> GR	30
046151504803 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	Butte	5-27-16 11:00 AM	# 2	UNITED PHOSPHORUS SUFFLAD	EPA Reg No. 70506-44	100 <input checked="" type="checkbox"/> OZ (Vol.) <input type="checkbox"/> OZ (Wt.) <input type="checkbox"/> ML <input type="checkbox"/> L <input type="checkbox"/> KG <input type="checkbox"/> GR	30
046151504803 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	Butte	6-24-16 6:00 AM	# 2	MONSANTO Ranger PRO	No. 524-517	60 <input checked="" type="checkbox"/> OZ (Vol.) <input type="checkbox"/> OZ (Wt.) <input type="checkbox"/> ML <input type="checkbox"/> L <input type="checkbox"/> KG <input type="checkbox"/> GR	30
046151504803 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	Butte	7-7-2016 6:00 AM	# 2	MONSANTO Ranger PRO	No. 524-517	10 <input checked="" type="checkbox"/> OZ (Vol.) <input type="checkbox"/> OZ (Wt.) <input type="checkbox"/> ML <input type="checkbox"/> L <input type="checkbox"/> KG <input type="checkbox"/> GR	30
046151504803 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	Butte	7-22-16 6:00 AM	# 2	MONSANTO Ranger PRO	No. 524-517	10 <input checked="" type="checkbox"/> OZ (Vol.) <input type="checkbox"/> OZ (Wt.) <input type="checkbox"/> ML <input type="checkbox"/> L <input type="checkbox"/> KG <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

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD CARE CENTER EMPLOYEES

APPLICATION YR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE / CERTIFICATE NUMBER (optional)	NA	CITY	PHONE NUMBER	
2016	[REDACTED]	Oroville Union High School District			Oroville	539 624 9109	
REPORT PREPARED BY: [REDACTED] E-MAIL ADDRESS: btronson@ouhdsd.org							
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)
CPS # 04-6151504803	Butte	11-4-16 11:00 AM	#2	Monsanto Company Ranger Pro	NO. 524-517	1.50 <input checked="" type="checkbox"/> Vol. <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L	30
CPS # 04-6151504803	Butte	11-4-16 11:00 AM	#2	Quall Pro Onzain 4 Pro	Reg-72167-15-73220	1.50 <input checked="" type="checkbox"/> Vol. <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L	30
CPS # 04-6151504803	Butte	11-21-16 11:30 AM	#2	Quall Pro Onzain 4 Pro	Reg-72167-15-73220	2.50 <input checked="" type="checkbox"/> Vol. <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L	30
CPS # 04-6151504803	Butte	11-21-16 11:30 AM	#2	Monsanto Company Ranger Pro	NO. 524-517	2.50 <input checked="" type="checkbox"/> Vol. <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L	30
CPS # 04-6151504803	Butte	12-29-16 11:30 AM	#2	Quall Pro Onzain 4 Pro	Reg-72167-15-73220	3.00 <input checked="" type="checkbox"/> Vol. <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> 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.
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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

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)	PHONE NUMBER			
2016	[REDACTED]	Oroville Union High School District	NA	539 624 9109			
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY				
		btronson@ouhbsd.org	Oroville				
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)
04-61515-04803 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	Butte	12-28-16 11:30 AM	#2	MORSONITO Company Badger Pro	NO-524-5A	<input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	30
						<input type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	
						<input type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	
						<input type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	
						<input type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> LB <input type="checkbox"/> GA <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.
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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

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)	CITY	PHONE NUMBER		
2016	[REDACTED]	Oroville Union High School District	NA	Oroville	539 624 9109		
REPORT PREPARED BY		E-MAIL ADDRESS					
		btronson@ouhsd.org					
Name & Address AND Specify if School or Child Care Center # (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)
HARRISON STADIUM 1801 MITCHELL AVE	BUTTE	9/24/16 7:30 PM	2,10	MONSANTO RANGER PRO	524-517	18 <input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ (Vol.) <input type="checkbox"/> OZ (Wt.) <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> QT <input type="checkbox"/> GR	30
HARRISON STADIUM	BUTTE	9/2/16 10:30 AM	2,10	MONSANTO RANGER PRO	524-517	18 <input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ (Vol.) <input type="checkbox"/> OZ (Wt.) <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> QT <input type="checkbox"/> GR	30
PROSPECT 2060 STREET	BUTTE	9/2/16 7:00 AM	2,10	MONSANTO RANGER PRO	524-517	12 <input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ (Vol.) <input type="checkbox"/> OZ (Wt.) <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> QT <input type="checkbox"/> GR	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 YR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE/CERTIFICATE NUMBER (optional)	PHONE NUMBER			
2016	[Redacted]	Oroville Union High School District	NA	539 624 9109			
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY				
		btronson@ouhsd.org	Oroville				
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)
046515 0435602	Butte	2/5/16 11:00	2	MONSANTO CO RANGER PRO	524-517	30 <input checked="" type="checkbox"/> OZ (Vol.) <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	30
046515 0435602	Butte	2/19/16 12:00	2, 10	MONSANTO CO RANGER PRO	524-517	60 <input checked="" type="checkbox"/> OZ (Vol.) <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	30
046515 0435602	Butte	2/19/16 12:00	2	BASF PENPULVUM	241-416	60 <input checked="" type="checkbox"/> OZ (Vol.) <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	30
046515 0435602	Butte	3/7/16 10:15	2	BASF PENPULVUM	241-416	60 <input checked="" type="checkbox"/> OZ (Vol.) <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	30
046515 0435602	Butte	3/25/16 10:00	2, 10	MONSANTO CO RANGER PRO	524-517	50 <input checked="" type="checkbox"/> OZ (Vol.) <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	30

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DO NOT report pesticide use by pest management professionals contracted to apply pesticides at schools/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

TYPES OF PEST CONTROL CODES:

Code 10 - Structural Pest Control..... ..Includes pest control work performed within or on buildings or other structures, not including vertebrate pest control
 Code 30 - Landscape Maintenance Pest Control..... ..Includes pest control work performed on landscape plantings around buildings, not including vertebrate pest control
 Code 80 - Vertebrate Pest Control..... ..Includes pest control work in school buildings or landscapes for managing vertebrates such as rats, mice, gophers, and ground squirrels

LOCATION CODES:

- | | | | | |
|-----------------------|---|------------------------|----------------------|----------------------------|
| 1 Administration Bldg | 5 Cafeteria/Kitchen | 9 Landscape (indoor) | 12 Locker Room | 16 Restroom |
| 2 Athletic Field | 6 Classroom | 10 Landscape (outdoor) | 13 Multipurpose Room | 17 Vehicle |
| 3 Auditorium | 7 Gymnasium | 11 Library | 14 Playground | 18 Multiple Locations |
| 4 Bldg, Exterior | 8 Hardscape (parking lot, sidewalk, etc.) | | 15 Pool | 19 Other (Please Indicate) |

Notes for recordkeeping (this section is optional and can be used for your recordkeeping needs)

Reasons for application (required for Healthy Schools Act (HSA) recordkeeping).

Application 1:	UNWANTED WEED CONTROL
Application 2:	WEED CONTROL
Application 3:	WEED CONTROL
Application 4:	WEED CONTROL
Application 5:	WEED CONTROL

This form, when filled out completely, can be used as the pesticide use record required under the HSA.

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD CARE CENTER EMPLOYEES

STATE OF CALIFORNIA
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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)	CITY	PHONE NUMBER	Pest Control Code (from list on back)
2016	[REDACTED]	Oroville Union High School District	NA	Oroville	539 624 9109	30
REPORT PREPARED BY: [REDACTED]						
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)
046515 0435602	BUTTE	4/17/16 11:30	2	MONSANTO CO. RANGER PRO	524-517	40 <input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> PT <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR
046515 0435602	BUTTE	4/17/16 11:30	2	PBI GORDON SPEEDZONE SOUTHERN	2217-835	120 <input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> PT <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR
046515 0435602	BUTTE	4/17/16 11:30	2	PBI GORDON TAMEC PLUS	2217-709	120 <input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> PT <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR
046515 0435602	BUTTE	4/29/16 11:40	2,10	MONSANTO CO. RANGER PRO	524-517	78 <input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> PT <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR
046515 0435602	BUTTE	5/25/16 10:00	2,10	PBI GORDON TAMEC PLUS	2217-709	48 <input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> PT <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR

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TYPES OF PEST CONTROL CODES:

Code 10 - Structural Pest Control..... ..includes pest control work performed within or on buildings or other structures, not including vertebrate pest control
 Code 30 - Landscape Maintenance Pest Control..... ..includes pest control work performed on landscape plantings around buildings, not including vertebrate pest control
 Code 80 - Vertebrate Pest Control..... ..includes pest control work in school buildings or landscapes for managing vertebrates such as rats, mice, gophers, and ground squirrels

LOCATION CODES:

- | | | | | |
|-----------------------|---|------------------------|----------------------|----------------------------|
| 1 Administration Bldg | 5 Cafeteria/Kitchen | 9 Landscape (Indoor) | 12 Locker Room | 16 Restroom |
| 2 Athletic Field | 6 Classroom | 10 Landscape (outdoor) | 13 Multipurpose Room | 17 Vehicle |
| 3 Auditorium | 7 Gymnasium | 11 Library | 14 Playground | 18 Multiple Locations |
| 4 Bldg, Exterior | 8 Hardscape (parking lot, sidewalk, etc.) | | 15 Pool | 19 Other (Please Indicate) |

Notes for recordkeeping (this section is optional and can be used for your recordkeeping needs)

Reasons for application (required for Healthy Schools Act (HSA) recordkeeping).

Application 1:	WEED CONTROL
Application 2:	WEED CONTROL
Application 3:	WEED CONTROL
Application 4:	WEED CONTROL
Application 5:	WEED CONTROL

This form, when filled out completely, can be used as the pesticide use record required under the HSA.

PESTICIDE USE REPORTING FOR SCHOOL AND CHILD CARE CENTER EMPLOYEES

STATE OF CALIFORNIA
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DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YR 2015	SCHOOL DESIGNEE (JEM COORDINATOR) [Redacted]	DISTRICT/CENTER NAME Oroville Union High School District	LICENSE / CERTIFICATE NUMBER (optional) NA
REPORT PREPARED BY: [Redacted]		EMAIL ADDRESS btronson@ouhsd.org	PHONE NUMBER 539 624 9109
		CITY Oroville	

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)
046515 0435602	BUTTE	5/25/16 10:00	2	MONSANTO CO. NATURE PRO	524-517	4.33 <input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	30
046515 0435602	BUTTE	6/16/16 11:00	2, 10	MONSANTO CO. RANTER PRO	524-517	5.0 <input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	30
046515 0435602	BUTTE	6/16/16 11:00	2, 10	BASF PENPULVA	241-416	3.0 <input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	30
046515 0435602	BUTTE	7/8/16 10:00	2, 10	MONSANTO RANTER PRO	524-517	3.0 <input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	30
046515 0435602	BUTTE	7/8/16 7:00	10	PBI/GORDON EMBARC	2217-768	7 <input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	30

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TYPES OF PEST CONTROL CODES:

Code 10 - Structural Pest Control.....includes pest control work performed within or on buildings or other structures, not including vertebrate pest control
 Code 30 - Landscape Maintenance Pest Control.....includes pest control work performed on landscape plantings around buildings, not including vertebrate pest control
 Code 80 - Vertebrate Pest Control.....includes pest control work in school buildings or landscapes for managing vertebrates such as rats, mice, gophers, and ground squirrels

LOCATION CODES:

- | | | | | |
|-----------------------|---|------------------------|----------------------|----------------------------|
| 1 Administration Bldg | 5 Cafeteria/Kitchen | 9 Landscape (Indoor) | 12 Locker Room | 16 Restroom |
| 2 Athletic Field | 6 Classroom | 10 Landscape (outdoor) | 13 Multipurpose Room | 17 Vehicle |
| 3 Auditorium | 7 Gymnasium | 11 Library | 14 Playground | 18 Multiple Locations |
| 4 Bldg, Exterior | 8 Hardscape (parking lot, sidewalk, etc.) | | 15 Pool | 19 Other (Please Indicate) |

Notes for recordkeeping (this section is optional and can be used for your recordkeeping needs)

Reasons for application (required for Healthy Schools Act (HSA) recordkeeping).

Application 1:	WEED CONTROL
Application 2:	WEED CONTROL
Application 3:	WEED CONTROL
Application 4:	WEED CONTROL
Application 5:	GROWTH REGULATOR

This form, when filled out completely, can be used as the pesticide use record required under the HSA.

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 (PEM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE / CERTIFICATE NUMBER (optional)	REPORT PREPARED BY:		CITY	PHONE NUMBER	
2016	[REDACTED]	Oroville Union High School District	NA	[REDACTED]		Oroville	539 624 9109	
Name & Address AND Specify if School/Child Care Center OR School CDS # /Child Care Center #		Manufacturer & Name of Product Applied	EPA/California Registration Number from Label	Location Code (# or name from list on back)	Date & Time Application Completed	County	Amount Used (and check one unit of measure)	Pest Control Code (from list on back)
046515 0435602	<input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	MONSANTO CO. RANGER PRO	524-517	70	8/5/16 11:30	BUTTE	43 OZ (Vol.) <input checked="" type="checkbox"/> OZ (Vol.) <input type="checkbox"/> ML KG L GR	30
046515 0435602	<input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	BASF BENONUM	241-416	10	6/5/16 11:30	BUTTE	40 OZ (Vol.) <input checked="" type="checkbox"/> OZ (Vol.) <input type="checkbox"/> ML KG L GR	30
046515 0435602	<input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	MONSANTO RANGER PRO	524-517	10	9/9/16 11:00	BUTTE	24 OZ (Vol.) <input checked="" type="checkbox"/> OZ (Vol.) <input type="checkbox"/> ML KG L GR	30
046515 0435602	<input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	MONSANTO RANGER PRO	524-517	210	9/20/16 11:00	BUTTE	27 OZ (Vol.) <input checked="" type="checkbox"/> OZ (Vol.) <input type="checkbox"/> ML KG L GR	30
046515 0435602	<input type="checkbox"/> School <input type="checkbox"/> Child Care	BASF PENONUM	241-416	210	9/20/16 11:00	ALTA	24 OZ (Vol.) <input checked="" type="checkbox"/> OZ (Vol.) <input type="checkbox"/> ML KG L GR	30

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TYPES OF PEST CONTROL CODES:

Code 10 - Structural Pest Control..... Includes pest control work performed within or on buildings or other structures, not including vertebrate pest control
 Code 30 - Landscape Maintenance Pest Control..... Includes pest control work performed on landscape plantings around buildings, not including vertebrate pest control
 Code 80 - Vertebrate Pest Control..... Includes pest control work in school buildings or landscapes for managing vertebrates such as rats, mice, gophers, and ground squirrels

LOCATION CODES:

- | | | | | |
|-----------------------|---|------------------------|----------------------|----------------------------|
| 1 Administration Bldg | 5 Cafeteria/Kitchen | 9 Landscape (Indoor) | 12 Locker Room | 16 Restroom |
| 2 Athletic Field | 6 Classroom | 10 Landscape (outdoor) | 13 Multipurpose Room | 17 Vehicle |
| 3 Auditorium | 7 Gymnasium | 11 Library | 14 Playground | 18 Multiple Locations |
| 4 Bldg, Exterior | 8 Hardscape (parking lot, sidewalk, etc.) | | 15 Pool | 19 Other (Please indicate) |

Notes for recordkeeping (this section is optional and can be used for your recordkeeping needs)

Reasons for application (required for Healthy Schools Act (HSA) recordkeeping).

Application 1:	WEED CONTROL
Application 2:	WEED CONTROL
Application 3:	WEED CONTROL
Application 4:	WEED CONTROL
Application 5:	WEED CONTROL

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PESTICIDE USE REPORTING FOR SCHOOL AND CHILD CARE CENTER EMPLOYEES

STATE OF CALIFORNIA
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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)	PHONE NUMBER			
2016	[REDACTED]	Oroville Union High School District	NA	539 624 9109			
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY				
		btronson@ouhisd.org	Oroville				
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)
046515 0435602 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	BUTTE	11/4/16 10:30	2,10	MONSANTO CO LAVEN PRO	524-517	78 <input checked="" type="checkbox"/> OZ (vol) <input type="checkbox"/> OZ (wt) <input type="checkbox"/> ML <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> L <input type="checkbox"/> GR	30
046515 0435602 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	BUTTE	11/4/16 10:30	2,10	BASF FENVALU	241-416	78 <input checked="" type="checkbox"/> OZ (vol) <input type="checkbox"/> OZ (wt) <input type="checkbox"/> ML <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> L <input type="checkbox"/> GR	30
046515 0435602 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	BUTTE	11/7/16 9:30	8	QUACK-120 DAYZALIN 4	66222-207	90 <input checked="" type="checkbox"/> OZ (vol) <input type="checkbox"/> OZ (wt) <input type="checkbox"/> ML <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> L <input type="checkbox"/> GR	30
046515 0435602 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	BUTTE	11/22/16 1:00	2,10	MONSANTO CO LAVEN PRO	524-517	48 <input checked="" type="checkbox"/> OZ (vol) <input type="checkbox"/> OZ (wt) <input type="checkbox"/> ML <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> L <input type="checkbox"/> GR	30
046515 0435602 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	BUTTE	11/22/16 1:00	2,10	BASF FENVALU	241-416	48 <input checked="" type="checkbox"/> OZ (vol) <input type="checkbox"/> OZ (wt) <input type="checkbox"/> ML <input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> PT <input type="checkbox"/> QT <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

TYPES OF PEST CONTROL CODES:

Code 10 - Structural Pest Control..... includes pest control work performed within or on buildings or other structures, not including vertebrate pest control
 Code 30 - Landscape Maintenance Pest Control..... includes pest control work performed on landscape plantings around buildings, not including vertebrate pest control
 Code 80 - Vertebrate Pest Control..... includes pest control work in school buildings or landscapes for managing vertebrates such as rats, mice, gophers, and ground squirrels

LOCATION CODES:

- | | | | | |
|-----------------------|---|------------------------|----------------------|----------------------------|
| 1 Administration Bldg | 5 Cafeteria/Kitchen | 9 Landscape (Indoor) | 12 Locker Room | 16 Restroom |
| 2 Athletic Field | 6 Classroom | 10 Landscape (outdoor) | 13 Multipurpose Room | 17 Vehicle |
| 3 Auditorium | 7 Gymnasium | 11 Library | 14 Playground | 18 Multiple Locations |
| 4 Bldg, Exterior | 8 Hardscape (parking lot, sidewalk, etc.) | | 15 Pool | 19 Other (Please Indicate) |

Notes for recordkeeping (this section is optional and can be used for your recordkeeping needs)

Reasons for application (required for Healthy Schools Act (HSA) recordkeeping).

Application 1:	WEED CONTROL
Application 2:	WEED CONTROL
Application 3:	WEED CONTROL
Application 4:	WEED CONTROL
Application 5:	WEED CONTROL

This form, when filled out completely, can be used as the pesticide use record required under the HSA.

WARNING PESTICIDE-TREATED AREA ADVERTENCIA AREA TRATADA CON PESTICIDA

Name of Pesticide

Nombre del Pesticida

1 _____
2 _____
3 _____
4 _____

1 _____
2 _____
3 _____
4 _____

Manufacturer's Name; USEPA Registration No.

Nombre del Fabricante; No. de Registro de USEPA

1 _____
2 _____
3 _____
4 _____

1 _____
2 _____
3 _____
4 _____

Intended Application Date _____

Fecha Propuesta de Aplicacion _____

Application Date _____

Fecha de la Aplicacion _____

Treated Areas; Reason for Treatment

Areas Tratada; Razon de la Aplicacion

School Name:

Nombre de la Escuela:

ALWAYS BE SAFE

1. If you need more information ask

1. Si necesita más información pregunte

Name: _____

Nombre: _____

Title: _____

Título: _____

2. Do not play on the treated area

2. No juegue en el área tratada

3. Wash your hands and exposed skin
if you touch the treated area

*3. Lávese las manos y la piel expuesta si
usted toca el área tratada*

For record keeping only per Education Code requirement

Amount of Pesticide Used: _____

WARNING PESTICIDE-TREATED AREA

ADVERTENCIA AREA TRATADA CON PESTICIDA

Name of Pesticide

Nombre del Pesticida

1 _____
2 _____
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PESTICIDE USE REPORTING FOR SCHOOL AND CHILD CARE CENTER EMPLOYEES

STATE OF CALIFORNIA
DPR-HSA-118 (REV. 01/15)
Page 1 of 2

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE / CERTIFICATE NUMBER (optional)	CITY	PHONE NUMBER		
2015	[REDACTED]	Oroville Union High School District	NA	Oroville	539 624 9109		
REPORT PREPARED BY:		E-MAIL ADDRESS					
		btronson@ouhsd.org					
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)
04615 0435602 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	BUTTE	5/19/17 8:30	2	PBI / GOLDFEN Q4	2217-930	24 <input checked="" type="checkbox"/> OZ (vol) <input type="checkbox"/> OZ (wt) <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> L <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> GR	30
04615 0435602 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	BUTTE	5/19/17 10:45	10	MONSANTO RANBER PRO	524-517	24 <input checked="" type="checkbox"/> OZ (vol) <input type="checkbox"/> OZ (wt) <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> L <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> GR	30
<input type="checkbox"/> School <input type="checkbox"/> Child Care							
<input type="checkbox"/> School <input type="checkbox"/> Child Care							
<input type="checkbox"/> School <input type="checkbox"/> Child Care							

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Application 4:	
Application 5:	

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