

179655

# 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 YR. SCHOOL DESIGNEE (IPM COORDINATOR)		DISTRICT/CENTER NAME		LICENSE/CERTIFICATE NUMBER (optional)			
2021		LAUSD					
REPORT PREPARED BY:		E-MAIL ADDRESS		CITY			
JUAN BANUELOS				LOS ANGELES			
Name & Address AND Specify if School or 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 204 St. BL 1253 E. 20th St Los Angeles, CA 90011	L.A.	11/11/21	# 4	Suspend SC Bayer	432-763	7.5 <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"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	10
<input checked="" type="checkbox"/> School 204 St. BL 1253 E. 20th St Los Angeles CA 90011	L.A.	11/23/21	# 4	Suspend SC Bayer	432-763	4.5 <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"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	10
<input checked="" type="checkbox"/> School 204 St. BL 1353 E. 20th St Los Angeles CA 90011	L.A.	11/24/21	# 4	PT 865 DASE	499-290	4.5 <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"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	40
<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							

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 schoolsites. 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 DAY CARE CENTER EMPLOYEES

DEPARTMENT OF PESTICIDE REGULATION  
PEST MANAGEMENT & LICENSING BRANCH

STATE OF CALIFORNIA  
DPR-HSA-118 (REV. 12/16)  
Page 1 of 2

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2021	EDDIE SANCHEZ	LAUSD					
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY	PHONE NUMBER			
PORTER, JAMES L.			Los Angeles	213.745.3358			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
UNIVERSITY HS. <input checked="" type="checkbox"/> School 11800 TEXAC AVE LA 90025 <input type="checkbox"/> Day Care	LA	1-5-21 8:00AM	4	PT565 PLUS XLO-B.A.S.F.	499-290	4 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> MIL <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
ROSEWOOD EL <input checked="" type="checkbox"/> School 503 N. CROFT AVE. LA 90048 <input type="checkbox"/> Day Care	LA	1-21-21 12:00 PM	10	PT565 PLUS XLO-B.A.S.F.	499-290	16 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> MIL <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> MIL <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> MIL <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> MIL <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)		PHONE NUMBER		
2021	EDDIE SANCHEZ	4 UNIFIED					
REPORT PREPARED BY: Ricardo Barbera							
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
20TH ST. EL.	4	1-16-21 6AM.	18	SUSPEND SC (BAYER)	432-763	(vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
						(vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
						(vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
						(vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
						(vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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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)				
2021	EDWARD SANCHEZ	LOS ANGELES UNIFIED SCHOOL DISTRICT	CITY	PHONE NUMBER			
REPORT PREPARED BY: <i>JOSOMAR MEDINA</i>		E-MAIL ADDRESS <b>jose.medina1@lausd.net</b>	SUN VALLEY	818.394.2491			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
KENNEDY-SAN FERNANDO CAS 9365 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	1.22.2021 1030	1	NISUS BORA-CARE TERMITICIDE	64405-1	8 (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	10
KENNEDY-SAN FERNANDO CAS 9365 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	1.22.2021 1200	16	NISUS BORA-CARE TERMITICIDE	64405-1	16 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	

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APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2021	EDWARD SANCHEZ	LOS ANGELES UNIFIED SCHOOL DISTRICT					
REPORT PREPARED BY: <i>JOSOMAR MEDINA</i>		E-MAIL ADDRESS jose.medina1@lausd.net	CITY SUN VALLEY				
SCHOOL DESIGNED BY (IPM COORDINATOR)		PHONE NUMBER 818.394.2491					
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
EL DORADO EL 3541 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	1.27.2021 0600	14	NISUS-NIBAN GRANULAR BAIT	64405-2	3 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					(vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					(vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					(vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					(vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
2021	EDDIE Sanchez	LAVUSD						
REPORT PREPARED BY: Ismael Rivera		E-MAIL ADDRESS			CITY Los Angeles	PHONE NUMBER (323) 789-5000		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify If School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)		Pest Control Code (from list on back)
95th St El 1109 W. 96th St Los Angeles	LA	1/25/2021 200 AM	6	NISUS Bore-Care	64405-1	1	<input checked="" type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		

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DEPARTMENT OF PESTICIDE REGULATION  
 PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR <b>2021</b>	SCHOOL DESIGNEE (IPM COORDINATOR) <b>Edward Sanchez</b>	DISTRICT / CENTER NAME <b>LAUSD</b>			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
REPORT PREPARED BY: <b>Christopher Chiny</b>		E-MAIL ADDRESS			CITY <b>Los Angeles</b>		PHONE NUMBER <b>(323) 789 5000</b>	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
<b>State St Elementary School</b> <b>3211 Santa Ana St</b> <b>South Gate, CA</b> <b>90280</b> <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care		<b>1/16/21</b> <b>9:00 Am</b>	<b>6</b>	<b>Nicos</b> <b>Bora-Care</b>	<b>64405-1</b>	<b>15</b> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	<b>10</b>	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		

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DEPARTMENT OF PESTICIDE REGULATION  
 PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR <b>2021</b>	SCHOOL DESIGNEE (IPM COORDINATOR) <b>Adrian Pacheco</b>	DISTRICT / CENTER NAME <b>LAUSD</b>			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
REPORT PREPARED BY: <b>Dennis Fernandez</b>		E-MAIL ADDRESS			CITY <b>L.A.</b>	PHONE NUMBER <b>323-789-5000</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
<b>Carnegie M.S.</b> <input checked="" type="checkbox"/> School <b>21820 Bonita ST</b> <b>CARSON, 90745</b> <input type="checkbox"/> Day Care	<b>L.A.</b>	<b>630-1000</b> <b>A.M</b> <b>1-15-21</b>		<b>BASF</b> <b>PT 565 Plus XLO</b>	<b>499-290</b>	<input type="text" value="12"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	<b>10</b>	
<input type="checkbox"/> School  <input type="checkbox"/> Day Care						<input type="text"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School  <input type="checkbox"/> Day Care						<input type="text"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School  <input type="checkbox"/> Day Care						<input type="text"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School  <input type="checkbox"/> Day Care						<input type="text"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		

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2021		EDDIE Sanchez		LAUSD				
REPORT PREPARED BY:				E-MAIL ADDRESS		CITY		PHONE NUMBER
Ismael Rivas						LOS Angeles		703) 789-5000
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check for write in unit from label)		Pest Control Code (from list on back)
Manual Arts <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	1/05/2021 9:00 AM	10	Zocon ALtoSID brisquettes	2724-775	<input type="text"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		10
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="text"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="text"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="text"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="text"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		

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1021 EDDIE SANCHEZ Juan Sanchez		MDO C-3		Los Angeles	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	Amount of Pesticide Product Used (check or write in unit from label)
Ford FL 1112 S. Ford Dr. Los Angeles Ca 90022	L.A.	2/23/21 6:00am	#4 Bldg Exterior	PT 565 BASF	12 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB
2014 St FL. 1353 E. 20th St. Los Angeles Ca 90011	L.A.	2/20/21 6:00am	#4 Bldg Exterior	Suspend SC BAYER	9 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB
Grater FL 3333 Maritoun Ave. Los Angeles Ca 90021	L.A.	2/18/21 6:00am	#4 Bldg Exterior	PT 565 BASF	20 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB
Gates FL 3333 Maritoun Ave. Los Angeles Ca 90021	LA	2/18/21 8:00am	#4 Bldg Exterior	PT 565 BASF	7.5 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB
20th St FL 1353 E. 20th St. Los Angeles Ca 90011	L.A.	2/13/21 6:00am	#4 Bldg Exterior	Suspend SC BAYER	4.5 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB

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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 DAY CARE CENTER EMPLOYEES

APPLICATION YEAR		SCHOOL DESIGNEE (IPM COORDINATOR)		DISTRICT / CENTER NAME		LICENSE / CERTIFICATE NUMBER (OPTIONAL)	
2021	EDDIE SANJANEZ	L.A.U.S.D	M&O C-3	CITY:	Los Angeles		
REPORT PREPARED BY: <i>Juan Sanchez</i>		E-MAIL ADDRESS		EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)		PHONE NUMBER	
School Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)	
Le Conte M.S. 1316 N. Bronson Ave Los Angeles Ca 90028 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	LA	2/27/21 0600	# 4 Pkg Extra	PT 565 DASF	20 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR	10	
Le Conte M.S. 1316 N. Bronson Ave Los Angeles Ca 90028 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	LA	2/27/21 0900	# 4 Pkg Extra	PT 565 DASF	20 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR	10	
Le Conte M.S. 1316 N. Bronson Ave Los Angeles Ca 90028 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	LA	2/27/21 1200	# 4 Pkg Extra	PT 565 DASF	20 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR	10	
<input type="checkbox"/> School <input type="checkbox"/> Day Care							
<input type="checkbox"/> School <input type="checkbox"/> Day Care							

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR		SCHOOL DESIGNEE (IPM COORDINATOR)		DISTRICT / CENTER NAME		LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
2021		EDDIE SANCHEZ		L.A.U.S.D.					
REPORT PREPARED BY:				E-MAIL ADDRESS		CITY		PHONE NUMBER	
PORTER, J.L.						LOS ANGELES		213.745.3358	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)		
<input checked="" type="checkbox"/> School CLOVER ELEM 11020 CLOVER AVE L.A. CA. 90034 LOC # 3123	LA	2-24-21 11:00 AM	#10	B.A.S.F. ADVANCE ANT GRANULAC BAIT	499-370	4 (vol.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input checked="" type="checkbox"/> OZ (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	4		
<input checked="" type="checkbox"/> School CLOVER ELEM 11020 CLOVER AVE L.A. CA. 90034 LOC # 3123	LA	2-24-21 9:00 AM	#10	B.A.S.F. ADVANCE ANT GRANULAC BAIT	499-370	8 (vol.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input checked="" type="checkbox"/> OZ (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	4		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB			
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB			
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB			

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2021	EDDIE SANCHEZ	LAUSD					
REPORT PREPARED BY: RICARDO LOARRA							
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
20TH ST EL. <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	LA	2/6/21 6AM	4	SUSPEND SC BAYER	432-763	4.5 (vol.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input checked="" type="checkbox"/> OZ <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
						(vol.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
						(vol.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
						(vol.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
						(vol.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)		PHONE NUMBER		
2021	EDPIE SANCHEZ	L A U S D	CITY		510 485 8842		
REPORT PREPARED BY: RAY RODRIGUEZ							
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
LECONTE <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care		2/3/21	6	NISSOS Boracare	64405-1	64 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
LECONTE <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care		2/10/21	6	NISSOS Boracare	64405-1	32 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
LECONTE <input type="checkbox"/> School <input type="checkbox"/> Day Care		2/10/21	6	NISSOS Boracare	64405-1	32 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
ESPERANZA <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care		2/26/21	6	NISSOS Boracare	64405-1	24 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2021	Eddie Sanchez	LAUSD					
REPORT PREPARED BY: Ricardo Onate		E-MAIL ADDRESS Ricardo.Onate@lausd.net	CITY Los Angeles				
PHONE NUMBER (626) 532-5445							
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
School <input type="checkbox"/> <u>School</u> School Police Vehicle #4424 509 E 16th St. L.A CA 90015 Day Care <input type="checkbox"/>	LA	2/26/21 8:00 AM	17	BASF PT 565 plus XLO	499-290	(vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
VANALDEN EL 7411 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	2.6.2021 0600	6	NISUS BORA-CARE TERMITICIDE	64405-1	8  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
VAN NUYS SH 8893 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	2.6.2021 0800	1	NISUS BORA-CARE TERMITICIDE	64405-1	16  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
KITTRIDGE EL 4760 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	2.6.2021 1000	6	NISUS BORA-CARE TERMITICIDE	64405-1	16  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SAN FERNANDO EL 6452 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	2.6.2021 1200	19- GARAGE	NISUS BORA-CARE TERMITICIDE	64405-1	8  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
VINEDALE COLLEGE PREP 7548 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	2.6.2021 1300	19- TEACHERS LOUNGE	NISUS BORA-CARE TERMITICIDE	64405-1	16  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2021	EDWARD SANCHEZ	LOS ANGELES UNIFIED SCHOOL DISTRICT					
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY	PHONE NUMBER			
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net	SUN VALLEY	818.394.2491			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
NO HOLLYWOOD SH 8786 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	2.23.2021 1200	6	NISUS BORA-CARE TERMITICIDE	64405-1	8  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
PINEWOOD EEC 9549 <input type="checkbox"/> School <input checked="" type="checkbox"/> Day Care	19	2.25.2021 1200	10	WILCO AG WILCO GROUND SQUIRREL BAIT	36029-20	32  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2021	EDWARD SANCHEZ	LOS ANGELES UNIFIED SCHOOL DISTRICT					
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY	PHONE NUMBER			
JOSEOMAR MEDINA		jose.medina1@lausd.net	SUN VALLEY	818.394.2491			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
VERDUGO HILLS SH <input checked="" type="checkbox"/> School 8914 <input type="checkbox"/> Day Care	19	2.8.2021 0600	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	<input type="text" value="2"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					<input type="text"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					<input type="text"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					<input type="text"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					<input type="text"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

DEPARTMENT OF PESTICIDE REGULATION  
 PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
2021	Eddy Sanchez	LAUSD						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
Christopher Cheny					Los Angeles			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
Diego Rivera CC 6100 S Central Ave Los Angeles CA 90001 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	Los Angeles	2/27/21 10 am	4	Nisus Nisus Granular Bait	EPA# 64405-2	6 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
Markham MS 1650 E 104th St Los Angeles CA 90002 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	Los Angeles	2/27/21 12 pm	4	BASF Advance Granular Carpenter Ant Bait EPA# 199-370	EPA# 199-370	4 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
Markham MS 1650 E 104th St Los Angeles CA 90002 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	Los Angeles	2/27/21 2 pm	4	BASF Advance Granular Carpenter Ant bait EPA# 199-370	EPA# 199-370	5 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> (vol.) OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> (wt.) GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> (vol.) OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> (wt.) GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

DEPARTMENT OF PESTICIDE REGULATION  
 PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR <b>2021</b>	SCHOOL DESIGNEE (IPM COORDINATOR) <b>EDDY Sanchez</b> <del>ADRIAN RIVERA</del>	DISTRICT / CENTER NAME <b>LAUSP</b>	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
REPORT PREPARED BY: <b>Dennis Fernandez</b>		E-MAIL ADDRESS	CITY <b>L.A.</b>	PHONE NUMBER <b>323 789-5000</b>			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants <small>(Include alpha code, if listed)</small>	Amount of Pesticide Product Used <small>(check or write in unit from label)</small>	Pest Control Code <small>(from list on back)</small>
<b>San Gabriel EL</b> <input checked="" type="checkbox"/> <small>School</small> <b>8628 SAN GABRIEL AVE</b> <input type="checkbox"/> <b>SOUTH GATE, 90280</b> <input type="checkbox"/> <small>Day Care</small>	<b>LA</b>	<b>2-11-21</b> <b>7:00 AM.</b>	<b>10</b>	<b>DASF</b> <b>PT 565 Plus</b> <b>XLO</b>	<b>499-290</b>	<input type="text" value="12"/> (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	<b>10</b>
<input type="checkbox"/> <small>School</small>						<input type="text"/> (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
<input type="checkbox"/> <small>Day Care</small>						<input type="text"/> (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
<input type="checkbox"/> <small>School</small>						<input type="text"/> (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
<input type="checkbox"/> <small>Day Care</small>						<input type="text"/> (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
<input type="checkbox"/> <small>School</small>						<input type="text"/> (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
<input type="checkbox"/> <small>Day Care</small>						<input type="text"/> (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	

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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 DAY CARE CENTER EMPLOYEES

STATE OF CALIFORNIA  
DPR-HSA-118 (REV. 12/16)  
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)				
2021	Edward Sanchez	LAUSD			REPORT PREPARED BY: Christopher Chink		E-MAIL ADDRESS	CITY Los Angeles	PHONE NUMBER
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (Include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)		
99th St Elementary School 9900 Wadsworth Ave Los Angeles CA 90002	LA	2/25/2021 9:30	4	BASF PT 565 Plus x10 Formula 2	EPA # 499-290	6 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	10		
<input type="checkbox"/> School  <input type="checkbox"/> Day Care						 (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB			
<input type="checkbox"/> School  <input type="checkbox"/> Day Care						 (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB			
<input type="checkbox"/> School  <input type="checkbox"/> Day Care						 (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB			
<input type="checkbox"/> School  <input type="checkbox"/> Day Care						 (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB			

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)	PHONE NUMBER			
2021	EDDIE SANCTEZ	Los Angeles Unified Sch Dist					
REPORT PREPARED BY: JUAN BANUELOS		E-MAIL ADDRESS	CITY	Los Angeles			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
204 5071 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	LA	3/13/21 0600	6, 3, 6, 13, 16	Suspend SC. BAYER	423-763	3 (vol.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input checked="" type="checkbox"/> OZ (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
20 to 54-5 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	LA	3/29/21 0600	13, 13, 14, 16	Suspend SC. BAYER	423-763	6 (vol.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input checked="" type="checkbox"/> OZ (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)		PHONE NUMBER		
2021	EDWARD SANCHEZ	LAUSD					
REPORT PREPARED BY: Carlos Medina							
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
20th ST. Elementary School 1353 E. 20th Street Los Angeles CA 90011 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	3/13/21 6:00 AM TO 2:30 PM	4, 6, 13, 11, 14, 16,	BAYER Suspend SC	432-763	7.5 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input checked="" type="checkbox"/> OZ <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
Ramona Elementary School 1133 N. MARIPOSA AVE Los Angeles 90029 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	3-26-21 7:30 AM	4.	NISUS Pro Foam Platinum	CA REG# 105148-50001-AA	2 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input checked="" type="checkbox"/> OZ <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)		PHONE NUMBER		
2021	EDWARD SANCHEZ	LAUSD	CA		510 483 8842		
REPORT PREPARED BY: Ray Rodriguez							
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
LOGAN ACAD <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	LA	3/30/21	6	BOROCARE	64405-1	16 <input type="checkbox"/> (vol.) <input type="checkbox"/> (wt.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input checked="" type="checkbox"/> GR <input type="checkbox"/> PT <input type="checkbox"/> LB	10
LOGAN ACAD <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	LA	3/30/21	6	BOROCARE	64405-1	16 <input type="checkbox"/> (vol.) <input type="checkbox"/> (wt.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input checked="" type="checkbox"/> GR <input type="checkbox"/> PT <input type="checkbox"/> LB	10
HIDE PK EEC <input type="checkbox"/> School <input checked="" type="checkbox"/> Day Care	LA	3/31/21	6	RECRUIT AG	62719-454	2.1 <input type="checkbox"/> (vol.) <input type="checkbox"/> (wt.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input checked="" type="checkbox"/> GR <input type="checkbox"/> PT <input type="checkbox"/> LB	10
HIDE PK EEC <input type="checkbox"/> School <input checked="" type="checkbox"/> Day Care	LA	3/31/21	6	RECRUIT AG	62719-454	2.4 <input type="checkbox"/> (vol.) <input type="checkbox"/> (wt.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input checked="" type="checkbox"/> GR <input type="checkbox"/> PT <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care	LA						10

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)		PHONE NUMBER		
2021	EDWARD SANCHEZ	L.A.U.S.D					
REPORT PREPARED BY: PORTER, JAMES L.							
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
<input checked="" type="checkbox"/> School WESTWOOD EL 2050 SELBY AVE LA CA 90025 <input type="checkbox"/> Day Care	LA	3-9-21	# 8	BASF. PT 565 PLUS XLO	499-290	10 (vol.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input checked="" type="checkbox"/> OZ (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input checked="" type="checkbox"/> School ALTA LOMA EL 1745 VINEYARD AVE L.A. CA 90019 <input type="checkbox"/> Day Care	LA	3-25-21	# 4	B.A.S.F. PT 565 PLUS XLO	499-290	10 (vol.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input checked="" type="checkbox"/> OZ (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input checked="" type="checkbox"/> School PALMS MS 10860 WOODBINE ST L.A. CA. 90034 <input type="checkbox"/> Day Care	LA	3-29-21	# 10	B.A.S.F. PT 565 PLUS XLO	499-290	10 (vol.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input checked="" type="checkbox"/> OZ (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input checked="" type="checkbox"/> School WILSHIRECREST EL 5241 OLYMPIC BLVD L.A. CA 90036 <input type="checkbox"/> Day Care	LA	3-31-21 9:00 AM	# 10	B.A.S.F. PT 565 PLUS XLO	499-290	10 (vol.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input checked="" type="checkbox"/> OZ (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care							

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)		
2021	EDWARD SANCHEZ	LOS ANGELES UNIFIED SCHOOL DISTRICT					
REPORT PREPARED BY:		E-MAIL ADDRESS		CITY	PHONE NUMBER		
JOSEOMAR MEDINA		jose.medina1@lausd.net		SUN VALLEY	818.394.2491		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
PINEWOOD EEC 9549 <input type="checkbox"/> School  <input checked="" type="checkbox"/> Day Care	19	3.2.2021 1000	10	WILCO AG WILCO GROUND SQUIRREL BAIT	36029-20	<input type="text" value="16"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
CANTARA EL 2767 <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	3.5.2021 0715	6	NISUS BORA-CARE TERMITICIDE	64405-1	<input type="text" value="8"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School  <input type="checkbox"/> Day Care	19					<input type="text"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School  <input type="checkbox"/> Day Care	19					<input type="text"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School  <input type="checkbox"/> Day Care	19					<input type="text"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2021	EDWARD SANCHEZ	LOS ANGELES UNIFIED SCHOOL DISTRICT					
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY	PHONE NUMBER			
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net	SUN VALLEY	818.394.2491			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
WILLIAM TAFT CHTR 8880 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	3.17.2021 0830	2	LIPHATECH ROZOL GOPHER BAIT	7173-184	20  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input checked="" type="checkbox"/> LB	30
WOODLAND HILLS ACAD 8344 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	3.18.2021 0730	10	WILCO DISTRIBUTORS WILCO GROUND SQUIRREL BAIT	36029-20	240  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
WOODLAND HILLS ACAD 8344 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	3.19.2021 0800	10	WILCO DISTRIBUTORS WILCO GROUND SQUIRREL BAIT	36029-20	240  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2021	EDWARD SANCHEZ	LOS ANGELES UNIFIED SCHOOL DISTRICT					
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY	PHONE NUMBER			
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net	SUN VALLEY	818.394.2491			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
DARBY EL 3340  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	3.26.2021 0930	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	<div style="border: 1px solid black; padding: 2px; display: inline-block;">18</div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
2021	EDWARD SANCHEZ	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY: <i>JOSCOMAR MEDINA</i>		E-MAIL ADDRESS jose.medina1@lausd.net			CITY SUN VALLEY		PHONE NUMBER 818.394.2491	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
WOODLAND HILLS ACAD 8344 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	3.22.2021 0830	10	WILCO DISTRIBUTORS WILCO GROUND SQUIRREL BAIT	36029-20	48  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SAN JOSE EL 6479 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	3.23.2021 1200	6	NISUS BORA-CARE TERMITICIDE	64405-1	16  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
CALAHAN ST EL 2706 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	3.24.2021 0600	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	5  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
WOODLAND HILLS ACAD 8344 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	3.24.2021 0830	10	WILCO DISTRIBUTORS WILCO GROUND SQUIRREL BAIT	36029-20	48  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
WOODLAND HILLS ACAD 8344 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	3.26.2021 0830	10	WILCO DISTRIBUTORS WILCO GROUND SQUIRREL BAIT	36029-20	48  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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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 DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)		
2021	EDWARD SANCHEZ	LOS ANGELES UNIFIED SCHOOL DISTRICT					
REPORT PREPARED BY:		E-MAIL ADDRESS		CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net		SUN VALLEY	818.394.2491		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
SAN FERNANDO SH 8843 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	3.30.2021 0600	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	<input type="text" value="1"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
CHATSWORTH HS 8583 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	3.31.2021 0900	2	WILCO DISTRIBUTORS WILCO GROUND SQUIRREL BAIT	36029-20	<input type="text" value="432"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	30
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					<input type="text"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					<input type="text"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					<input type="text"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

DEPARTMENT OF PESTICIDE REGULATION  
 PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR <b>2021</b>	SCHOOL DESIGNEE (IPM COORDINATOR) <b>Edward Sanchez</b>	DISTRICT / CENTER NAME <b>LAUSD</b>			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
REPORT PREPARED BY: <b>Christopher Chiny</b>			E-MAIL ADDRESS		CITY <b>Los Angeles</b>		PHONE NUMBER <b>323-789-5000</b>	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants <small>(Include alpha code, if listed)</small>	Amount of Pesticide Product Used <small>(check or write in unit from label)</small>	Pest Control Code <small>(from list on back)</small>	
<b>Bell High School</b> <b>4328 Bell Ave</b> <b>Bell CA 90201</b> <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	<b>LA</b>	<b>3/19/21</b> <b>7:30AM</b>	<b>4</b>	<b>BASF</b> <b>PT 565 Plus XLO</b> <b>Formula 2</b>	<b>499-290</b>	<input type="text" value="6"/> <small>(vol.)</small> <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	<b>10</b>	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="text"/> <small>(vol.)</small> <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="text"/> <small>(vol.)</small> <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="text"/> <small>(vol.)</small> <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="text"/> <small>(vol.)</small> <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="text"/> <small>(vol.)</small> <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

DEPARTMENT OF PESTICIDE REGULATION  
PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
2021	Edward Sandoz	LAUSD						
REPORT PREPARED BY: Israel Rivas		E-MAIL ADDRESS			CITY Los Angeles	PHONE NUMBER 323-789-5000		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)		Pest Control Code  (from list on back)
32nd St / USC <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	LA	3/26/2021 9:00 AM	6	NISUS Bora Care	64405-1 CAUTION	10/10	(vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	10
60th St. EL <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	LA	3/26/2021 1000 AM	6	NISUS Bora Care	64405-1 CAUTION	16	(vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	10
Loma Vista <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	LA	3/26/2021 100 PM	6	NISUS Bora Care	64405-1 CAUTION	2	(vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care							(vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care							(vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	

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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 DAY 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)			
2021	Edward Sanchez	LAUSD						
REPORT PREPARED BY: Ismael River		E-MAIL ADDRESS			CITY Los Angeles	PHONE NUMBER 323-789-5000		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)	
Bell HS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	CA	3/29/2021 1000 AM	6	NISUS Bora Care	64405-1 Caution	<input checked="" type="checkbox"/> 4 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

DEPARTMENT OF PESTICIDE REGULATION  
PEST MANAGEMENT & LICENSING BRANCH

STATE OF CALIFORNIA  
DPR-HSA-118 (REV. 12/16)  
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APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME		LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
2021	Doug Anderson	Los Angeles Unified School District		CITY	PHONE NUMBER		
REPORT PREPARED BY: <i>Tyrene Spears</i>		E-MAIL ADDRESS		Los Angeles	213-745-3358		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check for write in unit from label)	Pest Control Code (from list on back)
MARINA MS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	L.A.	4/23/21 <i>6 am</i>	#6	BASF CORPORATION	33595-MO-4	<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	# 10
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR (SCHOOL DESIGNEE (IPM COORDINATOR))		DISTRICT / CENTER NAME		LICENSE / CERTIFICATE NUMBER (OPTIONAL)		
REPORT PREPARED BY:	CITY	PHONE NUMBER	E-MAIL ADDRESS	CITY	PHONE NUMBER	
2021	L.A. U.S.D			L.A.		
Carlos Medina School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility		Manufacturer & Name of Product Applied	Location (# from list on back)	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
Humphreys EL 500 S. Humphreys Ave Los Angeles, 90022 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care		BORA-CARE NISUS	1,16,	64405-1	4 (vol.) <input type="checkbox"/> PT <input type="checkbox"/> LB <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> GR (wt.) <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
Roosevelt H.S. 456 S. MATHEWS ST. LOS Angeles, 90033 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care		NISUS BORA-CARE	6	64405-1	2 (vol.) <input type="checkbox"/> PT <input type="checkbox"/> LB <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> GR (wt.) <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
Stevenson M.S. 725 S. Indiana ST. School LOS Angeles, 90023 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care		NISUS Bora-CARE	6	64405-1	2 (vol.) <input type="checkbox"/> PT <input type="checkbox"/> LB <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> GR (wt.) <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care						
<input type="checkbox"/> School <input type="checkbox"/> Day Care						

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)	CITY	PHONE NUMBER		
2021	EDDIE SANCHEZ	L.A.U.S.D		Los Angeles	(666) 532-5445		
REPORT PREPARED BY: Ricardo Onate							
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
<input checked="" type="checkbox"/> School Hooper EEC 1224 E 52nd St Los Angeles, CA 90011 <input type="checkbox"/> Day Care	LA	6:00AM 4/23/21	#19 Ground Box Parking Lot	BASF PT565 plus XLO	499-290	(vol.) <input type="checkbox"/> (wt.) <input type="checkbox"/> OZ <input checked="" type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input checked="" type="checkbox"/> School Metropolitan HS 727 Wilson St. Los Angeles CA 90021 <input type="checkbox"/> Day Care	LA	7:00 AM 4/29/21	#19 Exterior Under Storage Bin	BASF PT565 plus XLO	499-290	(vol.) <input type="checkbox"/> (wt.) <input type="checkbox"/> OZ <input checked="" type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> (wt.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> (wt.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> (wt.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
REPORT PREPARED BY:		CITY	PHONE NUMBER				
2021	EDDIE SANCHEZ	L.A. U.S.D	213-745-3358				
PORTER, JAMES L.		Los Angeles					
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
<input checked="" type="checkbox"/> School RICHLAND EL 11562 RICHLAND AVE L.A. CA. 90064 Loc # 6260	LA	4-16-21	TO	B.A.S.F. PT565 PLUS XLO	499-290	12 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School						<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> Day Care						<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School						<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> Day Care						<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School						<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> Day Care						<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2021	EDWARD SANCHEZ	LOS ANGELES UNIFIED SCHOOL DISTRICT					
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY	PHONE NUMBER			
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net	SUN VALLEY	818.394.2491			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
LANAI EL 4764 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.15.21 0900	6	NISUS BORA-CARE TERMITICIDE	64405-1	8  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
DYER EL 3493 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.15.21 0730	19- PARENT CENTER	BASF- ALPINE COCKROACH GEL BAIT	499-507	8  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
HOLMES MS 8182 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.15.21 0645	19-UNDER STORAGE BIN	BASF- PT565 PLUS XLO FORMULA 2	499-290	15  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
DARBY EL 3340 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.15.2021 1200	10	BASF-ADVANCE GRANULAR ANT BAIT	499-370	12  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care						  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2021	EDWARD SANCHEZ	LOS ANGELES UNIFIED SCHOOL DISTRICT					
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY	PHONE NUMBER			
JOSEOMAR MEDINA		jose.medina1@lausd.net	SUN VALLEY	818.394.2491			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
CHATS WORTH HS 8583 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.12.2021 0800	10	WILCO DISTRIBUTORS WILCO GROUND SQUIRREL BAIT	36029-20	32 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
DARBY EL 3340 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.12.2021 1300	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	12 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
CHASE EL 3014 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.13.2021 1330	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	4 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY: <i>JOSCOMAR MEDINA</i>		E-MAIL ADDRESS <b>jose.medina1@lausd.net</b>			CITY <b>SUN VALLEY</b>		PHONE NUMBER <b>818.394.2491</b>	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
ARLETA SH 8609 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.1.2021 1300	10	LIPHATECH ROZOL GOPHER BAIT	7173-184	4  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
VAN NUYS SH 8893 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.2.2021 0700	1,16	NISUS BORA-CARE TERMITICIDE	64405-1	16  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
FERNANGELES EL 3753 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.2.2021 1000	2	LIPHATECH ROZOL GOPHER BAIT	7173-184	4  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	30	
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
DARBY EL 3340  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	4.20.2021 1215	10	BASF-ADVANCE GRANULAR ANT BAIT	499-370	<input type="text" value="6"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
LORNE EL 4973  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	4.21.2021 1430	4	BAYER SUSPEND SC	432-763	<input type="text" value="0.25"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SAN FERNANDO SH 8843  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	4.22.2021 1300	16	NISUS BORA-CARE TERMITICIDE	64405-1	<input type="text" value="8"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
PINEWOOD EEC 9549  <input type="checkbox"/> School  <input checked="" type="checkbox"/> Day Care	19	4.22.2021 1430	1	NISUS BORA-CARE TERMITICIDE	64405-1	<input type="text" value="8"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
PARKS LC 3576  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	4.22.2021 0900	6	BASF- ALPINE COCKROACH GEL BAIT	499-507	<input type="text" value="10"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2021	EDWARD SANCHEZ	LOS ANGELES UNIFIED SCHOOL DISTRICT					
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY	PHONE NUMBER			
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net	SUN VALLEY	818.394.2491			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
POMELO COMM CS 6140 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.23.2021 1230	10	WILCO DISTRIBUTORS WILCO GROUND SQUIRREL BAIT	36029-20	96 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
POLYTECHNIC SH 8636 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.24.2021 0600	2	LIPHATECH ROZOL GOPHER BAIT	7173-184	12 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
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WILLIAM TAFT CHTR 8880 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.18.2021 0600	2	LIPHATECH ROZOL GOPHER BAIT	7173-184	<input type="text" value="192"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	30	
NORTHRIDGE MS 8283 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.19.2021 0600	4	BAYER SUSPEND SC	432-763	<input type="text" value="0.25"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
HERRICK EL 4515 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.19.2021 0800	14	BASF- PT565 PLUS XLO FORMULA 2	499-290	<input type="text" value="3"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
LORNE EL 4973 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.21.2021 1430	4	BAYER SUSPEND SC	432-763	<input type="text" value="0.25"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
HAZELTINE EL 4493 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.20.2021 0600	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	<input type="text" value="8"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
ROBERT MILLIKAN 8238 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.28.2021 0600	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	8  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SAN FERNANDO SH 8843 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.28.2021 0600	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	2  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
WILLIAM TAFT CHTR 8880 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.28.2021 0715	2	LIPHATECH ROZOL GOPHER BAIT	7173-184	2  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
BYRD MS 8080 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.28.2021 1200	2	LIPHATECH ROZOL GOPHER BAIT	7173-184	2  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
STAGG EL 6890 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.29.2021 0900	13	NISUS BORA-CARE TERMITICIDE	64405-1	8  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
FAIR EL 3712  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	4.29.2021 0600	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	8  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
HASKELL MAGNET 4452  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	4.29.2021 0600	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	3  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
HENRY MS 8174  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	4.29.2021 0645	19- TREE IN QUAD AREA	BASF- PT565 PLUS XLO FORMULA 2	499-290	3  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
FAIR EL 3712  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	4.30.2021 1000	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	8  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SYLMAR EL 7014  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	4.30.2021 1200	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	3  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2021	EDWARD SANCHEZ	LOS ANGELES UNIFIED SCHOOL DISTRICT					
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY	PHONE NUMBER			
JOSEOMAR MEDINA		jose.medina1@lausd.net	SUN VALLEY	818.394.2491			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
KNOLLWOOD PREP ACAD 4762 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.26.2021 0845	14	GOWAN M-PEDE	10163-324	0.315  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
POMELO COMM CS 6140 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.26.2021 0930	10	WILCO DISTRIBUTORS WILCO GROUND SQUIRREL BAIT	36029-20	32  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
CHATSWORTH HS 8583 <input type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.26.2021 1200	2	WILCO DISTRIBUTORS WILCO GROUND SQUIRREL BAIT	36029-20	32  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	30
CHATSWORTH HS 8583 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.27.2021 0800	2	WILCO DISTRIBUTORS WILCO GROUND SQUIRREL BAIT	36029-20	32  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	30
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
CHATS WORTH HS 8583 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.6.2021 0800	2	WILCO DISTRIBUTORS WILCO GROUND SQUIRREL BAIT	36029-20	48  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	30	
PLUMMER EL 6123 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.6.2021 0700	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	15  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
DARBY EL 3340 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.6.2021 0845	10	BASF-ADVANCE GRANULAR ANT BAIT	499-370	3  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
WILLIAM TAFT CHTR 8880 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.7.2021 0600	2	LIPHATECH ROZOL GOPHER BAIT	7173-184	4  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input checked="" type="checkbox"/> LB	30	
BERTRAND EL 2438 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.7.2021 1030	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	4  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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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 DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
CHASE EL 3014  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	4.09.2021 1200	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	4  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
CHATSWORTH HS 8583  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	4.09.2021 0930	10	WILCO DISTRIBUTORS WILCO GROUND SQUIRREL BAIT	36029-20	16  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
NEVADA EL 5459  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	4.09.2021 0800	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	4  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SAN FERNANDO SH 8843  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	4.09.2021 0830	19-GROUND BOX	BASF- PT565 PLUS XLO FORMULA 2	499-290	20  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
 <input type="checkbox"/> School  <input type="checkbox"/> Day Care	19					  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2021	EDWARD SANCHEZ	LOS ANGELES UNIFIED SCHOOL DISTRICT					
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY	PHONE NUMBER			
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net	SUN VALLEY	818.394.2491			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
WELBY WAY CHTR 7637 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.5.2021 1230	4	GOWAN M-PEDE	10163-324	0.315  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
DARBY EL 3340 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.5.2021 0600	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	17  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
CHATSWORTH HS 8583 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.7.2021 0600	8	WILCO DISTRIBUTORS WILCO GROUND SQUIRREL BAIT	36029-20	32  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
CALABASH EL 2704 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.7.2021 0600	10	ROCKWELL LABS ECOVIA EC	EXEMPT	0.5  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
TULSA EL 7247 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	4.8.2021 1430	19-EXTERIOR GROUND BOXES	BAYER SUSPEND SC	432-763	0.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

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# 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 <b>2021</b>	SCHOOL DESIGNEE (IPM COORDINATOR) <b>Adrian Pacheco</b>	DISTRICT/CENTER NAME <b>LAUSD</b>	LICENSE / CERTIFICATE NUMBER (optional)				
REPORT PREPARED BY: <b>Dennis Fernandez</b>		E-MAIL ADDRESS	CITY <b>LA</b>	PHONE NUMBER <b>323-745-5000</b>			
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)
<b>Bandini elementary school</b> 425 N Bandini St San Pedro, CA 90731	<b>LA.</b>	<b>4-26-21</b> 6:00 AM	<b>10</b>	<b>BASF</b> <b>PT 565 PLUS</b> <b>XLO</b>	<b>499-290</b>	<input type="checkbox"/> LB <input type="checkbox"/> OZ (vol.) <input checked="" 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	<b>10</b>
<input type="checkbox"/> School <input type="checkbox"/> Child Care						<input type="checkbox"/> LB <input 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	
<input type="checkbox"/> School <input type="checkbox"/> Child Care						<input type="checkbox"/> LB <input 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	
<input type="checkbox"/> School <input type="checkbox"/> Child Care						<input type="checkbox"/> LB <input 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	
<input type="checkbox"/> School <input type="checkbox"/> Child Care						<input type="checkbox"/> LB <input 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	
<input type="checkbox"/> School <input type="checkbox"/> Child Care						<input type="checkbox"/> LB <input 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	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY 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)			
2021	EDUARDO Sanchez	LAUSD						
REPORT PREPARED BY		E-MAIL ADDRESS			CITY	PHONE NUMBER		
Ismael (Liu)					Los Angeles			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
6155 ST. EL <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	CA.	4/16/2021 9:30 AM	6	NISUS Bova-Care	64405-1 Cantion	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; text-align: center; line-height: 20px;">2</div> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

DEPARTMENT OF PESTICIDE REGULATION  
 PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR <b>2021</b>	SCHOOL DESIGNEE (IPM COORDINATOR) <b>Edward Sanchez</b> <del>Adrian Pacheco</del>	DISTRICT / CENTER NAME <b>LAUSD</b>	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
REPORT PREPARED BY: <b>Dennis Fernandez</b>		E-MAIL ADDRESS	CITY <b>L.A.</b>	PHONE NUMBER <b>323-745-1500</b>			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
<b>Carson High School</b> <input checked="" type="checkbox"/> School <b>22320 S. main ST</b> <b>Carson, 90745</b> <input type="checkbox"/> Day Care	<b>L.A.</b>	<b>4-12-21</b> <b>700-930</b>	<b>10</b>	<b>BASF</b> <b>PT 565 Plus</b> <b>XLO</b>	<b>499-290</b>	<b>6</b> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	<b>10</b>
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

DEPARTMENT OF PESTICIDE REGULATION  
 PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR <b>2021</b>	SCHOOL DESIGNEE (IPM COORDINATOR) <b>Edward Sanchez</b> <b>Adria Pacheco</b>	DISTRICT / CENTER NAME <b>LAUSD</b>	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
REPORT PREPARED BY: <b>Dennis Fernandez</b>		E-MAIL ADDRESS	CITY <b>L.A.</b>	PHONE NUMBER <b>323-745-1500</b>			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
<b>Dodson middle school</b> <input checked="" type="checkbox"/> School <b>2814 monterey Dr</b> <b>Rancho Palos Verdes</b> <b>90275</b> <input type="checkbox"/> Day Care	<b>L.A.</b>	<b>4-9-21</b> <b>6:30 A.M.-</b> <b>12:00 P.M.</b>	<del>10</del> <b>4</b>	<b>BASF</b> <b>PT 565 Plus</b> <b>XLO</b>	<b>499-290</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">8</div> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	<b>10</b>
<input type="checkbox"/> School						<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;"> </div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;"> </div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School						<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;"> </div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;"> </div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School						<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;"> </div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;"> </div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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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

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)	REPORT PREPARED BY:	E-MAIL ADDRESS	CITY	PHONE NUMBER
2021	Eddie Sanchez	Los Angeles Unified		Anthony Vargasen		Los Angeles	213 745 3358
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	EPAC/California Registration Number from Label	Amount Used (and check one unit of measure)	Pest Control Code (from list on back)
Stuckerson M.S. <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	Los Angeles	5.1.21	8	PTS65 Plus XLO Form 2 Bayer	499-290	4 <input checked="" type="checkbox"/> OZ (vol.) (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
Franklin H.S. <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	Los Angeles	5.1.21	4	PTS65 Plus XLO Form 2 Bayer	499-290	5 <input checked="" type="checkbox"/> OZ (vol.) (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
Eaglecreek H.S. <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	Los Angeles	5.1.21	6	P+565 Plus XLO Form 2 Bayer	499-290	12 <input checked="" type="checkbox"/> OZ (vol.) (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	10
Bradley E.S. <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	Los Angeles	5.15.21	6	Bora-Care Nisus	64405-1	2 <input checked="" type="checkbox"/> OZ (vol.) (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	10
Trinity E.S. <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	Los Angeles	5.15.21	6	Bora-Care Nisus	64405-1	5 <input checked="" type="checkbox"/> OZ (vol.) (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	10

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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)		CITY		PHONE NUMBER
2021	Eddie Sanchez	Los Angeles Unified			Los Angeles		213 745 3358
REPORT PREPARED BY: Anthony Vasquez							
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)
YES Academy <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	Los Angeles	5-17-21	8	PT565 XLD Form 2 Bayer	499-290	3 <input checked="" type="checkbox"/> OZ (vol) (wt) <input type="checkbox"/> LB <input type="checkbox"/> GA ML KG L	30
DeConte M.S. <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	Los Angeles	5-26-21	6	Reermit IV AG Sentricon	62719-454	3 <input checked="" type="checkbox"/> OZ (vol) (wt) <input type="checkbox"/> LB <input type="checkbox"/> GA ML KG L	10

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)	PHONE NUMBER			
2021	EDDIE SANCHEZ	LAUSD					
REPORT PREPARED BY: GIL SADANA (5173417)							
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
IVANHOE EL 2828 HEIKIMER ST LOS ANGELES CA 90039	<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	5-11-21 10:45 am	14	Bayer PT 565 plus XLO	499.290	6 (vol.) <input type="checkbox"/> <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
	<input type="checkbox"/> School <input type="checkbox"/> Day Care					(vol.) <input type="checkbox"/> <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
	<input type="checkbox"/> School <input type="checkbox"/> Day Care					(vol.) <input type="checkbox"/> <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
	<input type="checkbox"/> School <input type="checkbox"/> Day Care					(vol.) <input type="checkbox"/> <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)	PHONE NUMBER			
2021	EDDIE SANCHEZ	L.A. U.S.D.					
REPORT PREPARED BY: <i>Juan Sanchez</i>		E-MAIL ADDRESS	CITY <i>Los Angeles</i>				
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
<del>421</del> Rosemont BL 421 Rosemont Ave Los Angl. Ca 90026 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	L.A.	5/4/21	# 4 Bldg Exterior	PT-565 (BASF)	499-290	6 (vol.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> (wt.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> GR <input type="checkbox"/> LB	10
Nevin BL 1569 E. 32nd St. Los Angeles Ca 90011 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	L.A.	5/8/21	# 4	Bora-Care Nissens-Corp.	64405-1	1 (vol.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> (wt.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> GR <input type="checkbox"/> LB	10
Esperanza BL 680 Little St. Los Angeles Ca 90017 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	L.A.	5/8/21	# 6 class rm	Bora-Care Nissens Corp	64405-1	1 (vol.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> (wt.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> GR <input type="checkbox"/> LB	10
Esperanza BL 680 Little St Los Angeles Ca 90017 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	L.A.	5/8/21	# 6 class	Alpine Bait (BASF)	499-507	15 (vol.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> (wt.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> GR <input type="checkbox"/> LB	10
Esperanza BL 680 Little St Los Angeles Ca 90017 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	L.A.	5/8/21	# 6	Alpine Bait (BASF)	499-507	10 (vol.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> (wt.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> GR <input type="checkbox"/> LB	10

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)	PHONE NUMBER			
2021		E-MAIL ADDRESS	CITY				
REPORT PREPARED BY: <i>Juan Sanchez</i>		<i>L.A.U.S.D</i>		<i>Los Angeles</i>			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
<input checked="" type="checkbox"/> School <i>Esperanza EC 680 Little St.</i>	<i>LA</i>	<i>5/8/21</i>	<i>#6 Class Rm</i>	<i>Bora - Care Nissus - Corp</i>	<i>64405 - 1</i>	<input type="checkbox"/> (vol.) <input checked="" type="checkbox"/> 1 OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	<i>10</i>
<input type="checkbox"/> Day Care <i>Los Angeles Ca 90017</i>	<i>LA</i>	<i>5/8/21</i>	<i>#6 ClassRm</i>	<i>Bora Care Nissus - Corp</i>	<i>64405 - 1</i>	<input type="checkbox"/> (vol.) <input checked="" type="checkbox"/> 4 OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	<i>10</i>
<input checked="" type="checkbox"/> School <i>Hooper P.C. 1280 E. 52nd St.</i>	<i>LA</i>	<i>5/15/21</i>	<i>#4 Exterior</i>	<i>Suspend SC Bayer</i>	<i>432 - 763</i>	<input type="checkbox"/> (vol.) <i>2.25</i> <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	<i>10</i>
<input type="checkbox"/> Day Care <i>Los Angel Ca 90011</i>	<i>LA</i>	<i>5-22-21</i>	<i>#4</i>	<i>Bora - Care Nissus - Corp</i>	<i>64405 - 1</i>	<input type="checkbox"/> (vol.) <input checked="" type="checkbox"/> 1 OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	<i>10</i>
<input checked="" type="checkbox"/> School <i>Gaten ECC 2306 N. Thomas St</i>	<i>LA</i>	<i>5/22/21</i>	<i>#4</i>	<i>Bora Care Nissus - Corp</i>	<i>64405 - 1</i>	<input type="checkbox"/> (vol.) <input checked="" type="checkbox"/> 1 OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	<i>10</i>
<input type="checkbox"/> Day Care <i>Los Angeles 90031</i>	<i>LA</i>						

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)		PHONE NUMBER
2021		L.A. U.S.D.			
REPORT PREPARED BY:					
<i>Juan Sanchez</i>					
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)
2016 EC 1353 E 20th St Los Angeles Ca 90011	L.A.	5/22/21	# 4 Exterior	Suspend SC Bayer	432-763
Charvey EC 5243 Oakland St Los Angel Ca 90032	L.A.	5/22/21	# 6 Crew	Alpine Gel Dait (BASF)	499-507

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2021	EDWARD SANCHEZ	LOS ANGELES UNIFIED SCHOOL DISTRICT					
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY	PHONE NUMBER			
JOSEOMAR MEDINA		jose.medina1@lausd.net	SUN VALLEY	818.394.2491			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
BROADOUS EL 3829 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5.3.2021 0800	19-DOCK AREA	BASF- PT565 PLUS XLO FORMULA 2	499-290	2  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
KENNEDY-SAN FERNANDO CAS 9365 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5.3.2021 0815	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	8  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
CHATSWORTH HS 8583 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5.3.2021 1030	2	WILCO DISTRIBUTORS WILCO GROUND SQUIRREL BAIT	36029-20	64  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
WINNETKA EL 7836 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5.3.2021 0600	4	GOWAN M-PEDE	10163-324	0.315  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
NO HOLLYWOOD SH 8786 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5.5.2021 0600	19-TREE	BASF- PT565 PLUS XLO FORMULA 2	499-290	8  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
LEWIS SH 8638 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5.5.2021 0830	6	BASF- ALPINE COCKROACH GEL BAIT	499-507	5  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
BEACHY EL 2329 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5.5.2021 1530	1	BASF- ALPINE COCKROACH GEL BAIT	499-507	19  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
BEACHY EL 2329 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5.5.2021 1730	6	NISUS BORA-CARE TERMITICIDE	64405-1	8  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
COLUMBUS AVE EL 7432 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5.7.2021 1315	10	WILCO DISTRIBUTORS WILCO GROUND SQUIRREL BAIT	36029-20	48  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2021	EDWARD SANCHEZ	LOS ANGELES UNIFIED SCHOOL DISTRICT					
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY	PHONE NUMBER			
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net	SUN VALLEY	818.394.2491			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
SAN JOSE EL 6479 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5.1.2021 0600	4	BAYER SUSPEND SC	432-763	0.25 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
FROST MS 8137 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5.1.2021 0730	4	BAYER SUSPEND SC	432-763	0.25 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
HENRY MS 8174 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5.1.2021 0830	4	BAYER SUSPEND SC	432-763	0.50 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
DARBY EL 3340 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5.1.2021 1030	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	8 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2021	EDWARD SANCHEZ	LOS ANGELES UNIFIED SCHOOL DISTRICT					
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY	PHONE NUMBER			
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net	SUN VALLEY	818.394.2491			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
CANOGA PARK SH 8571 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5.20.21 1200	6	NISUS BORA-CARE TERMITICIDE	64405-1	8 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
MONLUX EL 5342 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5.21.21 0600	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	8 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
BALBOA MAG 2269 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5.21.21 0815	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	3 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
MACLAY MS 8228 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5.22.21 0600	4	BAYER SUSPEND SC	432-763	0.25 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
KNOLLWOOD PREP ACAD 4762 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5.22.21 0730	4	BAYER SUSPEND SC	432-763	0.5 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2021	EDWARD SANCHEZ	LOS ANGELES UNIFIED SCHOOL DISTRICT					
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY	PHONE NUMBER			
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net	SUN VALLEY	818.394.2491			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
PORTER MS 8354 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5.22.21 0830	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	9  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
PORTER MS 8354 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5.22.21 0930	6	BASF- PT565 PLUS XLO FORMULA 2	499-290	4  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
TULSA EL 7247 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5.22.21 1030	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	3  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
HENRY MS 8174 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5.22.21 1200	2, 4	BAYER SUSPEND SC	432-763	2.0  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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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 DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
POMELO COMM CS 6140 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5.17.21 0915	10	WILCO DISTRIBUTORS WILCO GROUND SQUIRREL BAIT	36029-20	16  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
VAN NUYS EL 7438 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5.17.21 1200	6	BASF- ALPINE COCKROACH GEL BAIT	499-507	16  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
REED MS 8355 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5.18.21 0600	19-GROUND BOX	BASF- PT565 PLUS XLO FORMULA 2	499-290	10  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SAN FERNANDO SH 8843 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5.20.21 0600	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	1  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
HERRICK EL 4515 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5.20.21 1315	3	BASF-ADVANCE GRANULAR ANT BAIT	499-370	1  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
HOLMES MS 8182  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	5.24.21 0945	8	GOWAN M-PEDE	10163-324	0.315  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
MONROE SH 8768  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	5.25.21 0715	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	10  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
DARBY EL 3340  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	5.26.21 0600	10	BASF- PT565 PLUS XLO FORMULA 2	499-290	5  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
DARBY EL 3340  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	5.26.21 1000	10	BASF-ADVANCE GRANULAR ANT BAIT	499-370	3  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SYLMAR EL 7014  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	5.28.21 1200	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	2  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2021	EDWARD SANCHEZ	LOS ANGELES UNIFIED SCHOOL DISTRICT					
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY	PHONE NUMBER			
JOSEOMAR MEDINA		jose.medina1@lausd.net	SUN VALLEY	818.394.2491			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
COLUMBUS AVE EL 7432 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5.12.2021 1030	10	WILCO DISTRIBUTORS WILCO GROUND SQUIRREL BAIT	36029-20	16  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
HASKELL MAGNET 4452 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5.15.2021 0600	4	BAYER SUSPEND SC	432-763	0.5  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
HASKELL MAGNET 4452 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5.15.2021 0730	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	8  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
VALLEY ACAD ARTS 8898 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5.15.2021 0900	4	BAYER SUSPEND SC	432-763	0.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2021	EDWARD SANCHEZ	LOS ANGELES UNIFIED SCHOOL DISTRICT					
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY	PHONE NUMBER			
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net	SUN VALLEY	818.394.2491			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
GRANADA EL 4233 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5.15.2021 1000	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	10  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
GRANADA EL 4233 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5.15.2021 1200	4	BAYER SUSPEND SC	432-763	0.75  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
VAN GOGH CHRTR 7422 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	5.15.2021 1300	4	BAYER SUSPEND SC	432-763	0.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
KITTRIDGE EL 4760  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	5.10.2021 1200	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	8  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
FAIR EL 3712  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	5.10.2021 0900	6	NISUS BORA-CARE TERMITICIDE	64405-1	24  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
HERRICK EL 4515  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	5.11.2021 1530	5	BASF- ALPINE COCKROACH GEL BAIT	499-507	14  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
CALVERT CHRTR 2712  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	5.11.2021 0915	4	GOWAN M-PEDE	10163-324	0.315  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
TOPEKA CHARTER 7201  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	5.11.2021 0600	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	10  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

DEPARTMENT OF PESTICIDE REGULATION  
 PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR <b>2021</b>	SCHOOL DESIGNEE (IPM COORDINATOR) <b>Edward Sanchez</b> <del>Adrian Pacheco</del>	DISTRICT / CENTER NAME <b>LAUSD</b>	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
REPORT PREPARED BY: <b>Dennis Fernandez</b>		E-MAIL ADDRESS		CITY <b>L.A.</b>	PHONE NUMBER <b>789</b> <b>323-785-5000</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility.	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
<b>Willenberg SP ED</b> <input checked="" type="checkbox"/> <b>School</b> <b>308 Weymouth Ave</b> <b>San Pedro 90732</b> <input type="checkbox"/> <b>Day Care</b>	<b>L.A.</b>	<b>5-7-21</b> <b>1200 P.M.</b>	<b>19</b>	<b>BASF</b> <b>PT 565 PLUS</b> <b>XLO</b>	<b>499-290</b>	<div style="border: 1px solid black; padding: 2px; width: 40px; margin: 0 auto;">10</div> (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	<b>10</b>
<input type="checkbox"/> <b>School</b>						<div style="border: 1px solid black; padding: 2px; width: 40px; margin: 0 auto;"></div> (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
<input type="checkbox"/> <b>Day Care</b>						<div style="border: 1px solid black; padding: 2px; width: 40px; margin: 0 auto;"></div> (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
<input type="checkbox"/> <b>School</b>						<div style="border: 1px solid black; padding: 2px; width: 40px; margin: 0 auto;"></div> (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
<input type="checkbox"/> <b>Day Care</b>						<div style="border: 1px solid black; padding: 2px; width: 40px; margin: 0 auto;"></div> (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
<input type="checkbox"/> <b>School</b>						<div style="border: 1px solid black; padding: 2px; width: 40px; margin: 0 auto;"></div> (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
<input type="checkbox"/> <b>Day Care</b>						<div style="border: 1px solid black; padding: 2px; width: 40px; margin: 0 auto;"></div> (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

DEPARTMENT OF PESTICIDE REGULATION  
 PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR <b>2021</b>	SCHOOL DESIGNEE (IPM COORDINATOR) <b>Edward Sanchez</b>	DISTRICT / CENTER NAME <b>LAUSD</b>			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
REPORT PREPARED BY: <b>Dennis Fernandez</b>		E-MAIL ADDRESS			CITY <b>L.A.</b>		PHONE NUMBER <b>789 323-795-5000</b>	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
<b>Angels Gate</b> <input checked="" type="checkbox"/> School <b>3667 S Gaffey St</b> <b>San Pedro 90731</b> <input type="checkbox"/> Day Care	<b>L.A.</b>	<b>5-19-21</b> <b>6:30</b> <b>A.M.</b>	<b>10</b>	<b>BASF</b> <b>PT 565 Plus</b> <b>xLo</b>	<b>499-290</b>	<b>15</b>  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	<b>10</b>	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

DEPARTMENT OF PESTICIDE REGULATION  
 PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR <b>2021</b>	SCHOOL DESIGNEE (IPM COORDINATOR) <b>Edward Sanchez</b>	DISTRICT / CENTER NAME <b>LAUSD</b>			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
REPORT PREPARED BY: <b>Romondo Sizemore</b>		E-MAIL ADDRESS			CITY <b>Los Angeles</b>		PHONE NUMBER <b>323-789-5000</b>	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify If School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
<b>Ochoa LC</b> <b>5027 Live Oak</b> <b>Street, Cudahy</b> <b>CA 90201</b> <input type="checkbox"/> School <input type="checkbox"/> Day Care	<b>19</b> <b>LA</b>	<b>5/19/2021</b> <b>9:30 AM</b>	<b>19</b>	<b>AMVAC</b> <b>Summit Bti</b> <b>Briquets</b>	<b>6218-47</b>	<input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input checked="" type="checkbox"/> (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB <b>5</b>	<b>10</b>	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		

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# 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

*EDWARD SANCHEZ*

APPLICATION YR <b>2021</b>	SCHOOL DESIGNEE (IPM COORDINATOR) <i>Edward Sanchez</i>	DISTRICT/CENTER NAME <b>LAUSD</b>	LICENSE /CERTIFICATE NUMBER (optional)
REPORT PREPARED BY: <i>Dennis Fernandez</i>		E-MAIL ADDRESS	CITY <b>L.A.</b>
			PHONE NUMBER <b>789 5000</b> <b>323 745 1500</b>

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)
22526 Dolores ST Carson, ca. 90745 <i>Dolores Elementary</i>	L.A.	5-21-21 6:30 A.M.	10	BASF PT 565 PLUS	499-290	5 <input type="checkbox"/> LB <input type="checkbox"/> OZ (vol.) <input checked="" 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	10
Willenberg Sped 308 Weymouth Ave San Pedro, ca. 90744	L.A.	5-21-21 1030 A.M.	10	BASF PT 565 PLUS	499-290	6 <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	10
						<input type="checkbox"/> LB <input 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	
						<input type="checkbox"/> LB <input 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	
						<input type="checkbox"/> LB <input 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	

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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 DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)	PHONE NUMBER			
2021	EDWARD SANCHEZ	LAUSD		LOS ANGELES			
REPORT PREPARED BY:							
Ray Rodriguez							
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
MACARTHUR PARK <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care		6/29/21	10	BELL LAB TERAD3 BLOX	12455-106	18 <input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
WHITE EL <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care		6-29-21	10	BELL LAB TERAD3 BLOX	12455-106	18 <input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
						<input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
						<input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
						<input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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APPLICATION YEAR		SCHOOL DESIGNEE (IPM COORDINATOR)		DISTRICT / CENTER NAME		LICENSE / CERTIFICATE NUMBER (OPTIONAL)	
2021		EDWARD SANCHEZ		LAUSD			
REPORT PREPARED BY: Mike Enriquez							
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
YOUNG OAK KIM <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	LA	6-19-21	10	BELL LAB TERAD3 BLOX	12455-106	18 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input checked="" type="checkbox"/> GR <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input checked="" type="checkbox"/> GR <input type="checkbox"/> PT <input type="checkbox"/> LB	10
						(vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> GR <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> GR <input type="checkbox"/> PT <input type="checkbox"/> LB	
						(vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> GR <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> GR <input type="checkbox"/> PT <input type="checkbox"/> LB	
						(vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> GR <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> GR <input type="checkbox"/> PT <input type="checkbox"/> LB	

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PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE/CERTIFICATE NUMBER (optional)	CITY	PHONE NUMBER		
2021	Eddie Sanchez	Mtd C3 and Spec. Socs		Los Angeles	213-745-3358		
REPORT PREPARED BY: Anthony Vargason							
E-MAIL ADDRESS: anthony.vargason@cbarsd.net							
Name & Address AND Specify if School or 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)
Rosewood E.S. 503 N. Croft Ave Los Angeles CA 90048	Los Angeles	6.12.21	18	Bora-Care Termiticide Nisus	64405-1	6 <input checked="" type="checkbox"/> OZ (vol.) (W/L) <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR <input type="checkbox"/> LB <input type="checkbox"/> GA ML KG L	10
Valley View E.S. 6921 Woodrow Wilson Los Angeles CA, 90048	Los Angeles	6.12.21	6	Bora-Care Termiticide Nisus	64405-1	6 <input checked="" type="checkbox"/> OZ (vol.) (W/L) <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR <input type="checkbox"/> LB <input type="checkbox"/> GA ML KG L	10
ORAN Charter Mag. 5540 W. 77th St. Los Angeles CA, 90045	Los Angeles	6.26.21	19 Faculty Dining	Bora-Care Termiticide Nisus	64405-1	2 <input checked="" type="checkbox"/> OZ (vol.) (W/L) <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR <input type="checkbox"/> LB <input type="checkbox"/> GA ML KG L	10
Johnson Street Acad. 8701 Park Hill Dr. Los Angeles CA, 90045	Los Angeles	6.26.21	6	Bora-Care Termiticide Nisus	64405-1	2 <input checked="" type="checkbox"/> OZ (vol.) (W/L) <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR <input type="checkbox"/> LB <input type="checkbox"/> GA ML KG L	10
L.A. Tech Cntrc 3721 N. Washington Blvd Los Angeles CA, 90018	Los Angeles	6.26.21	4	Bora-Care Termiticide Nisus	64405-1	2 <input checked="" type="checkbox"/> OZ (vol.) (W/L) <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR <input type="checkbox"/> LB <input type="checkbox"/> GA ML KG L	10

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2021	EDDIE SANCHEZ	C.A. U.S.D					
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY				
Carlos Medina			Los Angeles				
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
MAIN ST. Elementary <input checked="" type="checkbox"/> School 129 E. 5340 ST. School Los Angeles CA 90011 <input type="checkbox"/> Day Care	19	06/19/21 7:30 AM	4	Whitwire Micro- Gen. ADVANCE 375A select Granular	499-376	6 (vol.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input checked="" type="checkbox"/> OZ (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
20th ST. Elementary <input checked="" type="checkbox"/> School 1353 E. 20th St. School Los Angeles CA. 90011 <input type="checkbox"/> Day Care	19	06/19/21 12:30 pm	4,1	Suspension Bayer	432-763	1.5 (vol.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input checked="" type="checkbox"/> OZ (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input type="checkbox"/> OZ <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input type="checkbox"/> OZ <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input type="checkbox"/> OZ <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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2021		L.A.U.S.D.					
REPORT PREPARED BY: <i>JAMES PORTER</i>							
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
<input checked="" type="checkbox"/> School RICHLAND EL 11562 RICHLAND AVE LA CA 90064 <input type="checkbox"/> Day Care	LA	6-4-21	# 19 BENEATH STORAGE CONTAINER	BASF - PT 565 PLUS XLO	499-290	10 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR	10
<input checked="" type="checkbox"/> School MAR VISTA EL 3330 GRANVILLE AVE LA. CA 90066 <input type="checkbox"/> Day Care	LA	6-7-21	# 10	BASF - PT 565 PLUS XLO	499-290	6 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR	10
<input checked="" type="checkbox"/> School CASTLE HTS EL 9755 CATTARAUGUS AVE LA CA 90034 <input type="checkbox"/> Day Care	LA	6-15-21	# 4	BASF - ADVANCE ANT GRANULE	499-370	8 <input type="checkbox"/> OZ <input type="checkbox"/> ML <input checked="" type="checkbox"/> OZ <input type="checkbox"/> GR	10
<input checked="" type="checkbox"/> School COMMUNITY EL 11301 BELLAGIO RD. LA. CA 90049 <input type="checkbox"/> Day Care	LA	6-21-21	# 4	BASF - ADVANCE ANT GRANULE	499-370	10 <input type="checkbox"/> OZ <input type="checkbox"/> ML <input checked="" type="checkbox"/> OZ <input type="checkbox"/> GR	10
<input checked="" type="checkbox"/> School PALMS MS 10860 WOODBINE ST LA. CA 90034 <input type="checkbox"/> Day Care	LA	6-28-21	# 4	BASF - ADVANCE ANT GRANULE	499-370	6 <input type="checkbox"/> OZ <input type="checkbox"/> ML <input checked="" type="checkbox"/> OZ <input type="checkbox"/> GR	10

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APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)	PHONE NUMBER			
2021		L.A. U.S.D.					
REPORT PREPARED BY: JAMES PORTER							
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
<input checked="" type="checkbox"/> School CASTLE HTS EL 9755 CATTARAUGUS AVE LA. CA 90034	LA	6-29-21	#4	BASF - ADVANCE ANT GRANULE	499-370	2 (vol.) <input type="checkbox"/> <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ	10
<input checked="" type="checkbox"/> School CASTLE HTS EL 9755 CATTARAUGUS AVE LA. CA 90034	LA	6-29-21	#4	BASF - ADVANCE ANT GRANULE	499-370	6 (vol.) <input type="checkbox"/> <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care						1 (vol.) <input type="checkbox"/> <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ	X
<input type="checkbox"/> School <input type="checkbox"/> Day Care						1 (vol.) <input type="checkbox"/> <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ	X
<input type="checkbox"/> School <input type="checkbox"/> Day Care						1 (vol.) <input type="checkbox"/> <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ	X

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2021	EDWARD SANCHEZ	LOS ANGELES UNIFIED SCHOOL DISTRICT	CITY: SUN VALLEY				
REPORT PREPARED BY: <i>JOSOMAR MEDINA</i>		E-MAIL ADDRESS jose.medina1@lausd.net	PHONE NUMBER 818.394.2491				
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
PANORAMA CITY EL 5604 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	6.13.21 1030	19-GROUND BOX	BAYER SUSPEND SC	432-763	0.25 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> OZ ML PT <input type="checkbox"/> (wt.) <input type="checkbox"/> GR OZ LB <input type="checkbox"/>	10
PANORAMA CITY EL 5604 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	6.13.21 1200	13	BASF-ALPINE COCKROACH GEL BAIT	499-507	3 (vol.) <input type="checkbox"/> <input type="checkbox"/> OZ ML PT <input type="checkbox"/> (wt.) <input checked="" type="checkbox"/> <input type="checkbox"/> GR OZ LB <input type="checkbox"/>	10
SEPULVEDA MS 8363 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	6.13.21 1230	5	BASF-ALPINE COCKROACH GEL BAIT	499-507	7 (vol.) <input type="checkbox"/> <input type="checkbox"/> OZ ML PT <input type="checkbox"/> (wt.) <input checked="" type="checkbox"/> <input type="checkbox"/> GR OZ LB <input type="checkbox"/>	10
SAN FERNANDO SH 8843 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	6.15.21 1300	16	BASF-ALPINE COCKROACH GEL BAIT	499-507	6 (vol.) <input type="checkbox"/> <input type="checkbox"/> OZ ML PT <input type="checkbox"/> (wt.) <input checked="" type="checkbox"/> <input type="checkbox"/> GR OZ LB <input type="checkbox"/>	10
EMELITA CHRTR 3589 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	6.17.21 1015	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	4 (vol.) <input type="checkbox"/> <input type="checkbox"/> OZ ML PT <input type="checkbox"/> (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ LB <input type="checkbox"/>	10

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<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
JUSTICE EL 4692  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care		6.25.2021 1530	1	BASF- PT565 PLUS XLO FORMULA 2	499-290	<input type="text" value="15"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
MADISON MS 8230  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	6.18.21 0845	4	BAYER SUSPEND SC	432-763	<input type="text" value="0.25"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
HASKELL MAGNET 4452  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	6.18.21 0600	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	<input type="text" value="9"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
PORTER MS 8354  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	6.23.21 0700	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	<input type="text" value="10"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
CHANDLER EL 2959  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	6.24.21 0600	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	<input type="text" value="16"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
VICTORY EL 7521  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	6.25.2021 0600	19-GROUND BOX	BASF- PT565 PLUS XLO FORMULA 2	499-290	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8</div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
BROADOUS EL 3829  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	6.26.2021 0600	19-EXTERIOR GROUND BOXES	BAYER SUSPEND SC	432-763	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.25</div> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
HASKELL MAGNET 4452  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	6.26.2021 0730	4	BAYER SUSPEND SC	432-763	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.5</div> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
HASKELL MAGNET 4452  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	6.26.2021 0800	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	<div style="border: 1px solid black; padding: 2px; display: inline-block;">24</div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
MAYALL EL 5198  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	6.26.2021 0930	19-EXTERIOR GROUND BOXES	BAYER SUSPEND SC	432-763	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.25</div> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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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 DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
2021	EDWARD SANCHEZ	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY		PHONE NUMBER	
JOSEOMAR MEDINA		jose.medina1@lausd.net			SUN VALLEY		818.394.2491	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
GLEDHILL EEC 9578  <input type="checkbox"/> School <input checked="" type="checkbox"/> Day Care	19	6.26.2021 1200	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	4  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SUN VALLEY MAG 8396  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	6.29.2021 0600	4	ROCKWELL LABS ECOVIA EC	EXEMPT FIFRA 25 (b)	2  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
CHASE EL 3014  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	6.29.2021 0600	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	9  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
 <input type="checkbox"/> School  <input type="checkbox"/> Day Care	19					 <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
 <input type="checkbox"/> School  <input type="checkbox"/> Day Care	19					 <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)		DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
2021	EDWARD SANCHEZ		LOS ANGELES UNIFIED SCHOOL DISTRICT				
REPORT PREPARED BY:			E-MAIL ADDRESS	CITY	PHONE NUMBER		
JOSEOMAR MEDINA			jose.medina1@lausd.net	SUN VALLEY	818.394.2491		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
PRIMARY ACAD 4776	<input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19  6.3.21 0900	10	ZOECON ALTOSID BRIQUETS	2724-375	0.5  (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> GR OZ LB	10
REED MS 8355	<input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19  6.4.21 1000	19-FITNESS CENTER	BASF- PT565 PLUS XLO FORMULA 2	499-290	16  (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> GR OZ LB	10
	<input type="checkbox"/> School  <input type="checkbox"/> Day Care	19				  (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
	<input type="checkbox"/> School  <input type="checkbox"/> Day Care	19				  (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
	<input type="checkbox"/> School  <input type="checkbox"/> Day Care	19				  (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
BLYTHE EL 2470  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	6.7.2021 0700	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	8  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
VERDUGO HILLS SH 8914  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	6.7.2021 1200	19-IRRIGATION BOX	ZOECON ALTOSID BRIQUETS	2724-375	0.5  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
WOODLAKE EL 7877  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	6.7.2021 0930	4	GOWAN M-PEDE	10163-324	0.315  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SOCES MAG 8842  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	6.9.2021 0800	2	BASF-ADVANCE GRANULAR ANT BAIT	499-370	8  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	30	
NEVADA EL 5459  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	6.9.2021 0600	4	GOWAN M-PEDE	10163-324	0.315  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
2021	EDWARD SANCHEZ	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY		PHONE NUMBER	
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY		818.394.2491	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
MADISON MS 8230 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	6.9.2021 0900	4	BAYER SUSPEND SC	432-763	0.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
ARMINTA EL 2205 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	6.13.21 0600	4	BAYER SUSPEND SC	432-763	0.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
HADDON EEC 9588 <input type="checkbox"/> School <input checked="" type="checkbox"/> Day Care	19	6.13.21 0700	6	BASF- ALPINE COCKROACH GEL BAIT	499-507	10  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
CANTERBURY EL 2781 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	6.13.21 0830	6	BASF- ALPINE COCKROACH GEL BAIT	499-507	6  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
CANTERBURY EL 2781 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	6.13.21 1000	4	BAYER SUSPEND SC	432-763	0.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

DEPARTMENT OF PESTICIDE REGULATION  
 PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR <b>2021</b>	SCHOOL DESIGNEE (IPM COORDINATOR) <b>Edward Sanchez</b>	DISTRICT / CENTER NAME <b>LAUSD</b>			LICENSE / CERTIFICATE NUMBER (OPTIONAL)		
REPORT PREPARED BY: <b>Dennis Fernandez</b>		E-MAIL ADDRESS			CITY <b>LA.</b>	PHONE NUMBER <b>323-7451400</b>	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
<b>CARSON High School</b> <b>22328 S. Main ST</b> <b>Carson, 90745</b> <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	<b>LA.</b>	<b>6-2-21</b> <b>8:00 AM.</b>	<b>10</b>	<b>BASF</b> <b>PT 565 Plus</b> <b>XLO</b>	<b>499-290</b>	<b>3</b> (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	<b>10</b>
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

DEPARTMENT OF PESTICIDE REGULATION  
 PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR <b>2021</b>	SCHOOL DESIGNEE (IPM COORDINATOR) <b>Edward Sanchez</b>	DISTRICT / CENTER NAME <b>LHAUSD</b>	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
REPORT PREPARED BY <b>Smuel Rivera</b>		E-MAIL ADDRESS	CITY <b>Los Angeles</b>	PHONE NUMBER			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
<b>Milks EEC</b> <input type="checkbox"/> School <b>2855 Saturn Ave</b> <b>Hwy. 1K 9025</b> <input checked="" type="checkbox"/> Day Care		<b>6/9/2021</b> <b>1000 AM</b>	<b>6</b>	<b>NISUS</b> <b>Bore-Care</b>	<b>64409-1</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	<b>10</b>
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

DEPARTMENT OF PESTICIDE REGULATION  
 PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR <b>2021</b>	SCHOOL DESIGNEE (IPM COORDINATOR) <b>Edward Sanchez</b>	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL) <b>FR 50546</b>		
REPORT PREPARED BY: <b>Romaldo Sizemore</b>		E-MAIL ADDRESS <b>romaldo.sizemore@LAUSD.net</b>			CITY <b>Los Angeles</b>		PHONE NUMBER <b>(323) 989 5000</b>
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants <small>(include alpha code, if listed)</small>	Amount of Pesticide Product Used <small>(check or write in unit from label)</small>	Pest Control Code <small>(from list on back)</small>
<b>San Miguel Elementary 9801 San Miguel Ave South Gate</b> <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care		<b>6/23/21 @ 12:30</b>	<b>6</b>	<b>Bora-Care</b>	<b>64405</b>	<div style="border: 1px solid black; padding: 2px; width: 40px; margin: 0 auto;">2</div> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	<b>10</b>
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; width: 40px; margin: 0 auto;"></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; width: 40px; margin: 0 auto;"></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; width: 40px; margin: 0 auto;"></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; width: 40px; margin: 0 auto;"></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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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 YR <b>2021</b>	SCHOOL DESIGNEE (IPM COORDINATOR) <b>EDWARD Sanchez</b>	DISTRICT/CENTER NAME <b>LAUSD</b>		LICENSE /CERTIFICATE NUMBER (optional)			
REPORT PREPARED BY: <b>Dennis Fernandez</b>		E-MAIL ADDRESS		CITY <b>L.A.</b>	PHONE NUMBER <b>323-789-5000</b>		
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)
<b>950 W. SANTA CRUZ San Pedro, CA. ST 90731</b> <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	<b>L.A.</b>	<b>6-25-21 7:00 A.M.</b>	<b>4</b>	<b>PT 565 PLUS XLO</b>	<b>499-290</b>	<b>12</b> <input type="checkbox"/> LB <input type="checkbox"/> OZ (vol.) <input checked="" 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	<b>10</b>
<input type="checkbox"/> School <input type="checkbox"/> Child Care						<input type="checkbox"/> LB <input 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	
<input type="checkbox"/> School <input type="checkbox"/> Child Care						<input type="checkbox"/> LB <input 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	
<input type="checkbox"/> School <input type="checkbox"/> Child Care						<input type="checkbox"/> LB <input 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	
<input type="checkbox"/> School <input type="checkbox"/> Child Care						<input type="checkbox"/> LB <input 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	

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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 DAY CARE CENTER EMPLOYEES

DEPARTMENT OF PESTICIDE REGULATION  
 PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR 2021	SCHOOL DESIGNEE (IPM COORDINATOR) <i>Edward Sanchez</i>	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL) <i>FR 50546</i>			
REPORT PREPARED BY: <i>Romando Sizemore</i>		E-MAIL ADDRESS			CITY <i>Los Angeles</i>		PHONE NUMBER	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants <small>(Include alpha code, if listed)</small>	Amount of Pesticide Product Used <small>(check or write in unit from label)</small>	Pest Control Code <small>(from list on back)</small>	
<i>Beyond The Bell</i> <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care		<i>6/25/21</i> <i>8:30 AM</i>	<i>4</i>	<i>Suspend SC</i>	<i>432-763</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><i>0.25</i></div> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	<i>10</i>	
<input type="checkbox"/> School  <input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School  <input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School  <input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School  <input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

Pg 1 of 3

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)	CITY	PHONE NUMBER		
2021	Eddie Sanchez	Los Angeles Unified		Los Angeles	213 745 3358		
REPORT PREPARED BY: Anthony Vargason							
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
Castle Heights E.S. <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	Los Angeles	7-10-21 11:00am	6	Advance Granular Basf	499-370	6 <input type="checkbox"/> (vol.) <input type="checkbox"/> (wt.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input checked="" type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
Hobart Blvd E.S. <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	11	7-10-21 2:30 PM	10	M-Pede Gowan	10163-324	6 <input type="checkbox"/> (vol.) <input type="checkbox"/> (wt.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30
Angeles Mesa <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	11	7-10-21 9:00am	6	Bora-Care NISus	64405-1	2 <input type="checkbox"/> (vol.) <input type="checkbox"/> (wt.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
Hancock Park <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	11	7-15-21 10:30 am	6	Bora-Care NISus	64405-1	1 <input type="checkbox"/> (vol.) <input type="checkbox"/> (wt.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
59th St. E.S. <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	11	7-17-21 10 AM	4	PT 565 Plus XO Form II BASF	499-290	10 <input type="checkbox"/> (vol.) <input type="checkbox"/> (wt.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

Pg 2 of 3

APPLICATION YEAR		SCHOOL DESIGNEE (IPM COORDINATOR)		DISTRICT / CENTER NAME		LICENSE / CERTIFICATE NUMBER (OPTIONAL)	
2021		Eddie Sanchez		Los Angeles Unified		CITY: Los Angeles	
REPORT PREPARED BY: Anthony Vargas		E-MAIL ADDRESS n/a		EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)		PHONE NUMBER	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)	
Dorsey H.S. <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	Los Angeles	7.17.21 12:00pm		Advance Granular Ant Bait BASF	1 <input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input checked="" type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
6th Ave E.S. <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	11	7.17.21 2:30pm		Suspend SC Bayer	1 <input type="checkbox"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
Logan EEC <input type="checkbox"/> School <input checked="" type="checkbox"/> Day Care	11	7.24.21 12:00pm		Suspend SC Bayer	1 <input type="checkbox"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
Lizarraga E.S. <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	11	7.24.21 8:00am		Suspend SC Bayer	1 <input type="checkbox"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
Lizarraga E.S. <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	11	7.24.21 7:00am		M. Peder Gowan	1 <input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

Pg 3 of 3

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)		PHONE NUMBER		
2021	Eddie Sanchez	Los Angeles Unified					
REPORT PREPARED BY: Anthony Vargas							
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
Alexandria EEC <input type="checkbox"/> School <input checked="" type="checkbox"/> Day Care	Los Angeles	7-24-21 1000 am	8	Suspend SC Bayer	432-763	1 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30
Belmont H.S. <input type="checkbox"/> School <input type="checkbox"/> Day Care	"	7-24-21 2:30 pm	1	Suspend SC Bayer	432-763	1 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
Shonabooh EEC <input type="checkbox"/> School <input checked="" type="checkbox"/> Day Care	"	7-31-21 8:00 am	1	Alpine Cockroach Gel Bait Dasef	499-507	15 <input type="checkbox"/> OZ <input checked="" type="checkbox"/> GR <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB	10
2021 St E.S. <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	"	7-31-21 2:00 pm	18	Suspend SC Bayer	432-763	5 <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)	PHONE NUMBER			
2021	EDDIE SANCHEZ						
REPORT PREPARED BY: CARLOS MEDINA		E-MAIL ADDRESS	CITY				
			LOS ANGELES				
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
<input type="checkbox"/> School <input type="checkbox"/> Day Care		07/16/21 8:00 AM TO 1:00 PM	4.	BAYER Suspend SC	432-763	75 (vol.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input checked="" type="checkbox"/> OZ <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						(vol.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

July

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)		PHONE NUMBER		
2021	EDDIE SANCHEZ	LAUSD					
REPORT PREPARED BY: Ricardo Barra							
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
UNION EL <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	4	7/10/21 10:30 AM	6	BASF ALPINE PAKET GEL	499-507	5 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
VIRGINIA EL <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	4	7/24/21 6 AM	4	BAYER SUSPEND SC	432-763	4 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
MARVIN BEC <input type="checkbox"/> School <input checked="" type="checkbox"/> Day Care	4	7/24/21	6	BAYER SUSPEND SC	432-763	12 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2021		L.A.U.S.D	CITY	PHONE NUMBER			
REPORT PREPARED BY: <b>PORTER, JAMES L</b>		E-MAIL ADDRESS	Los Angeles	213-745-3350			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
<input checked="" type="checkbox"/> School CHARNOCK RD EL 11133 CHARNOCK RD LA, CA 90034 LOC # 3002	LA	07/16/2021 7:00 AM	4	BASF. PT 565 PLUS XLO	499-290	6 <input checked="" type="checkbox"/> Vol. <input type="checkbox"/> PT <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input checked="" type="checkbox"/> School EMERSON MS 1650 SELBY AVE LA CA 90024 LOC # 0123	LA	07/23/2021 12:30 PM	4	BASF ADVANCE ANT GRANULAR	499-370	4 <input type="checkbox"/> Vol. <input type="checkbox"/> PT <input type="checkbox"/> OZ <input type="checkbox"/> ML <input checked="" type="checkbox"/> OZ <input type="checkbox"/> GR <input type="checkbox"/> LB	10
<input checked="" type="checkbox"/> School CHARNOCK RD EL 11133 CHARNOCK RD LA CA 90034 LOC # 3002	LA	07/23/2021 7:30 AM	4	BASF ADVANCE ANT GRANULAR	499-370	4 <input type="checkbox"/> Vol. <input type="checkbox"/> PT <input type="checkbox"/> OZ <input type="checkbox"/> ML <input checked="" type="checkbox"/> OZ <input type="checkbox"/> GR <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> Vol. <input type="checkbox"/> PT <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> Vol. <input type="checkbox"/> PT <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
GRIDLEY EL 4295  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	7.31.21 1400	4	BAYER SUSPEND SC	432-763	0.5  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
FAIR EEC 9582  <input type="checkbox"/> School  <input checked="" type="checkbox"/> Day Care	19	7.31.21 0600	6	NISUS BORA-CARE TERMITICIDE	64405-1	16  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
FAIR EEC 9582  <input type="checkbox"/> School  <input checked="" type="checkbox"/> Day Care	19	7.31.21 0730	4	BAYER SUSPEND SC	432-763	0.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
FAIR EEC 9582  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	7.31.21 0800	18	BASF- ALPINE COCKROACH GEL BAIT	499-507	17  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
MONLUX EL 5342  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	7.31.21 1230	16	NISUS BORA-CARE TERMITICIDE	64405-1	8  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)		DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2021	EDWARD SANCHEZ		LOS ANGELES UNIFIED SCHOOL DISTRICT							
REPORT PREPARED BY:			E-MAIL ADDRESS			CITY		PHONE NUMBER		
JOSEOMAR MEDINA			jose.medina1@lausd.net			SUN VALLEY		818.394.2491		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)			
TELFAIR EL 7068  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	7.31.21 0730	6	NISUS BORA-CARE TERMITICIDE	64405-1	8  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10			
TELFAIR EL 7068  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	7.31.21 0830	19-PARENT CENTER	BASF- ALPINE COCKROACH GEL BAIT	499-507	10  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10			
SYLMAR SH 8878  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	7.31.21 0930	4	BAYER SUSPEND SC	432-763	0.5  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10			
GRIDLEY EL 4295  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	7.31.21 1200	6	NISUS BORA-CARE TERMITICIDE	64405-1	8  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10			
GRIDLEY EL 4295  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	7.31.21 1300	5	BASF- ALPINE COCKROACH GEL BAIT	499-507	15  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10			

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
MULHOLLAND MS 8259 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7.17.21 0900	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	<input type="text" value="12"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
CDS AGGELER 8506 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7.17.21 1030	19-EXTERIOR GROUND BOXES	BAYER SUSPEND SC	432-763	<input type="text" value="0.25"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
GRANADA EL 4233 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7.17.21 1200	4	BAYER SUSPEND SC	432-763	<input type="text" value="0.75"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
LD NORTHEAST 0180 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7.21.21 0930	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	<input type="text" value="1"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
CLEVELAND SH 8590 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7.22.21 0600	16	BASF- ALPINE COCKROACH GEL BAIT	499-507	<input type="text" value="40"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
MULHOLLAND MS 8259 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7.17.21 0900	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	12  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
CDS AGGELER 8506 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7.17.21 1030	19-EXTERIOR GROUND BOXES	BAYER SUSPEND SC	432-763	0.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
GRANADA EL 4233 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7.17.21 1200	4	BAYER SUSPEND SC	432-763	0.75  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
VAN NUYS MS 8434 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7.23.21 0600	19-EXTERIOR GROUND BOXES	BAYER SUSPEND SC	432-763	0.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SYLVAN PARK EL 7027 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7.23.21 1315	5	BASF- ALPINE COCKROACH GEL BAIT	499-507	20  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2021	EDWARD SANCHEZ	LOS ANGELES UNIFIED SCHOOL DISTRICT					
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY	PHONE NUMBER			
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net	SUN VALLEY	818.394.2491			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
MULHOLLAND MS 8259 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7.17.21 0900	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	<input type="text" value="12"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
CDS AGGELER 8506 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7.17.21 1030	19-EXTERIOR GROUND BOXES	BAYER SUSPEND SC	432-763	<input type="text" value="0.25"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
GRANADA EL 4233 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7.17.21 1200	4	BAYER SUSPEND SC	432-763	<input type="text" value="0.75"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					<input type="text"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					<input type="text"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
GRANADA EL 4233  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	7.24.21 0600	4	BAYER SUSPEND SC	432-763	1.5  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
N VALLEY OCCUP 9329  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	7.25.21 0600	18	NISUS BORA-CARE TERMITICIDE	64405-1	16  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
N VALLEY OCCUP 9329  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	7.25.21 0830	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	2  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
LAKE BALBOA 7390  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	7.26.21 0715	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	48  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
MACLAY MS 8228  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	7.26.21 1000	4	NISUS- NIBAN GRANULAR BAIT	64405-2	4  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2021	EDWARD SANCHEZ	LOS ANGELES UNIFIED SCHOOL DISTRICT					
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY	PHONE NUMBER			
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net	SUN VALLEY	818.394.2491			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
GRANADA EL 4233 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7.24.21 0600	4	BAYER SUSPEND SC	432-763	1.5 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
N VALLEY OCCUP 9329 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7.25.21 0600	18	NISUS BORA-CARE TERMITICIDE	64405-1	16 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
N VALLEY OCCUP 9329 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7.25.21 0830	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	2 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2021	EDWARD SANCHEZ	LOS ANGELES UNIFIED SCHOOL DISTRICT					
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY	PHONE NUMBER			
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net	SUN VALLEY	818.394.2491			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
N VALLEY OCCUP 9329 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7.26.21 0900	6	BASF- ALPINE COCKROACH GEL BAIT	499-507	4  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
MAYALL EL 5198 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7.26.21 1000	2	BASF-ADVANCE GRANULAR ANT BAIT	499-370	4  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
ALFRED B NOBEL 8272 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7.26.21 1045	19- PARENT CENTER	BASF- PT565 PLUS XLO FORMULA 2	499-290	4  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
VANALDEN EL 7411 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7.27.21 0600	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	8  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
SLYMAR SH 8878 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7.27.21 1015	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	8  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2021	EDWARD SANCHEZ	LOS ANGELES UNIFIED SCHOOL DISTRICT					
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY	PHONE NUMBER			
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net	SUN VALLEY	818.394.2491			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
MAYALL EL 5198 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7.27.21 1200	2	BASF-ADVANCE GRANULAR ANT BAIT	499-370	<input type="text" value="9"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	30
SYLMAR SH 8878 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7.28.21 0600	2	BASF-ADVANCE GRANULAR ANT BAIT	499-370	<input type="text" value="4"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	30
TELFAIR EL 7068 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	7.28.21 1200	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	<input type="text" value="4"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					<input type="text"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					<input type="text"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
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MAYALL EL 5198  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	7.27.21 1200	2	BASF-ADVANCE GRANULAR ANT BAIT	499-370	<input type="text" value="9"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	30	
SYLMAR SH 8878  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	7.28.21 0600	2	BASF-ADVANCE GRANULAR ANT BAIT	499-370	<input type="text" value="4"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	30	
TELFAIR EL 7068  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	7.28.21 1200	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	<input type="text" value="4"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
MACLAY MS 8228  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	7.30.21 1530	1	BASF- ALPINE COCKROACH GEL BAIT	499-507	<input type="text" value="30"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
MACLAY MS 8228  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	7.30.21 1530	4	BAYER SUSPEND SC	432-763	<input type="text" value="0.5"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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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 DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
CHANDLER EL 2959  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	7.6.2021 0830	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	<input type="text" value="10"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
MILLIKAN MS 8238  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	7.14.21 0600	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	<input type="text" value="10"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SHARP EL 6665  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	7.16.21 1300	4	BAYER SUSPEND SC	432-763	<input type="text" value="0.25"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
CHATSWORTH HS 8583  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	7.17.21 0730	5	BASF- ALPINE COCKROACH GEL BAIT	499-507	<input type="text" value="30"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
CHATSWORTH HS 8583  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	7.17.21 0830	2	BASF-ADVANCE GRANULAR ANT BAIT	499-370	<input type="text" value="16"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

DEPARTMENT OF PESTICIDE REGULATION  
 PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR <b>2021</b>		SCHOOL DESIGNEE (IPM COORDINATOR) <b>EDDIE Sanchez</b>		DISTRICT / CENTER NAME <b>LAUSD</b>		LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
REPORT PREPARED BY: <b>Ismael Rivas</b>				E-MAIL ADDRESS		CITY <b>Los Angeles</b>		PHONE NUMBER	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify If School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants <small>(Include alpha code, if listed)</small>	Amount of Pesticide Product Used <small>(check or write in unit from label)</small>	Pest Control Code <small>(from list on back)</small>		
Fremont SH <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10	7/19/2021 1200pm	6	NISUS BoraCave	64405-1	3 <small>(vol.)</small> <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10		
LD Central <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care		7/15/2021	8	Wellmark Zoecon ALTOSID	2724-375	1 <small>(vol.)</small> <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10		
75th St. El <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care		7/30/2021	8	Summit BTI Briguets	6218-47	18 <small>(vol.)</small> <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB			
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB			

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

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		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants <small>(Include alpha code, if listed)</small>	Amount of Pesticide Product Used <small>(check or write in unit from label)</small>	Pest Control Code <small>(from list on back)</small>	
2021	EDDIE Sanchez	LAUSD						
Ismael (Kivas)				Los Angeles				
Figueras El <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care		7/24/2021 11:00 AM	1	NISUS Bora-Care	64405-1	4 <small>(vol.)</small> <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
Parks Herta ECC <input type="checkbox"/> School <input checked="" type="checkbox"/> Day Care		7/24/2021 6:00 AM	6	Niban NISUS	64405-2	4 <small>(vol.)</small> <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input checked="" type="checkbox"/> LB	10	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <small>(vol.)</small> OZ ML PT <small>(wt.)</small> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <small>(vol.)</small> OZ ML PT <small>(wt.)</small> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <small>(vol.)</small> OZ ML PT <small>(wt.)</small> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <small>(vol.)</small> OZ ML PT <small>(wt.)</small> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB		

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

DEPARTMENT OF PESTICIDE REGULATION  
 PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR <b>2021</b>		SCHOOL DESIGNEE (IPM COORDINATOR) <b>Eddie Sanchez</b>		DISTRICT / CENTER NAME <b>LAUSD</b>		LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
REPORT PREPARED BY: <b>Christopher Chinx</b>			E-MAIL ADDRESS			CITY <b>Los Angeles</b>		PHONE NUMBER		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants <small>(Include alpha code, if listed)</small>	Amount of Pesticide Product Used <small>(check or write in unit from label)</small>	Pest Control Code <small>(from list on back)</small>			
<b>LAUSD</b> <b>6620 11th Ave</b> <b>Los Angeles CA</b> <b>90043</b> <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	<b>Los Angeles</b>	<b>7/24/2021</b> <b>2:30 pm</b>	<del>1</del> <b>1</b>	<b>NISUS</b> <b>Boxa-Cora</b>	<b>64405-1</b>	<input type="checkbox"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	<b>10</b>			
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB				
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB				
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB				
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB				
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB				

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

DEPARTMENT OF PESTICIDE REGULATION  
 PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR <b>2021</b>	SCHOOL DESIGNEE (IPM COORDINATOR) <b>Eddie Sanchez</b>	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)		
REPORT PREPARED BY: <b>Romando Sizemore</b>		E-MAIL ADDRESS			CITY <b>Los Angeles</b>	PHONE NUMBER <b>(323) 789-5000</b>	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
<b>Willenberg<sup>SPED</sup> CTR</b> <b>3085 Weymouth Ave</b> <b>San Pedro</b> <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care		<b>7/23/21</b> <b>@ 12:00</b>	<b>6</b>	<b>Bora-Care</b>	<b>64405</b>	<div style="border: 1px solid black; padding: 2px; text-align: center;">2</div> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	<b>10</b>
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

DEPARTMENT OF PESTICIDE REGULATION  
 PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR <b>2021</b>	SCHOOL DESIGNEE (IPM COORDINATOR) <b>Eddie Sanchez</b>	DISTRICT / CENTER NAME <b>LAUSD</b>	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
REPORT PREPARED BY: <b>Romondo Sizemore</b>		E-MAIL ADDRESS	CITY <b>Los Angeles</b>	PHONE NUMBER <b>(323) 789-5000</b>			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants <small>(Include alpha code, if listed)</small>	Amount of Pesticide Product Used <small>(check or write in unit from label)</small>	Pest Control Code <small>(from list on back)</small>
<b>Tweedy Elementary</b> <input checked="" type="checkbox"/> <b>School</b> <b>9724 Pinhurst Ave</b> <input type="checkbox"/> <b>South Gate</b> <input type="checkbox"/> <b>Day Care</b>		<b>7/20/21</b> <b>@ 12</b>	<b>6</b>	<b>Bora-Care</b>	<b>64405</b>	<div style="border: 1px solid black; padding: 2px; width: 40px; margin: 0 auto;">2</div> <small>(vol.)</small> <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	<b>10</b>
<input type="checkbox"/> <b>School</b>						<div style="border: 1px solid black; padding: 2px; width: 40px; margin: 0 auto;"></div> <small>(vol.)</small> <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> <b>School</b>						<div style="border: 1px solid black; padding: 2px; width: 40px; margin: 0 auto;"></div> <small>(vol.)</small> <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> <b>School</b>						<div style="border: 1px solid black; padding: 2px; width: 40px; margin: 0 auto;"></div> <small>(vol.)</small> <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> <b>School</b>						<div style="border: 1px solid black; padding: 2px; width: 40px; margin: 0 auto;"></div> <small>(vol.)</small> <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> <b>School</b>						<div style="border: 1px solid black; padding: 2px; width: 40px; margin: 0 auto;"></div> <small>(vol.)</small> <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

DEPARTMENT OF PESTICIDE REGULATION  
 PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR <b>2021</b>	SCHOOL DESIGNEE (IPM COORDINATOR) <b>EDDIE Sanchez</b>	DISTRICT / CENTER NAME <b>LHSD</b>			LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
REPORT PREPARED BY: <b>Ismael Rivera</b>			E-MAIL ADDRESS			CITY <b>Los Angeles</b>		PHONE NUMBER	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants <small>(include alpha code, if listed)</small>	Amount of Pesticide Product Used <small>(check or write in unit from label)</small>	Pest Control Code <small>(from list on back)</small>		
<b>Fremont HS</b> <b>7676 San Pedro</b> <b>Los Angeles</b> <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	<b>10</b>	<b>7/15/2021</b> <b>100 AM</b>	<b>6</b>	<b>NISUS</b> <b>Bora-Care</b>	<b>64409-1</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div> <small>(vol.)</small> <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	<b>10</b>		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <small>(vol.)</small> <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB			
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <small>(vol.)</small> <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB			
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <small>(vol.)</small> <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB			
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> <small>(vol.)</small> <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB			

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FLUORIDE USE REPORTING FOR SCHOOL  
 AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR (SCHOOL DESIGNEE (IPM COORDINATOR))		DISTRICT / CENTER NAME		LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
2021		L.A.USD					
REPORT PREPARED BY:		E-MAIL ADDRESS		CITY			
Juan Sanchez							
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
Yes Academy 3140 Hyde Park Blvd Los Angeles Ca 90002 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	L.A.	8/14/21 6:am	# 5 2nd floor/Plaza	Alpine Gel Bait BASF	499-507	12 <input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input checked="" type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR	10
David Roberti 1156 E. Vermont Ave. Los Angeles Ca. 90001 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	L.A.	8/14/21 1:00am	# 4 Bldg Exterior	Niken Granule Bait NE BANA	64405-2	<input checked="" type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR	10
Western Ave Blomb 1724W 53rd St. L.A Ca 90062 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	L.A.	8/24/21 6:00am	# 4 Bldg Exterior	Final Feed AP & G Co. Inc	Exempt.	10 <input checked="" type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR	10
Hooper EC 1400 E 6th St Los Angeles Ca 90001 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	L.A.	8/24/21 8:00am	# 4 Old Exterior	Final Feed AP & G Co Inc	Exempt	10 <input checked="" type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR	10
Dorsey HS 3537 Fairdale Ave Los Angeles Ca 90016 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	L.A.	8/24/21 10:am	# 4 Old Bldg	PT 565 VLO BASF	499-290	7 <input checked="" type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <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

**FLUORIDE USE REPORTING FOR SCHOOL  
AND CHILD DAY CARE CENTER EMPLOYEES**

APPLICATION YEAR (SCHOOL DESIGNEE (IPM COORDINATOR))		DISTRICT / CENTER NAME		LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
2021		LAUSD					
REPORT PREPARED BY:		E-MAIL ADDRESS		CITY			
Susan Dannelos							
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
20th SDFC 1355 E 20th Los Angeles Ca 90011 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	CA	8/28/21 6:00am	#4 Bldg Exterior	Suspend se BYER	432-763	4 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR <input type="checkbox"/> OZ	10
Utah EC 255 Gabriel Garcia Los Angeles Ca 90033 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	CA	8/28/21 8:00 am	#4 Bldg Exterior	Final Feed AP & G Co Inc	Exempt	10 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR <input type="checkbox"/> OZ	10
Widow Carter PFC 2302 S. Grammy Pl. Los Angeles Ca 90018 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	CA	8/28/21 10:00 am	#4 Bldg Exterior	Final Feed AP & G Co Inc	Exempt	10 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR <input type="checkbox"/> OZ	10
Gate EC 3303 Manion Ave Los Angeles Ca 90031 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	CA	8/28/21	#4 Bldg Exterior	PT 565 KCO BASF	499-290	4 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR <input type="checkbox"/> OZ	10

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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 DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2021	EDDIE SANDOZ						
REPORT PREPARED BY: Carlos Medina		E-MAIL ADDRESS	CITY	PHONE NUMBER			
			Los Angeles				
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
Belvedere M.S. 312 N. RECORD AVE LOS ANGELES CA. 90063 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care		8/7/21 7:00 AM	19, Boiler Room	BAYER Suspend SC	432-763	8 <input type="checkbox"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
MALABAR ST. EL 3200 E. MALABAR ST. LOS ANGELES CA. 90063 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care		8/7/21 9:00 AM	4	Bayer Suspend SC	432-763	20 <input type="checkbox"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
2ND ST EL. 1942 E. 2ND ST. LOS ANGELES CA 90033 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care		8/7/21 12:00 PM	4	Bayer Suspend SC	432-763	30 <input type="checkbox"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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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 YR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE / CERTIFICATE NUMBER (optional)				
2021	Edward Sanchez	Los Angeles Unified School District		CITY	PHONE NUMBER		
REPORT PREPARED BY:		E-MAIL ADDRESS		CITY	PHONE NUMBER		
Jones, Clinton		Clinton.Jones@Lausd.net		Los Angeles			
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)
Manhattan Place <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	LA County	AUG. 29, 2021	10	AP&G Co.	Exempt	8 <input type="checkbox"/> LB <input type="checkbox"/> GA <input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR <input type="checkbox"/> PT <input type="checkbox"/> QT	30
West Athens <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	LA County	AUG. 29, 2021	10	AP&G Co.	Exempt	8 <input type="checkbox"/> LB <input type="checkbox"/> GA <input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR <input type="checkbox"/> PT <input type="checkbox"/> QT	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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**INDIVIDUAL USE REPORTING FOR SCHOOL  
AND CHILD DAY CARE CENTER EMPLOYEES**

APPLICATION YEAR		SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME		LICENSE / CERTIFICATE NUMBER (OPTIONAL)		
2021	Eddie Sanchez	MTO C-3 + Spec. Soes.	E-MAIL ADDRESS		CITY		
REPORT PREPARED BY:		Anthony Verges	anthony.verges@clausd.net		Los Angeles		
School Name #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
CLOVER ES. <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	Los Angeles	8.7.21 8:00 AM	6	Bora-Care Nisus	64405.1	1 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR <input type="checkbox"/> OZ	10
Virginia E.S. <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	Los Angeles	8.14.21 7:00 AM	10	PT565 Plus Form 2 BAS F	499-290	10 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR <input type="checkbox"/> OZ	30
24th St. ECC <input type="checkbox"/> School <input checked="" type="checkbox"/> Day Care	Los Angeles	8.7.21 12:00 PM	1	Bora-Care Nisus	64405.1	1 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR <input type="checkbox"/> OZ	10
28th St. E.S. <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	Los Angeles	8.7.21 1:30 PM	10	Advance Granular Apt Bait BAS F	499-370	6 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR <input type="checkbox"/> OZ	30
28th St. E.S. <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	Los Angeles	8.7.21 2:30 PM	10	Suspend SC Bayer	432-763	1 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR <input type="checkbox"/> OZ	30

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FLUORIDE USE REPORTING FOR SCHOOL  
 AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR / SCHOOL DESIGNEE (IPM COORDINATOR)		DISTRICT / CENTER NAME		LICENSE / CERTIFICATE NUMBER (OPTIONAL)	
REPORT PREPARED BY:		E-MAIL ADDRESS		CITY	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)
2021 Eddie Sanchez Anthony Vargesen	Los Angeles	M to C-3 + Spec. Socs. anthony.vargesen@khsd.net	Los Angeles	213 745 3358	
Virgil M.S. <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	Los Angeles	8.14.21 2:30 pm	10	Advance Granular Ant Bait BASF	499-370
Kahlo H.S. <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	Los Angeles	8.21.21 8:30 am	18	Suspend S.C. Bayer	432-763
McBride Sp. Ed. <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	Los Angeles	8.21.21 10:00 am	1	Alpine Roach Gel BASF	499-507
Cochran M.S. <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	Los Angeles	8.21.21 11:30 am	10	Final Feed AP + G Co	FIFRA Exempt
Virginia E.S. <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	Los Angeles	8.21.21 1:30 pm	10	Final Feed AP + G Co.	FIFRA Exempt

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**FLUORIDE SOLUTION MONITORING FOR SCHOOLS  
AND CHILD DAY CARE CENTER EMPLOYEES**

APPLICATION YEAR		SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME		LICENSE / CERTIFICATE NUMBER (OPTIONAL)	
REPORT PREPARED BY:		E-MAIL ADDRESS	Location (# from list on back)	Manufacturer & Name of Product Applied	CITY	PHONE NUMBER
2021	Eddie Sanchez	M+O C-3 one Spec. Sess.			Los Angeles	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility		Anthony Vargases anthony.vargases@busd.net				
Audubon M.S.	<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	8.21.21 2:30 PM	10	Final Feed AP + G	FIFRA EXEMPT	Amount of Pesticide Product Used (check or write in unit from label)
	<input type="checkbox"/> School <input type="checkbox"/> Day Care					32 <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB
	<input type="checkbox"/> School <input type="checkbox"/> Day Care					<input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB
	<input type="checkbox"/> School <input type="checkbox"/> Day Care					<input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB
	<input type="checkbox"/> School <input type="checkbox"/> Day Care					<input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB
	<input type="checkbox"/> School <input type="checkbox"/> Day Care					<input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB
	<input type="checkbox"/> School <input type="checkbox"/> Day Care					<input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB
	<input type="checkbox"/> School <input type="checkbox"/> Day Care					<input type="checkbox"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)	
2021	L.A.U.S.D.	LOS ANGELES	CITY	PHONE NUMBER
REPORT PREPARED BY: PORTER, JAMES L.		E-MAIL ADDRESS	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	Pest Control Code (from list on back)
<input checked="" type="checkbox"/> School FAIRBURN EL 1304 FAIRBURN AVE LA. CA. 90024 <input type="checkbox"/> Day Care	8-23-21 10:00 AM	10	GOWAN M-PEDE	(vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB 10
<del> <input type="checkbox"/> School  <input type="checkbox"/> Day Care                 </del>				
<del> <input type="checkbox"/> School  <input type="checkbox"/> Day Care                 </del>				
<del> <input type="checkbox"/> School  <input type="checkbox"/> Day Care                 </del>				
<del> <input type="checkbox"/> School  <input type="checkbox"/> Day Care                 </del>				

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME		LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
2021		L.A.U.S.D					
REPORT PREPARED BY: PORTER, JAMES L.		E-MAIL ADDRESS		CITY	PHONE NUMBER		
				Los Angeles	213-745-3350		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
<input checked="" type="checkbox"/> School CHEVLOT MILLS HS 9200 CATARACT AV LA CA 90034 <input type="checkbox"/> Day Care	LA	8-3-21 1:30 PM	4	BASF ADVANCE ANT BAIT	499-370	6 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input checked="" type="checkbox"/> School HAMILTON MS 2955 S. ROBERTSON BL L.A. CA 90034 <input type="checkbox"/> Day Care	LA	8-4-21 7:30 AM	4	BASF ADVANCE ANT BAIT	499-370	6 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input checked="" type="checkbox"/> School QUEEN ANNE EL 1212 QUEEN ANNE PL LA CA 90019 <input type="checkbox"/> Day Care	LA	8-6-21 7:30 AM	4	BASF ADVANCE ANT BAIT	499-370	4 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input checked="" type="checkbox"/> School LOS ANGELES HS 4650 OLYMPIC BLVD LA. CA 90019 <input type="checkbox"/> Day Care	LA	8-12-21 11:00 AM	2	BASF PT 565 PLUS XLO	499-290	4 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input checked="" type="checkbox"/> School WESTWOOD EL 2050 SELBY AVE LA. CA 90025 <input type="checkbox"/> Day Care	LA	8-20-21 7:30 AM	10	BAYER SUSPEND SC	432-763	5 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
HART EL 4445 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	8.1.21 0600	4	BAYER SUSPEND SC	432-763	0.5  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SHERMAN OAKS EL 6699 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	8.1.21 0930	4	BAYER SUSPEND SC	432-763	0.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
BLYTHE EL 2470 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	8.1.21 1200	4	BAYER SUSPEND SC	432-763	0.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
WILLIAM TAFT CHTR 8880 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	8.4.21 0600	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	12  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
NEWCASTLE EL 5479 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	8.4.21 1045	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	4  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
KESTER EL 4726  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	8.18.21 0600	14	BASF- PT565 PLUS XLO FORMULA 2	499-290	8  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
KENNEDY SH 8725  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	8.21.21 0700	4	BAYER SUSPEND SC	432-763	0.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
KENNEDY SH 8725  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	8.21.21 0700	5	BASF- AVERT DRY FLOWABLE COCKROACH BAIT	499-294	30  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SUPERIOR EL 7007  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	8.21.21 1000	19-EXTERIOR GROUND BOXES	BAYER SUSPEND SC	432-763	0.75  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SUPERIOR EL 7007  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	8.21.2020 1100	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	16  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
LOWMAN SP ED 1948  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	8.21.21 1300	6	NISUS BORA-CARE TERMITICIDE	64405-1	8  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
LOWMAN SP ED 1948  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	8.21.21 1400	4	BASF - PT565 PLUS XLO FORMULA 2	499-290	20  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
PANORAMA SH 8610  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	8.23.21 0900	6	BASF- ALPINE COCKROACH GEL BAIT	499-507	10  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
FROST MS 8137  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	8.23.21 0600	19-EXTERIOR GROUND BOXES	BASF- PT565 PLUS XLO FORMULA 2	499-290	3  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
CHATSWORTH HS 8583  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	8.25.21 1030	2	BASF-ADVANCE GRANULAR ANT BAIT	499-370	16  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	30	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2021	EDWARD SANCHEZ	LOS ANGELES UNIFIED SCHOOL DISTRICT					
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY	PHONE NUMBER			
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net	SUN VALLEY	818.394.2491			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
ARLETA SH 8609 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	8.21.21 0700	19-EXTERIOR GROUND BOXES	BAYER SUSPEND SC	432-763	0.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
LASSEN EL 4790 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	8.21.21 0800	19-EXTERIOR GROUND BOXES	BAYER SUSPEND SC	432-763	0.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
BURTON EL 2658 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	8.21.21 0900	19-EXTERIOR GROUND BOXES	BAYER SUSPEND SC	432-763	0.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
RANCHITO EL 6192 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	8.21.21 1000	19-EXTERIOR GROUND BOXES	BAYER SUSPEND SC	432-763	0.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
SEPULVEDA MS 8363 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	8.21.21 1200	5	BASF- ALPINE COCKROACH GEL BAIT	499-507	10  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
DARBY EL 3340  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	8.21.21 1300	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	4  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
MAYALL EL 5198  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	8.21.21 0900	4	BAYER SUSPEND SC	432-763	0.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
KNOLLWOOD PREP ACAD 4762  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	8.21.21 0800	4	BAYER SUSPEND SC	432-763	0.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SAN JOSE EL 6479  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	8.21.21 0600	4	BAYER SUSPEND SC	432-763	0.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
BEACHY EL 2329  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	8.21.21 0600	19-EXTERIOR GROUND BOXES	BAYER SUSPEND SC	432-763	0.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
CHANDLER EL 2959  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	8.25.21 0600	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	10  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
G E HALE CHRTR 8169  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	8.25.21 0800	2	WILCO AG WILCO GROUND SQUIRREL BAIT	36029-20	112  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	30	
G E HALE CHRTR 8169  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	8.26.21 0730	2	WILCO AG WILCO GROUND SQUIRREL BAIT	36029-20	32  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	30	
CHATSWORTH HS 8583  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	8.26.21 0730	2	BAYER SUSPEND SC	432-763	0.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30	
BEACHY EL 2329  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	8.27.21 1300	4	BAYER SUSPEND SC	432-763	0.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)		DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2021	EDWARD SANCHEZ		LOS ANGELES UNIFIED SCHOOL DISTRICT					
REPORT PREPARED BY:			E-MAIL ADDRESS	CITY	PHONE NUMBER			
JOSEOMAR MEDINA			jose.medina1@lausd.net	SUN VALLEY	818.394.2491			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
ALFRED B NOBEL CHTR 8272	<input checked="" type="checkbox"/> <u>School</u>  <input type="checkbox"/> <u>Day Care</u>	19	8.27.21 0600	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	5  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
	<input type="checkbox"/> <u>School</u>  <input type="checkbox"/> <u>Day Care</u>	19					  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
	<input type="checkbox"/> <u>School</u>  <input type="checkbox"/> <u>Day Care</u>	19					  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
	<input type="checkbox"/> <u>School</u>  <input type="checkbox"/> <u>Day Care</u>	19					  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
	<input type="checkbox"/> <u>School</u>  <input type="checkbox"/> <u>Day Care</u>	19					  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2021	EDWARD SANCHEZ	LOS ANGELES UNIFIED SCHOOL DISTRICT					
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY	PHONE NUMBER			
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net	SUN VALLEY	818.394.2491			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
ALFRED B NOBEL CHTR 8272 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	8.27.21 0600	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	5  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
ALFRED B NOBEL CHTR 8272 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	8.30.21 0600	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	3  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
SAN FERNANDO SH 8843 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	8.31.21 0600	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	2  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2021	EDWARD SANCHEZ	LOS ANGELES UNIFIED SCHOOL DISTRICT					
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY	PHONE NUMBER			
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net	SUN VALLEY	818.394.2491			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
SOCES MAG 8842 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	8.6.21 0600	4	BAYER SUSPEND SC	432-763	0.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
MORNINGSIDE EL 5397 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	8.9.21 0915	5	BASF- ALPINE COCKROACH GEL BAIT	499-507	16  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
LOCAL DISTRICT NORTHEAST 0180 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	8.9.21 0600	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	8  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
RIVERSIDE EL 6315 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	8.11.21 0600	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	8  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
BASSETT EL 2323 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	8.15.21 0600	4	BAYER SUSPEND SC	432-763	0.5  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

STATE OF CALIFORNIA  
DPR-HSA-118 (REV. 12/16)  
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)		
2024	EDDIE Sanchez	CAUSD					
REPORT PREPARED BY: Ismael / Rivas		E-MAIL ADDRESS			CITY Los Angeles	PHONE NUMBER 323-789-5000	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify If School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
Foshay Le <input checked="" type="checkbox"/> School 3751 S Harvard Blvd <input type="checkbox"/> Los Angeles CA 90018 <input type="checkbox"/> Day Care		8/5/2021 1100 AM	19	Zoccon Altosid Inyette	2724-375	2 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	10
Foshay <input checked="" type="checkbox"/> School 3751 S. Harvard Blvd <input type="checkbox"/> Los Angeles CA 90018 <input type="checkbox"/> Day Care		8/6/2021 1000 AM	10	Bayer SvSparal	432-763	1 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	10
<input type="checkbox"/> School						(vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
<input type="checkbox"/> School						(vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
<input type="checkbox"/> School						(vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
<input type="checkbox"/> School						(vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

STATE OF CALIFORNIA  
DPR-HSA-118 (REV. 12/16)  
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)		
2021	EDDIE Sanchez	LAUSD					
REPORT PREPARED BY: Ismael Lives		E-MAIL ADDRESS			CITY Los Angeles	PHONE NUMBER 323-789-5000	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
Fremont 7676 San Pedro Los Angeles <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	LA	8/23/2021 9:00 AM	4	Summit BTI Briquette	6218-47	<div style="border: 1px solid black; padding: 2px; display: inline-block;">7</div> (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	10
Vermont 1435 W. 27th St Los Angeles <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	LA	8/13/2021 11:02 AM	4	Summit BTI Briquette	6218-47	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9</div> (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	

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

**INSTRUCTIONS:**

1. Each line is an individual pesticide application. Report only one schoolsite, date/time, and pesticide per line. Multiple pages will be needed if you need to report more than 5 pesticide applications.
2. A name and address is required for each schoolsite. A cover sheet with all schoolsite names/addresses can be included with your report to prevent repetitive writing/typing.
3. Applicators: If you are mixing a concentrate with a liquid, report the amount of concentrate applied. For products that don't require dilution, report the amount of finished product applied.

**PEST CONTROL CODES:**

Code 10 - Structural Pest Control ..... Includes pest control work performed within or on buildings or other structures

Code 30 - Landscape Maintenance Pest Control... Includes pest control work performed on landscape plantings around buildings

Code 80 - Vertebrate Pest Control ..... Includes pest control work performed by public agencies or work under the supervision of the State or county agricultural commissioner

**LOCATION CODES:**

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

Reason for application is not required for reporting. This form, when filled out completely, can be used as the pesticide use record required under HSA.  
Reasons for application (required for Healthy Schools Act recordkeeping).

Application 1:

Live Mosquito larvae found

Application 2:

Live Mosquito larvae found

Application 3:

Application 4:

Application 5:



# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

STATE OF CALIFORNIA  
DPR-HSA-118 (REV. 12/16)  
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)		
2021	EDDIE Sanchez	LAUSD					
REPORT PREPARED BY: Ismael Yivas		E-MAIL ADDRESS			CITY Los Angeles	PHONE NUMBER 323-789-5000	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants <small>(Include alpha code, if listed)</small>	Amount of Pesticide Product Used <small>(check or write in unit from label)</small>	Pest Control Code <small>(from list on back)</small>
LD Central 2328 S+James Place Los Angeles CA 90007 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	LA	8.27.21 9:00 AM	10	BASF ADVANCE	499.370	6 <small>(vol.)</small> <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
West Adams 1500 W Washington Los Angeles <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	LA	8.27.21 12:00 PM	10	Zoecon Altorcid Briquette	2724-375	4 <small>(vol.)</small> <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care						 <small>(vol.)</small> <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						 <small>(vol.)</small> <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						 <small>(vol.)</small> <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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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 YR <b>2021</b>	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT/CENTER NAME <b>LAUSD</b>	LICENSE /CERTIFICATE NUMBER (optional)				
REPORT PREPARED BY: <b>Dennis Fernandez</b>		E-MAIL ADDRESS	CITY <b>L.A.</b>	PHONE NUMBER <b>323-789-5000</b>			
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)
Harbor CAS 950 W. SANTA CRUZ ST, SAN PEDRO 90731 <input checked="" type="checkbox"/> School <input type="checkbox"/> Child Care	L.A.	8-27-21 7 A.M.	4	BASF PT 565 PLUS XLO	499-290	10 <input type="checkbox"/> LB <input type="checkbox"/> OZ (vol.) <input checked="" 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	10
<input type="checkbox"/> School <input type="checkbox"/> Child Care						<input type="checkbox"/> LB <input 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	
<input type="checkbox"/> School <input type="checkbox"/> Child Care						<input type="checkbox"/> LB <input 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	
<input type="checkbox"/> School <input type="checkbox"/> Child Care						<input type="checkbox"/> LB <input 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	
<input type="checkbox"/> School <input type="checkbox"/> Child Care						<input type="checkbox"/> LB <input 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	

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 schoolsites. 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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## PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

*Juan Banuelos*  
 DEPARTMENT OF PESTICIDE REGULATION  
 PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2024		LAUSD					
REPORT PREPARED BY: <b>JUAN BANUELOS</b>		E-MAIL ADDRESS	CITY	PHONE NUMBER			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (Include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
Canon EC <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	L.A.	9/25/21 0600	# 4 Bldg Exteri	PT 565 BASF	499-290	8 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
Dorris Pl & <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	L.A.	9/11/21 0600	# 6 class ro	ALPine Bait BASF	499-507	7 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
Union S <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	L.A.	9/25/21 0600	# 4 ALC FOR	Final Feed	Ca. Exempt	10 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care		06				 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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## PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
2021	J							
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
Jude Jeanmone		Jude.Jeanmone@LAUSD			Los Angeles	714 457 7019		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)	
Citizens of the world School LA	<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	Sep 18	Citizens of the world	Bas F Advance Cannular Wid bait	499-370	2	10	
Berando MS School LA	<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	Sep 18	Berando MS	Alpine BASE Coach Gel bait	499 507	1	10	
	<input type="checkbox"/> School <input type="checkbox"/> Day Care							
	<input type="checkbox"/> School <input type="checkbox"/> Day Care							
	<input type="checkbox"/> School <input type="checkbox"/> Day Care							
	<input type="checkbox"/> School <input type="checkbox"/> Day Care							

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## PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

DEPARTMENT OF PESTICIDE REGULATION  
PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR 2021	SCHOOL DESIGNEE (IPM COORDINATOR) EDDIE SANCHEZ	REPORT PREPARED BY: CARLOS MEDINA	E-MAIL ADDRESS LAUSD	CITY Los Angeles	PHONE NUMBER
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School CDS #/Child Day Care Facility #	OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide (check or write in unit from label)	Pest Control Code (from list on back)
24th St. Early Education <input type="checkbox"/> School <input checked="" type="checkbox"/> Day Care	2101 W. 24th St. Los Angeles CA 90018	19	9-11-21 6:30am	5	BASF Alpine Coarxach Gel bait rotation	499-507	1 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
Bridge elementary <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	605 N. Boyle Ave. Los Angeles CA 90033	19	9-11-21 8:30am	4	Bayer suspend sc	432-763	4 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
Brooklyn elementary <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	4620 E. Cesar Chavez Los Angeles CA 90022	19	9-11-21 10:30am	6	NISUS Bona-Ware	64405-1	10 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
4th St. Early Education <input type="checkbox"/> School <input checked="" type="checkbox"/> Day Care	421 S. Hillview Ave Los Angeles CA 90022	19	9-11-21 12:30pm	4	Bayer suspend sc	432-763	2 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care								

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**PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES**

DEPARTMENT OF PESTICIDE REGULATION  
 PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)	REPORT PREPARED BY:	SCHOOL CDS #/Child Day Care Facility #	OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
2021		LAUSD		PORTER, JAMES L.	2450 SHELDON BOYD ST	SHELDON BOYD EL School	LA	9-29-21 7:00AM	14	BASE PT 565 PLUS XLO	499-290	10	10

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
ROMER MS 8116 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.14.2021 1315	2	BAYER SUSPEND SC	432-763	0.5  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
NEWCASTLE EL 5479 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.15.2021 1030	1	BASF- ALPINE COCKROACH GEL BAIT	499-507	10  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
NEWCASTLE EL 5479 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.16.2021 0600	1	BASF- ALPINE COCKROACH GEL BAIT	499-507	10  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
NEWCASTLE EL 5479 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.16.2021 0600	4	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
FULTON COLLEGE PREP 8142 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.16.2021 0830	19- STUDENT STORE	BASF- ALPINE COCKROACH GEL BAIT	499-507	10  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
GRANADA EL 4233  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	9.16.2021 0530	4	BAYER SUSPEND SC	432-763	2.0  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
ALTA CALIFORNIA EL 7398  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	9.16.2021 0900	19-EXTERIOR GROUND BOXES	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
POLY SH 8636  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	9.16.2021 1200	4	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SYLMAR EL 7014  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	9.16.2021 0600	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	1  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SYLMAR EL 7014  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	9.16.2021 0645	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	1  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2021	EDWARD SANCHEZ	LOS ANGELES UNIFIED SCHOOL DISTRICT					
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY	PHONE NUMBER			
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net	SUN VALLEY	818.394.2491			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
SYLMAR LDSHP ACAD 7408 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.16.2021 0730	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	2  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
SYLMAR CHARTER HS 8878 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.16.2021 0900	19-EXTERIOR GROUND BOXES	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
CHAVEZ LA TECH 8901 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.16.2021 1300	19-STORAGE ROOM	BASF- ALPINE COCKROACH GEL BAIT	499-507	10  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
KENNEDY SH 8725 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.16.2021 1300	4	BAYER SUSPEND SC	432-763	.5  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
HASKELL MAGNET 4452 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.16.2021 1200	4	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
TOPEKA CHARTER 7201 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.17.2021 1030	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	3  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
HARDING EL 4431 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.21.2021 0700	19-TREE	BASF- PT565 PLUS XLO FORMULA 2	499-290	2  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
LIMERICK EL 4881 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.21.2021 1030	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	2  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
DYER EL 3493 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.22.2021 0800	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	1  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
CHATSWORTH HS 8583 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.23.2021 0900	4	EcoVia EC	EXEMPT - FIFRA 25 (b)	1  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT					
REPORT PREPARED BY: <i>JOSCOMAR MEDINA</i>		E-MAIL ADDRESS <b>jose.medina1@lausd.net</b>	CITY <b>SUN VALLEY</b>	PHONE NUMBER <b>818.394.2491</b>			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
VALLEY ACAD ARTS <input checked="" type="checkbox"/> School 8898 <input type="checkbox"/> Day Care	19	9.3.2021 0715	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	3  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
VALLEY ACAD ARTS <input checked="" type="checkbox"/> School 8898 <input type="checkbox"/> Day Care	19	9.3.2021 0730	4	BAYER SUSPEND SC	432-763	1.0  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
MAYALL EL <input checked="" type="checkbox"/> School 5198 <input type="checkbox"/> Day Care	19	9.3.2021 1200	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	8  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
HALE MS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.2.2021 1315	2	GROUND SQUIRREL BAIT BY WILCO	36029-20	32  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
TOPEKA CHARTER 7201 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.24.2021 0615	19-GROUND BOX	BASF- PT565 PLUS XLO FORMULA 2	499-290	<div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
BURTON EL 2658 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.24.2021 1200	6	BASF- ALPINE COCKROACH GEL BAIT	499-507	<div style="border: 1px solid black; padding: 2px; display: inline-block;">7</div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
BALBOA MAG 2269 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.27.2021 0600	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
DEARBORN EL 3377 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.27.2021 0830	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	<div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
BALBOA MAG 2269 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.27.2021 0800	10	BASF-ADVANCE GRANULAR ANT BAIT	499-370	<div style="border: 1px solid black; padding: 2px; display: inline-block;">4</div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
HAMLIN CA 4349 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.27.2021 1200	19-GROUND BOX	BASF- PT565 PLUS XLO FORMULA 2	499-290	<input type="text" value="15"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SYLMAR LDSHP ACAD 7408 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.29.2021 0600	19-CATCH BASINS	WELLMARK INTERNATIONAL ZOECON ALTOSID BRIQUETS	2724-375	<input type="text" value="12"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
DYER EL 3493 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.29.2021 1200	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	<input type="text" value="3"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
KNOLLWOOD PREP ACAD 4762 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.29.2021 0700	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	<input type="text" value="10"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
KNOLLWOOD PREP ACAD 4762 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.29.2021 1000	2	BASF-ADVANCE GRANULAR ANT BAIT	499-370	<input type="text" value="2"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
HAMLIN CA 4349  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.27.2021 1200	19-GROUND BOX	BASF- PT565 PLUS XLO FORMULA 2	499-290	<div style="border: 1px solid black; padding: 2px; display: inline-block;">15</div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SYLMAR LDSHP ACAD 7408  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.29.2021 0600	19-CATCH BASINS	WELLMARK INTERNATIONAL ZOECON ALTOSID BRIQUETS	2724-375	<div style="border: 1px solid black; padding: 2px; display: inline-block;">12</div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
DYER EL 3493  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.29.2021 1200	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	<div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
KNOLLWOOD PREP ACAD 4762  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.29.2021 0700	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	<div style="border: 1px solid black; padding: 2px; display: inline-block;">10</div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
KNOLLWOOD PREP ACAD 4762  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.29.2021 1000	2	BASF-ADVANCE GRANULAR ANT BAIT	499-370	<div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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2021	EDWARD SANCHEZ	LOS ANGELES UNIFIED SCHOOL DISTRICT					
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY	PHONE NUMBER			
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net	SUN VALLEY	818.394.2491			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
FROST MS 8137 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.29.2021 1330	2	BASF-ADVANCE GRANULAR ANT BAIT	499-370	<input type="text" value="3"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
PORTER RANCH SCHOOL 2302 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.30.2021 0800	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	<input type="text" value="6"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
BEACHY EL 2329 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.30.2021 1300	19-TREE	BAYER SUSPEND SC	432-763	<input type="text" value=".25"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					<input type="text"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					<input type="text"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
BROADOUS EEC - 9587 <input type="checkbox"/> <u>School</u>  <input checked="" type="checkbox"/> <u>Day Care</u>	19	9.3.2021 0600	4	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	10	
SAN FERNANDO SH 8843 <input checked="" type="checkbox"/> <u>School</u>  <input type="checkbox"/> <u>Day Care</u>	19	9.3.2021 0800	19-PARENT CENTER	BASF- ALPINE COCKROACH GEL BAIT	499-507	10  (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	10	
SAN FERNANDO SH 8843 <input checked="" type="checkbox"/> <u>School</u>  <input type="checkbox"/> <u>Day Care</u>	19	9.3.2021 0900	6	BASF- ALPINE COCKROACH GEL BAIT	499-507	8  (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	10	
SAN FERNANDO SH 8843 <input checked="" type="checkbox"/> <u>School</u>  <input type="checkbox"/> <u>Day Care</u>	19	9.3.2021 1200	6	BASF- ALPINE COCKROACH GEL BAIT	499-507	6  (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	10	
DARBY EL 3340 <input checked="" type="checkbox"/> <u>School</u>  <input type="checkbox"/> <u>Day Care</u>	19	9.1.2021 1245	2	BASF-ADVANCE GRANULAR ANT BAIT	499-370	3  (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> GR OZ LB	10	

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<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
ARMINTA EEC 9503  <input type="checkbox"/> School <input checked="" type="checkbox"/> Day Care	19	9.3.2021 0600	6	BASF- ALPINE COCKROACH GEL BAIT	499-507	5  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
FERNANGELES EL 3753  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.3.2021 0700	6	BASF- ALPINE COCKROACH GEL BAIT	499-507	6  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
MONTAGUE CHRTR 5370  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.3.2021 0800	19-EXTERIOR GROUND BOXES	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SHARP EL 6665  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.3.2021 0900	19-EXTERIOR GROUND BOXES	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
NOBLE EEC 9540  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.3.2021 1000	6	BASF- ALPINE COCKROACH GEL BAIT	499-507	2  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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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 DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT					
REPORT PREPARED BY: <i>JOSCOMAR MEDINA</i>		E-MAIL ADDRESS <b>jose.medina1@lausd.net</b>	CITY <b>SUN VALLEY</b>	PHONE NUMBER <b>818.394.2491</b>			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
CHASE EEC 1946  <input type="checkbox"/> School <input checked="" type="checkbox"/> Day Care	19	9.3.2021 1200	6	BASF- PT565 PLUS XLO FORMULA 2	499-290	20  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
CASTLEBAY LANE CHRTR 2881  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.3.2021 1100	4	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
NORTHRIDGE ACAD SH 8513  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.3.2021 0845	4	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
NORTHRIDGE ACAD SH 8513  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.3.2021 0945	4	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
VALLEY ACAD ARTS 8898  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.3.2021 0600	4	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
VALLEY ACAD ARTS <input checked="" type="checkbox"/> School 8898 <input type="checkbox"/> Day Care	19	9.3.2021 0715	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	3  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
VALLEY ACAD ARTS <input checked="" type="checkbox"/> School 8898 <input type="checkbox"/> Day Care	19	9.3.2021 0730	4	BAYER SUSPEND SC	432-763	1.0  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
MAYALL EL <input checked="" type="checkbox"/> School 5198 <input type="checkbox"/> Day Care	19	9.3.2021 1200	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	8  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
COLUMBUS MS <input checked="" type="checkbox"/> School 8102 <input type="checkbox"/> Day Care	19	9.3.2021 1200	19-EXTERIOR GROUND BOXES	BAYER SUSPEND SC	432-763	1.0  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
LANKERSHIM EL <input checked="" type="checkbox"/> School 4781 <input type="checkbox"/> Day Care	19	9.7.2021 0815	5	BASF- ALPINE COCKROACH GEL BAIT	499-507	10  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
HAZELTINE EL 4493  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	9.7.2021 1300	6	BASF- ALPINE COCKROACH GEL BAIT	499-507	6  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SYLMAR SH 8878  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	9.7.2021 0630	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	5  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SYLMAR SH 8878  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	9.7.2021 0745	2	BAYER SUSPEND SC	432-763	.5  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30	
BEACHY EL 2329  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	9.7.2021 0800	6	NISUS BORA-CARE TERMITICIDE	64405-1	8  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
ISANA CARDINAL ACADEMY 2257  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	9.7.2021 1030	6	NISUS BORA-CARE TERMITICIDE	64405-1	8  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
SUN VALLEY MAG 8396 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.7.2021 1200	1	BASF- PT565 PLUS XLO FORMULA 2	499-290	40  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
G E HALE CHRTR 8169 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.8.2021 1200	2	GROUND SQUIRREL BAIT BY WILCO	36029-20	32  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	30	
GRANADA HILLS CHRTR 8681 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.8.2021 0600	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	15  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
ROMER MS 8116 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.8.2021 0745	2	BAYER SUSPEND SC	432-763	0.5  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30	
FULLBRIGHT EL 4027 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.10.2021 0600	10	EcoVia EC	EXEMPT - FIFRA 25 (b)	2  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

DEPARTMENT OF PESTICIDE REGULATION  
 PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR <b>2021</b>	SCHOOL DESIGNEE (IPM COORDINATOR) <b>Edward Sanchez</b>	DISTRICT / CENTER NAME <b>LAUSD</b>			LICENSE / CERTIFICATE NUMBER (OPTIONAL)		
REPORT PREPARED BY: <b>Dennis Fernandez</b>		E-MAIL ADDRESS			CITY <b>L.A.</b>	PHONE NUMBER <b>323-789-5000</b>	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
<b>Fleming middle</b> <b>25425 Walnut St</b> <b>Lomita 90717</b> <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	<b>LA</b>	<b>9-24-21</b>	<b>10</b>	<b>BASF</b> <b>PT 565</b> <b>Plus XLO</b>	<b>499-290</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">4</div> (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	<b>10</b>
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;"> </div> (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;"> </div> (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;"> </div> (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;"> </div> (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;"> </div> (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	

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## PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

*Juan Banuelos*  
 DEPARTMENT OF PESTICIDE REGULATION  
 PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2024		LAUSD					
REPORT PREPARED BY: <b>JUAN BANUELOS</b>		E-MAIL ADDRESS	CITY	PHONE NUMBER			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (Include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
Canon EC <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	L.A.	9/25/21 0600	# 4 Bldg Exteri	PT 565 BASF	499-290	8 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
Dorris Pl & <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	L.A.	9/11/21 0600	# 6 class rm	Alpine Bait BASF	499-507	7 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
Union S <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	L.A.	9/25/21 0600	# 4 Alc Eat	Final Feed	Ca. Exempt	10 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care		06				 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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## PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2021	J								
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER			
Jude Jeanmone		Jude.Jeanmone@LAUSD			Los Angeles	714 457 7019			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)		
Citizens of the world School LA	<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	Sep 18	Citizens of the world	Bas F Advance Cannular Dred bait	499-370	2	10		
Berando MS School LA	<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	Sep 18	Berando MS	Alpine BASE Coach Gel bait	499 507	1	10		
	<input type="checkbox"/> School <input type="checkbox"/> Day Care								
	<input type="checkbox"/> School <input type="checkbox"/> Day Care								
	<input type="checkbox"/> School <input type="checkbox"/> Day Care								
	<input type="checkbox"/> School <input type="checkbox"/> Day Care								

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## PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

DEPARTMENT OF PESTICIDE REGULATION  
PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR 2021	SCHOOL DESIGNEE (IPM COORDINATOR) EDDIE SANCHEZ	REPORT PREPARED BY: CARLOS MEDINA	DISTRICT / CENTER NAME LAUSD	CITY LOS ANGELES	PHONE NUMBER
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School CDS #/Child Day Care Facility #	OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for Adjuvants (include alpha code, if listed)	Amount of Pesticide (check or write in unit from label)	Pest Control Code (from list on back)
24th St. Early Education <input type="checkbox"/> School <input checked="" type="checkbox"/> Day Care	2101 W. 24th St. Los Angeles CA 90018	19	9-11-21 6:30am	5	BASF Alpine Coaxial Gel bait rotation	499-507	1 (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
Bridge elementary <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	605 N. Boyle Ave. Los Angeles CA 90033	19	9-11-21 8:30am	4	Bayer suspend sc	432-763	4 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
Brooklyn elementary <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	4620 E. Cesar Chavez Los Angeles CA 90022	19	9-11-21 10:30am	6	NISUS Bona-Wax	64405-1	10 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
4th St. Early Education <input type="checkbox"/> School <input checked="" type="checkbox"/> Day Care	421 S. Hillview Ave Los Angeles CA 90022	19	9-11-21 12:30pm	4	Bayer suspend sc	432-763	2 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care								

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**PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES**

DEPARTMENT OF PESTICIDE REGULATION  
 PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)	REPORT PREPARED BY:	SCHOOL CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
2021		LAUSD		PORTER, JAMES L.	SHEMADAH EL School 2450 SHEMADAH ST LA CA: 90034 Lot # 6671	LA	9-29-21 7:00AM	14	BASE PT 565 PLUS XLO	499-290	10	10

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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 DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
ROMER MS 8116  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	9.14.2021 1315	2	BAYER SUSPEND SC	432-763	0.5  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
NEWCASTLE EL 5479  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	9.15.2021 1030	1	BASF- ALPINE COCKROACH GEL BAIT	499-507	10  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
NEWCASTLE EL 5479  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	9.16.2021 0600	1	BASF- ALPINE COCKROACH GEL BAIT	499-507	10  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
NEWCASTLE EL 5479  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	9.16.2021 0600	4	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
FULTON COLLEGE PREP 8142  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	9.16.2021 0830	19- STUDENT STORE	BASF- ALPINE COCKROACH GEL BAIT	499-507	10  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
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GRANADA EL 4233  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	9.16.2021 0530	4	BAYER SUSPEND SC	432-763	2.0  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
ALTA CALIFORNIA EL 7398  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	9.16.2021 0900	19-EXTERIOR GROUND BOXES	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
POLY SH 8636  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	9.16.2021 1200	4	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SYLMAR EL 7014  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	9.16.2021 0600	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	1  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SYLMAR EL 7014  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	9.16.2021 0645	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	1  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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SYLMAR LDSHP ACAD 7408 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.16.2021 0730	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	2  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
SYLMAR CHARTER HS 8878 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.16.2021 0900	19-EXTERIOR GROUND BOXES	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
CHAVEZ LA TECH 8901 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.16.2021 1300	19-STORAGE ROOM	BASF- ALPINE COCKROACH GEL BAIT	499-507	10  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
KENNEDY SH 8725 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.16.2021 1300	4	BAYER SUSPEND SC	432-763	.5  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
HASKELL MAGNET 4452 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.16.2021 1200	4	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

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TOPEKA CHARTER 7201  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.17.2021 1030	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	3  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
HARDING EL 4431  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.21.2021 0700	19-TREE	BASF- PT565 PLUS XLO FORMULA 2	499-290	2  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
LIMERICK EL 4881  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.21.2021 1030	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	2  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
DYER EL 3493  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.22.2021 0800	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	1  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
CHATSWORTH HS 8583  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.23.2021 0900	4	EcoVia EC	EXEMPT - FIFRA 25 (b)	1  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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VALLEY ACAD ARTS <input checked="" type="checkbox"/> School 8898 <input type="checkbox"/> Day Care	19	9.3.2021 0715	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	<input type="text" value="3"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
VALLEY ACAD ARTS <input checked="" type="checkbox"/> School 8898 <input type="checkbox"/> Day Care	19	9.3.2021 0730	4	BAYER SUSPEND SC	432-763	<input type="text" value="1.0"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
MAYALL EL <input checked="" type="checkbox"/> School 5198 <input type="checkbox"/> Day Care	19	9.3.2021 1200	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	<input type="text" value="8"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
HALE MS <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.2.2021 1315	2	GROUND SQUIRREL BAIT BY WILCO	36029-20	<input type="text" value="32"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					<input type="text"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		

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ARMINTA EEC 9503  <input type="checkbox"/> School <input checked="" type="checkbox"/> Day Care	19	9.3.2021 0600	6	BASF- ALPINE COCKROACH GEL BAIT	499-507	5  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
FERNANGELES EL 3753  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.3.2021 0700	6	BASF- ALPINE COCKROACH GEL BAIT	499-507	6  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
MONTAGUE CHRTR 5370  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.3.2021 0800	19-EXTERIOR GROUND BOXES	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SHARP EL 6665  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.3.2021 0900	19-EXTERIOR GROUND BOXES	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
NOBLE EEC 9540  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.3.2021 1000	6	BASF- ALPINE COCKROACH GEL BAIT	499-507	2  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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CHASE EEC 1946  <input type="checkbox"/> School <input checked="" type="checkbox"/> Day Care	19	9.3.2021 1200	6	BASF- PT565 PLUS XLO FORMULA 2	499-290	20  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
CASTLEBAY LANE CHRTR 2881  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.3.2021 1100	4	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
NORTHRIDGE ACAD SH 8513  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.3.2021 0845	4	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
NORTHRIDGE ACAD SH 8513  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.3.2021 0945	4	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
VALLEY ACAD ARTS 8898  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.3.2021 0600	4	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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FROST MS 8137 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.29.2021 1330	2	BASF-ADVANCE GRANULAR ANT BAIT	499-370	3  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
PORTER RANCH SCHOOL 2302 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.30.2021 0800	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	6  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
BEACHY EL 2329 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.30.2021 1300	19-TREE	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
BROADOUS EEC - 9587 <input type="checkbox"/> <u>School</u>  <input checked="" type="checkbox"/> <u>Day Care</u>	19	9.3.2021 0600	4	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	10	
SAN FERNANDO SH 8843 <input checked="" type="checkbox"/> <u>School</u>  <input type="checkbox"/> <u>Day Care</u>	19	9.3.2021 0800	19-PARENT CENTER	BASF- ALPINE COCKROACH GEL BAIT	499-507	10  (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	10	
SAN FERNANDO SH 8843 <input checked="" type="checkbox"/> <u>School</u>  <input type="checkbox"/> <u>Day Care</u>	19	9.3.2021 0900	6	BASF- ALPINE COCKROACH GEL BAIT	499-507	8  (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	10	
SAN FERNANDO SH 8843 <input checked="" type="checkbox"/> <u>School</u>  <input type="checkbox"/> <u>Day Care</u>	19	9.3.2021 1200	6	BASF- ALPINE COCKROACH GEL BAIT	499-507	6  (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	10	
DARBY EL 3340 <input checked="" type="checkbox"/> <u>School</u>  <input type="checkbox"/> <u>Day Care</u>	19	9.1.2021 1245	2	BASF-ADVANCE GRANULAR ANT BAIT	499-370	3  (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> GR OZ LB	10	

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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 DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
ARMINTA EEC 9503  <input type="checkbox"/> School <input checked="" type="checkbox"/> Day Care	19	9.3.2021 0600	6	BASF- ALPINE COCKROACH GEL BAIT	499-507	5  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
FERNANGELES EL 3753  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.3.2021 0700	6	BASF- ALPINE COCKROACH GEL BAIT	499-507	6  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
MONTAGUE CHRTR 5370  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.3.2021 0800	19-EXTERIOR GROUND BOXES	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SHARP EL 6665  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.3.2021 0900	19-EXTERIOR GROUND BOXES	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
NOBLE EEC 9540  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.3.2021 1000	6	BASF- ALPINE COCKROACH GEL BAIT	499-507	2  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
CHASE EEC 1946  <input type="checkbox"/> School <input checked="" type="checkbox"/> Day Care	19	9.3.2021 1200	6	BASF- PT565 PLUS XLO FORMULA 2	499-290	20  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
CASTLEBAY LANE CHRTR 2881  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.3.2021 1100	4	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
NORTHRIDGE ACAD SH 8513  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.3.2021 0845	4	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
NORTHRIDGE ACAD SH 8513  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.3.2021 0945	4	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
VALLEY ACAD ARTS 8898  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.3.2021 0600	4	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
VALLEY ACAD ARTS <input checked="" type="checkbox"/> School 8898 <input type="checkbox"/> Day Care	19	9.3.2021 0715	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	<input type="text" value="3"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
VALLEY ACAD ARTS <input checked="" type="checkbox"/> School 8898 <input type="checkbox"/> Day Care	19	9.3.2021 0730	4	BAYER SUSPEND SC	432-763	<input type="text" value="1.0"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
MAYALL EL <input checked="" type="checkbox"/> School 5198 <input type="checkbox"/> Day Care	19	9.3.2021 1200	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	<input type="text" value="8"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
COLUMBUS MS <input checked="" type="checkbox"/> School 8102 <input type="checkbox"/> Day Care	19	9.3.2021 1200	19-EXTERIOR GROUND BOXES	BAYER SUSPEND SC	432-763	<input type="text" value="1.0"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
LANKERSHIM EL <input checked="" type="checkbox"/> School 4781 <input type="checkbox"/> Day Care	19	9.7.2021 0815	5	BASF- ALPINE COCKROACH GEL BAIT	499-507	<input type="text" value="10"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
HAZELTINE EL 4493  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	9.7.2021 1300	6	BASF- ALPINE COCKROACH GEL BAIT	499-507	6  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SYLMAR SH 8878  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	9.7.2021 0630	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	5  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SYLMAR SH 8878  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	9.7.2021 0745	2	BAYER SUSPEND SC	432-763	.5  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30	
BEACHY EL 2329  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	9.7.2021 0800	6	NISUS BORA-CARE TERMITICIDE	64405-1	8  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
ISANA CARDINAL ACADEMY 2257  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	9.7.2021 1030	6	NISUS BORA-CARE TERMITICIDE	64405-1	8  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
HAZELTINE EL 4493  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	9.7.2021 1300	6	BASF- ALPINE COCKROACH GEL BAIT	499-507	6  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SYLMAR SH 8878  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	9.7.2021 0630	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	5  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SYLMAR SH 8878  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	9.7.2021 0745	2	BAYER SUSPEND SC	432-763	.5  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30	
BEACHY EL 2329  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	9.7.2021 0800	6	NISUS BORA-CARE TERMITICIDE	64405-1	8  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
ISANA CARDINAL ACADEMY 2257  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	9.7.2021 1030	6	NISUS BORA-CARE TERMITICIDE	64405-1	8  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
SUN VALLEY MAG 8396 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.7.2021 1200	1	BASF- PT565 PLUS XLO FORMULA 2	499-290	40  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
G E HALE CHRTR 8169 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.8.2021 1200	2	GROUND SQUIRREL BAIT BY WILCO	36029-20	32  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	30	
GRANADA HILLS CHRTR 8681 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.8.2021 0600	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	15  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
ROMER MS 8116 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.8.2021 0745	2	BAYER SUSPEND SC	432-763	0.5  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30	
FULLBRIGHT EL 4027 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	9.10.2021 0600	10	EcoVia EC	EXEMPT - FIFRA 25 (b)	2  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

DEPARTMENT OF PESTICIDE REGULATION  
 PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR <b>2021</b>	SCHOOL DESIGNEE (IPM COORDINATOR) <b>Edward Sanchez</b>	DISTRICT / CENTER NAME <b>LAUSD</b>			LICENSE / CERTIFICATE NUMBER (OPTIONAL)		
REPORT PREPARED BY: <b>Dennis Fernandez</b>		E-MAIL ADDRESS			CITY <b>L.A.</b>	PHONE NUMBER <b>323-789-5000</b>	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
<b>Fleming middle</b> <b>25425 Walnut St</b> <b>Lomita 90717</b> <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	<b>LA</b>	<b>9-24-21</b>	<b>10</b>	<b>BASF</b> <b>PT 565</b> <b>Plus XLO</b>	<b>499-290</b>	<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;">4</div> (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	<b>10</b>
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;"> </div> (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;"> </div> (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;"> </div> (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;"> </div> (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;"> </div> (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	

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**PESTICIDE USE REPORTING FOR SCHOOL  
AND CHILD DAY CARE CENTER EMPLOYEES**

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)		PHONE NUMBER	
2021		L.A.U.S.D.				
REPORT PREPARED BY:	E-MAIL ADDRESS	City	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)	
Juan Sanchez		Los Angeles				
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied		
Moe Arthur Park 2300 7th St Los Angeles Ca 90007	LA	10/09/21 0600	#6 Class Room	Alpine Cockroach Bait (BASF)	10 <input type="checkbox"/> Vol. <input type="checkbox"/> OZ <input type="checkbox"/> MIL <input type="checkbox"/> PT <input type="checkbox"/> LB <input checked="" type="checkbox"/> Wt. <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
Virgil M.S. 152 N. Vermont Ave. Los Angeles Ca 90004	LA	10/09/21 0800	#4 Play Eater	Final Feed A P+G Corp. Prod	10 <input type="checkbox"/> Vol. <input type="checkbox"/> OZ <input type="checkbox"/> MIL <input type="checkbox"/> PT <input type="checkbox"/> LB <input checked="" type="checkbox"/> Wt. <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
Hobart Play FC 980 S. Hobart Way Los Angeles Ca 90006	LA	10/16/21 0600	#4 Play Eater	Final Feed A P+G Corp. Prod	10 <input type="checkbox"/> Vol. <input type="checkbox"/> OZ <input type="checkbox"/> MIL <input type="checkbox"/> PT <input type="checkbox"/> LB <input checked="" type="checkbox"/> Wt. <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
Wilbur M.S. 4500 Mathmond St Los Angeles Ca 90032	LA	10/23/21 0600	#4 Play Eater	PT 565 Plus BASF	8 <input type="checkbox"/> Vol. <input type="checkbox"/> OZ <input type="checkbox"/> MIL <input type="checkbox"/> PT <input type="checkbox"/> LB <input checked="" type="checkbox"/> Wt. <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

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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

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

DEPARTMENT OF PESTICIDE REGULATION  
PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE/CERTIFICATE NUMBER (optional)	REPORT PREPARED BY		PHONE NUMBER		
2021		LA Unified		Jude Seawerth				
Name & Address AND Specify if School or 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)
Citizens of The world		LA	10/9/21	4	BASF Advance Granular Bait	449-370	<input checked="" type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	30
City of Angels		LA	10/9/21	6.5	BASF Alpine Reach Bait Gel	449-507	<input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	10
City of Angels		LA	10/9/21	4	Bayer Suspend SC	432-763	<input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	10
							<input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GR	
							<input type="checkbox"/> LB <input type="checkbox"/> GA <input type="checkbox"/> OZ (vol.) <input type="checkbox"/> OZ (wt.) <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.

# FLUORIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR (SCHOOL DESIGNEE (IPM COORDINATOR))		DISTRICT / CENTER NAME		LICENSE / CERTIFICATE NUMBER (OPTIONAL)	
REPORT PREPARED BY:		E-MAIL ADDRESS		CITY	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)
Amount of Pesticide Product Used (check or write in unit from label)		Amount of Pesticide Product Used (check or write in unit from label)		Pest Control Code (from list on back)	
2021 EDDIE SANCHEZ Mike Enriquez					
MICHELTORENA EL-SCHOOL 1511 MICHELTORENA ST L.A 90026	<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	10/9/21 7:00 AM	6	NISUS BORA-CARE	64405-1
	<input type="checkbox"/> School <input type="checkbox"/> Day Care				
	<input type="checkbox"/> School <input type="checkbox"/> Day Care				
	<input type="checkbox"/> School <input type="checkbox"/> Day Care				
	<input type="checkbox"/> School <input type="checkbox"/> Day Care				
	<input type="checkbox"/> School <input type="checkbox"/> Day Care				
	<input type="checkbox"/> School <input type="checkbox"/> Day Care				

Use this form ONLY to report pesticide applications made by schoolsite employees, staff, and volunteers at schools and child care centers. DO NOT report pesticide use by pest management professionals contracted to apply pesticides at schoolsites. 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 DAY CARE CENTER EMPLOYEES

DEPARTMENT OF PESTICIDE REGULATION  
PEST MANAGEMENT & LICENSING BRANCH

STATE OF CALIFORNIA  
DPR-HSA-118 (REV. 12/16)  
Page 1 of 2

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)		
2021		L.A.U.S.D			
REPORT PREPARED BY:					
PORTER, JAMES L.					
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)
UNIVERSITY HS 11800 TEXAS AVE LA, CA 90025 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	LA	10-8-21 7:30 AM	#2 TENNIS COURT AREA	BASF PT 565 PLUS XLO.	499-290
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care
<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	<input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care
		Amount of Pesticide Product Used (check or write in unit from label)		Pest Control Code (from list on back)	
		<input type="checkbox"/> (vol.) <input type="checkbox"/> (wt.) <input checked="" type="checkbox"/> 10 <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		10	
		<input checked="" type="checkbox"/> (vol.) <input checked="" type="checkbox"/> (wt.) <input checked="" type="checkbox"/> X <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		<del>10</del>	
		<input checked="" type="checkbox"/> (vol.) <input checked="" type="checkbox"/> (wt.) <input checked="" type="checkbox"/> X <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		<del>10</del>	
		<input checked="" type="checkbox"/> (vol.) <input checked="" type="checkbox"/> (wt.) <input checked="" type="checkbox"/> X <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		<del>10</del>	
		<input checked="" type="checkbox"/> (vol.) <input checked="" type="checkbox"/> (wt.) <input checked="" type="checkbox"/> X <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		<del>10</del>	
		<input checked="" type="checkbox"/> (vol.) <input checked="" type="checkbox"/> (wt.) <input checked="" type="checkbox"/> X <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> LB <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		<del>10</del>	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
CHASE EL 3014  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	10.01.2021 0600	6	BASF- AVERT DRY FLOWABLE COCKROACH BAIT	499-294	2  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
CHASE EL 3014  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	10.01.2021 0830	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	2  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
EMELITA EL 3589  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	10.01.2021 1015	4	BAYER SUSPEND SC	432-763	1.5  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SYLMAR SH 8878  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	10.01.2021 0900	2	BASF-ADVANCE GRANULAR ANT BAIT	499-370	4  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	30	
ROMER MS 8116  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	10.02.2021 0915	2	BAYER SUSPEND SC	432-763	.75  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT					
REPORT PREPARED BY: <i>JOSCOMAR MEDINA</i>		E-MAIL ADDRESS <b>jose.medina1@lausd.net</b>	CITY <b>SUN VALLEY</b>	PHONE NUMBER <b>818.394.2491</b>			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
KNOLLWOOD PREP ACAD 4762 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	10.02.2021 0630	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	3  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
SYLMAR SH 8878 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	10.05.2021 1200	2	BAYER SUSPEND SC	432-763	3  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30
ANDASOL EL 2117 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	10.05.2021 0900	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	3  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
NOBLE EL 5603 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	10.05.2021 1300	6	BASF- ALPINE COCKROACH GEL BAIT	499-507	8  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
VAN NUYS MS 8434 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	10.06.2021 1200	4	EcoVia EC	EXEMPT - FIFRA 25 (b)	.5  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
OSCEOLA EL 5894  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	10.07.2021 0915	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	<input type="text" value="2"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
ANDASOL EL 2117  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	10.08.2021 0600	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	<input type="text" value="2"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
PORTER RANCH SCHOOL 2302  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	10.08.2021 1015	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	<input type="text" value="6"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
HOLMES MS 8182  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	10.08.2021 1300	2	BASF-ADVANCE GRANULAR ANT BAIT	499-370	<input type="text" value="2"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	30	
VAN NUYS MS 8434  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	10.08.2021 0930	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	<input type="text" value="2"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
PACOIMA MS 8321  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	10.13.2021 1200	1	BASF- ALPINE COCKROACH GEL BAIT	499-507	5  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
CLEVELAND SH 8590  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	10.13.2021 0930	2	BASF-ADVANCE GRANULAR ANT BAIT	499-370	6  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	30	
KENNEDY SH 8725  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	10.15.2021 0600	19-EXTERIOR GROUND BOXES	BASF- PT565 PLUS XLO FORMULA 2	499-290	3  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SUPERIOR EL 7007  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	10.15.2021 1045	2	BASF-ADVANCE GRANULAR ANT BAIT	499-370	6  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	30	
EAST VALLEY SH 8607  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	10.15.2021 1200	19-TEXTBOOK ROOM	BASF- PT565 PLUS XLO FORMULA 2	499-290	10  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
GLEDHILL EEC 9578  <input type="checkbox"/> School <input checked="" type="checkbox"/> Day Care	19	10.16.2021 0600	4	BAYER SUSPEND SC	432-763	0.5  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
KNOLLWOOD PREP ACAD 4762  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	10.16.2021 0830	4	BAYER SUSPEND SC	432-763	0.5  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
HOLMES MS 8182  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	10.16..2021 1030	2	BASF-ADVANCE GRANULAR ANT BAIT	499-370	8  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	30	
HOLMES MS 8182  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	10.16.2021 1030	2	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30	
DARBY EL 3340  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	10.16.2021 1300	2	BASF-ADVANCE GRANULAR ANT BAIT	499-370	8  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	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 DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
COUGHLIN EL 5016  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	10.19.2021 0600	19-TREE	BASF- PT565 PLUS XLO FORMULA 2	499-290	<input type="text" value="1"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
LIGGETT EL 4870  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	10.19.2021 1300	6	BASF- ALPINE COCKROACH GEL BAIT	499-507	<input type="text" value="5"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
CHATSWORTH SH 8583  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	10.22.2021 0600	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	<input type="text" value="5"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
ALFRED B NOBEL CHTR 8272  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	10.22.2021 0715	19-TREE	BASF- PT565 PLUS XLO FORMULA 2	499-290	<input type="text" value="4"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
GRANADA EL 4233  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	10.22.2021 0845	19-GROUND BOX	BASF- PT565 PLUS XLO FORMULA 2	499-290	<input type="text" value="8"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
2021	EDWARD SANCHEZ	LOS ANGELES UNIFIED SCHOOL DISTRICT					
REPORT PREPARED BY:		E-MAIL ADDRESS	CITY	PHONE NUMBER			
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net	SUN VALLEY	818.394.2491			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
ROMER MS 8116  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	10.26.2021 1315	2	BAYER SUSPEND SC	432-763	0.5  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30
<input type="checkbox"/> School  <input type="checkbox"/> Day Care	19					  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School  <input type="checkbox"/> Day Care	19					  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School  <input type="checkbox"/> Day Care	19					  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School  <input type="checkbox"/> Day Care	19					  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

DEPARTMENT OF PESTICIDE REGULATION  
 PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR <b>2021</b>	SCHOOL DESIGNEE (IPM COORDINATOR) <b>EDDIE Sanchez</b>	DISTRICT / CENTER NAME <b>L.A.U.S.D.</b>			LICENSE / CERTIFICATE NUMBER (OPTIONAL)		
REPORT PREPARED BY: <b>Ismael Rivera</b>		E-MAIL ADDRESS			CITY <b>Los Angeles</b>		PHONE NUMBER <b>323-789-5000</b>
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (Include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
<b>Bakewell SC</b> <b>1621 Barrow Cross ST</b> <b>Los Angeles</b> <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	<b>LA</b>	<b>900 AM</b> <b>10/20/21</b>	<b>19</b>	<b>Zoccon</b> <b>Autoscid</b> <b>Briquettes</b>	<b>2724-374</b> <b>Caution</b>	<input type="text" value="2"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	<b>10</b>
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="text"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="text"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="text"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="text"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

DEPARTMENT OF PESTICIDE REGULATION  
 PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR <b>2021</b>	SCHOOL DESIGNEE (IPM COORDINATOR) <b>EDDIE Sanchez</b>	DISTRICT / CENTER NAME <b>CAUSD</b>			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
REPORT PREPARED BY: <b>Ismael Rivera</b>		E-MAIL ADDRESS			CITY <b>Los Angeles</b>	PHONE NUMBER <b>323-789-5000</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
<b>Manual Arts</b> <input checked="" type="checkbox"/> School <b>4171 S. Vermont Ave</b> <input type="checkbox"/> <b>Los Angeles</b> <input type="checkbox"/> Day Care	<b>10</b>	<b>10/11/2021</b> <b>1200pm</b>	<b>18</b>	<b>Zoecon</b> <b>Altosid</b> <b>Buggeries</b>	<b>2724-375</b>  <b>caution</b>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;">5</div> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	<b>10</b>	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT					
REPORT PREPARED BY: <i>JOSÉ OMAR MEDINA</i>		E-MAIL ADDRESS <b>jose.medina1@lausd.net</b>	CITY <b>SUN VALLEY</b>	PHONE NUMBER <b>818.394.2491</b>			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
<b>SAN FERNANDO SH 8843</b> <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	11.01.2021 0600	4	<b>BASF- PT565 PLUS XLO FORMULA 2</b>	499-290	<input type="text" value=""/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10
<b>ROMER MS 8116</b> <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	11.02.2021 1330	2	<b>BAYER SUSPEND SC</b>	432-763	<input type="text" value="0.25"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30
<b>PORTER MS 8354</b> <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	11.02.2021 1030	2	<b>BASF-ADVANCE GRANULAR ANT BAIT</b>	499-370	<input type="text" value="6"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	30
<b>LAWRENCE MS 8217</b> <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	11.06.2021 0800	6	<b>NISUS BORA-CARE TERMITICIDE</b>	64405-1	<input type="text" value="8"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<b>LAWRENCE MS 8217</b> <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	11.06.2021 0900	2	<b>BASF-ADVANCE GRANULAR ANT BAIT</b>	499-370	<input type="text" value="7"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	30

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
SUTTER MS 8406  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	11.07.2021 0800	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	4  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
HADDON EL 4329  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	11.08.2021 0715	6	BASF- ALPINE COCKROACH GEL BAIT	499-507	7  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
ROMER MS 8116  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	11.09.2021 1300	2	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30	
MAYALL EL 5198  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	11.11.2021 0900	2	BASF-ADVANCE GRANULAR ANT BAIT	499-370	12  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	30	
DEARBORN EL 3377  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	11.11.2021 1200	4	BAYER SUSPEND SC	432-763	.5  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
CHATSWORTH HS 8583 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	11.11.2021 0730	2	BAYER SUSPEND SC	432-763	.5  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30	
BEACHY EL 2329 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	11.11.2021 0600	4	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
LOWMAN SP ED 1948 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	11.11.2021 0715	1,6	BASF- ALPINE COCKROACH GEL BAIT	499-507	20  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SUN VALLEY MAG 8396 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	11.11.2021 0930	6	BASF- PT565 PLUS XLO FORMULA 2	499-290	10  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SUN VALLEY MAG 8396 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	11.11.2021 1030	6	BASF- ALPINE COCKROACH GEL BAIT	499-507	3  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
2021	EDWARD SANCHEZ	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY: <i>JOSCOMAR MEDINA</i>		E-MAIL ADDRESS jose.medina1@lausd.net			CITY SUN VALLEY		PHONE NUMBER 818.394.2491	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
CHATSWORTH HS 8583 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	11.11.2021 0730	2	BAYER SUSPEND SC	432-763	.5  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30	
BEACHY EL 2329 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	11.11.2021 0600	4	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
LOWMAN SP ED 1948 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	11.11.2021 0715	1,6	BASF- ALPINE COCKROACH GEL BAIT	499-507	20  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SUN VALLEY MAG 8396 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	11.11.2021 0930	6	BASF- PT565 PLUS XLO FORMULA 2	499-290	10  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SUN VALLEY MAG 8396 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	11.11.2021 1030	6	BASF- ALPINE COCKROACH GEL BAIT	499-507	3  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
SYLMAR LDSHP ACAD 7408  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	11.22.2021 1100	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	1  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SYLMAR LDSHP ACAD 7408  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	11.22.2021 1200	19- DRAIN	WELLMARK INTERNATIONAL ZOECON ALTOSID BRIQUETS	2724-375	1  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30	
MOUNT GLEASON 8240  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	11.22.2021 1315	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	2  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
FERNANGELES EL 3753  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	11.22.2021 0700	6	BASF- ALPINE COCKROACH GEL BAIT	499-507	3  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
FERNANGELES EL 3753  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	11.22.2021 0715	6	BASF- PT565 PLUS XLO FORMULA 2	499-290	5  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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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 DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
FERNANGELES EL 3753 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	11.22.2021 0730	6, 19-PARENT. CENTER	BASF- ALPINE COCKROACH GEL BAIT	499-507	<input type="text" value="9"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
RANCHITO EL 6192 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	11.22.2021 1030	6	BASF- ALPINE COCKROACH GEL BAIT	499-507	<input type="text" value="3"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
G E HALE CHRTR 8169 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	11.22.2021 1215	2	BAYER SUSPEND SC	432-763	<input type="text" value=".25"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30	
HOLMES MS 8182 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	11.22.2021 0900	4	BAYER SUSPEND SC	432-763	<input type="text" value=".25"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
BALBOA MAG 2269 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	11.22.2021 1000	19-LAWN AREA BY LUNCH AREA	BASF-ADVANCE GRANULAR ANT BAIT	499-370	<input type="text" value="2"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
FERNANGELES EL 3753 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	11.22.2021 0730	6, 19-PARENT. CENTER	BASF- ALPINE COCKROACH GEL BAIT	499-507	9 <small>(vol.)</small> <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
RANCHITO EL 6192 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	11.22.2021 1030	6	BASF- ALPINE COCKROACH GEL BAIT	499-507	3 <small>(vol.)</small> <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
G E HALE CHRTR 8169 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	11.22.2021 1215	2	BAYER SUSPEND SC	432-763	.25 <small>(vol.)</small> <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	30	
HOLMES MS 8182 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	11.22.2021 0900	4	BAYER SUSPEND SC	432-763	.25 <small>(vol.)</small> <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
BALBOA MAG 2269 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	11.22.2021 1000	19-LAWN AREA BY LUNCH AREA	BASF-ADVANCE GRANULAR ANT BAIT	499-370	2 <small>(vol.)</small> <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <small>(wt.)</small> <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
VAN NUYS SH <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	11.22.2021 0830	6,16	NISUS BORA-CARE TERMITICIDE	64405-1	<input type="text" value="24"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SAN FERNANDO SH 8843 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	11.22.2021 0600	4	NISUS- NIBAN GRANULAR BAIT	64405-2	<input type="text" value="2"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SAN FERNANDO SH 8843 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	11.22.2021 0615	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	<input type="text" value="6"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SYLMAR EL 7014 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	11.22.2021 0830	19-EXTERIOR GROUND BOXES	BAYER SUSPEND SC	432-763	<input type="text" value=".25"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
HARDING EL 4431 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	11.22.2021 1000	19-EXTERIOR GROUND BOXES	BAYER SUSPEND SC	432-763	<input type="text" value=".25"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

DEPARTMENT OF PESTICIDE REGULATION  
 PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR <b>2021</b>	SCHOOL DESIGNEE (IPM COORDINATOR) <b>Edward Sanchez</b>	DISTRICT / CENTER NAME <b>LAUSD</b>	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
REPORT PREPARED BY: <b>Dennis Fernandez</b>		E-MAIL ADDRESS	CITY <b>L.A.</b>	PHONE NUMBER <b>323-789-5000</b>			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)
San Pedro science CTR <input checked="" type="checkbox"/> School 2201 Barrywood San Pedro 90731 <input type="checkbox"/> Day Care	LA.	11-29-21 12 P.m	19	BASF PT 565 Plus Xlc	490-299	5 (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

DEPARTMENT OF PESTICIDE REGULATION  
 PEST MANAGEMENT & LICENSING BRANCH

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
2021	Edward Sanchez	LAUSD						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
Dennis Fernandez					L.A.	323-789-5000		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)	Amount of Pesticide Product Used (check or write in unit from label)	Pest Control Code (from list on back)	
Fleming middle <input checked="" type="checkbox"/> School 25425 WALNUT ST Lomita, C.A. 90717 <input type="checkbox"/> Day Care	L.A.	11-24-21 7:00 A.M.	19	BASF PT 565 Plus X6	490-299	6 (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	10	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB		
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB		

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

STATE OF CALIFORNIA  
DPR-HSA-118 (REV. 12/16)  
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)				
2021	Edward Sanchez	MCO-Area SJ					
REPORT PREPARED BY: Robert Sandeval		E-MAIL ADDRESS	CITY Los Angeles	PHONE NUMBER 323 789-5000			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
San Antonio BC 6222 State St. Huntington Park CA 90255 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	L.A.	11-22-2021 7:00-10:30	# 6	Bora-Care Missus	64405-1	1 oz (vol.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	10
Coopers MS 234 East 112th St L.A., CA 90061 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	L.A.	11-22-2021 12:00-2:00	# 6	Bora-Care	64405-1	2 oz (vol.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (vol.) OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (vol.) OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (vol.) OZ ML PT (wt.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GR OZ LB	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
MAYALL EL 5198  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	12.01.2021 1200	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	<input type="text" value="2"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
MILLIKAN MS 8238  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	12.01.2021 0600	4	BASF- PT565 PLUS XLO FORMULA 2	499-290	<input type="text" value="10"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
HENRY MS 8174  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	12.04.2021 1200	18	BAYER SUSPEND SC	432-763	<input type="text" value="1.0"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
VAN GOGH CHRTR 7422  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	12.04.2021 0600	4	BAYER SUSPEND SC	432-763	<input type="text" value=".25"/> (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
FROST MS 8137  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	12.04.2021 0730	2	BASF-ADVANCE GRANULAR ANT BAIT	499-370	<input type="text" value="24"/> (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	30	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
FROST MS 8137  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	12.04.2021 0900	4	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
PORTER RANCH SCHOOL 2302  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	12.04.2021 1030	4	BAYER SUSPEND SC	432-763	.25  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
TOLUCA LAKE EL 7192  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	12.04.2021 0815	6	NISUS BORA-CARE TERMITICIDE	64405-1	8  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
REED MS 8355  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	12.04.2021 0900	6	NISUS BORA-CARE TERMITICIDE	64405-1	8  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
NO HOLLYWOOD SH 8786  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	12.04.2021 1030	6	NISUS BORA-CARE TERMITICIDE	64405-1	8  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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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 DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
VICTORY EL 7521  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	12.04.2021 1330	6	NISUS BORA-CARE TERMITICIDE	64405-1	8  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
VAN NUYS EL 7438  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	12.04.2021 1400	6	NISUS BORA-CARE TERMITICIDE	64405-1	8  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
PORTER MS 8354  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	12.05.2021 0600	6	NISUS BORA-CARE TERMITICIDE	64405-1	8  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
KENNEDY-SAN FERNANDO CAS 9365  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	12.05.2021 0730	19- THERAPY ROOM	NISUS BORA-CARE TERMITICIDE	64405-1	8  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
GLEDHILL EL 4130  <input checked="" type="checkbox"/> School  <input type="checkbox"/> Day Care	19	12.05.2021 1200	6	NISUS BORA-CARE TERMITICIDE	64405-1	8  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB		

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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 DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
CLEVELAND EEC 8588 <input type="checkbox"/> School <input checked="" type="checkbox"/> Day Care	19	12.04.2021 0600	4	NISUS- NIBAN GRANULAR BAIT	64405-2	3  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
CLEVELAND SH 8590 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	12.04.2021 0800	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	13  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
CLEVELAND SH 8590 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	12.04.2021 1230	2	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SEPULVEDA MS 8363 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	12.05.2021 1300	6	NISUS BORA-CARE TERMITICIDE	64405-1	12  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SYLMAR EL 7014 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	12.15.2021 0730	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	1  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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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 DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)				
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT					
REPORT PREPARED BY: <i>JOSCOMAR MEDINA</i>		E-MAIL ADDRESS <b>jose.medina1@lausd.net</b>	CITY <b>SUN VALLEY</b>	PHONE NUMBER <b>818.394.2491</b>			
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
PANORAMA CITY EL 5604 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	12.20.2021 1315	6	BASF- ALPINE COCKROACH GEL BAIT	499-507	3  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
CALVERT CHRTR 2712 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	12.20.2021 0600	4	NISUS- NIBAN GRANULAR BAIT	64405-2	3  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
TELFAIR EL 7068 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	12.20.2021 7068	6	BASF- ALPINE COCKROACH GEL BAIT	499-507	12  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
VALLEY ACAD ARTS 8898 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	12.21.2021 0745	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	10  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
PORTER RANCH SCHOOL 2302 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	12.21.2021 0915	4	BAYER SUSPEND SC	432-763	0.5  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
NESTLE AVE CHRTR 5452 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	12.21.2021 0845	2	BASF-ADVANCE GRANULAR ANT BAIT	499-370	8  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	30	
WILBUR EL 7774 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	12.21.2021 1015	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	8  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
HALE MS 8169 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	12.23.2021 0930	2	GROUND SQUIRREL BAIT BY WILCO	36029-20	288  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	30	
HALE MS 8169 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	12.27.2021 0730	2	GROUND SQUIRREL BAIT BY WILCO	36029-20	32  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	30	
GRANT SH 8683 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	12.27.2021 0830	2	GROUND SQUIRREL BAIT BY WILCO	36029-20	16  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	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 DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT / CENTER NAME			LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
<b>2021</b>	<b>EDWARD SANCHEZ</b>	LOS ANGELES UNIFIED SCHOOL DISTRICT						
REPORT PREPARED BY:		E-MAIL ADDRESS			CITY	PHONE NUMBER		
<i>JOSCOMAR MEDINA</i>		jose.medina1@lausd.net			SUN VALLEY	<b>818.394.2491</b>		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)	
NOBLE EEC 9540  <input type="checkbox"/> School <input checked="" type="checkbox"/> Day Care	19	12.27.2021 1200	6	BASF- ALPINE COCKROACH GEL BAIT	499-507	4  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SAN FERNANDO SH 8843  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	12.27.2021 0800	1	BASF- ALPINE COCKROACH GEL BAIT	499-507	11  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10	
DYER EL 3493  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	12.27.2021 1200	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	2  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
FULLBRIGHT EL 4027  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	12.28.2021 0830	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	2  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	
SYLMAR EL 7014  <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	12.28.2021 0915	4	BASF-ADVANCE GRANULAR ANT BAIT	499-370	3  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input checked="" type="checkbox"/> OZ <input type="checkbox"/> LB	10	

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# PESTICIDE USE REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR	SCHOOL DESIGNEE (IPM COORDINATOR)		DISTRICT / CENTER NAME	LICENSE / CERTIFICATE NUMBER (OPTIONAL)			
2021	EDWARD SANCHEZ		LOS ANGELES UNIFIED SCHOOL DISTRICT				
REPORT PREPARED BY:			E-MAIL ADDRESS	CITY	PHONE NUMBER		
JOSEOMAR MEDINA			jose.medina1@lausd.net	SUN VALLEY	818.394.2491		
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants  (include alpha code, if listed)	Amount of Pesticide Product Used  (check or write in unit from label)	Pest Control Code  (from list on back)
TELFAIR EL 7068 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	12.28.2021 1230	1	NISUS BORA-CARE TERMITICIDE	64405-1	8  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
CAPISTRANO EL 2802 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	12.28.2021 0730	7	BASF- ALPINE COCKROACH GEL BAIT	499-507	4  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input checked="" type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
CANOGA PARK EL 2753 <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	19	12.28.2021 0945	19-EXTERIOR GROUND BOXES	BAYER SUSPEND SC	432-763	.25  (vol.) <input checked="" type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	10
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	
<input type="checkbox"/> School <input type="checkbox"/> Day Care	19					  (vol.) <input type="checkbox"/> OZ <input type="checkbox"/> ML <input type="checkbox"/> PT (wt.) <input type="checkbox"/> GR <input type="checkbox"/> OZ <input type="checkbox"/> LB	

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

# FLORIANE SOL REPORTING FOR SCHOOL AND CHILD DAY CARE CENTER EMPLOYEES

APPLICATION YEAR SCHOOL DESIGNEE (IPM COORDINATOR)		DISTRICT / CENTER NAME		LICENSE / CERTIFICATE NUMBER (OPTIONAL)	
REPORT PREPARED BY: RICARDO IBARRA		4 USD E-MAIL ADDRESS		CITY LOS ANGELES	
School CDS #/Child Day Care Facility # OR Name & Address AND Specify if School or Child Day Care Facility	County Code	Date & Time Application Completed	Location (# from list on back)	Manufacturer & Name of Product Applied	EPA REG. Number on Label or CA Reg. Number for adjuvants (include alpha code, if listed)
DELEVAN EL <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	4	12/4/21 6AM	19 Boiler RM	ALPINE COCKROACH gel BAIT BASF	499-507
Belvedere EL <input checked="" type="checkbox"/> School <input type="checkbox"/> Day Care	4	12/4/21 12:30 PM	6 RM 116	ALPINE COCKROACH gel BAIT BASF	499-507
<input type="checkbox"/> School <input type="checkbox"/> Day Care					
<input type="checkbox"/> School <input type="checkbox"/> Day Care					
<input type="checkbox"/> School <input type="checkbox"/> Day Care					

Use this form ONLY to report pesticide applications made by schoolsite employees, staff, and volunteers at schools and child care centers. DO NOT report pesticide use by pest management professionals contracted to apply pesticides at schoolsites. 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

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)	CITY	PHONE NUMBER		
2021		LAUSD					
REPORT PREPARED BY: PORTER JAMES L.							
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 LE CONTE MS 1316 N. BRANSON AVE LA CA 90028	LA	12-4-21	7, 4	BASF PT 565 PLUS X40	499-290	<input checked="" type="checkbox"/> LB <input 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	10
<input checked="" type="checkbox"/> School LOCKWOOD EL 4345 LOCKWOOD AVE LA, CA 90029	LA	12-4-21	4	NISUS BORA-CARE	64405-1	<input checked="" type="checkbox"/> LB <input 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	10
<input checked="" type="checkbox"/> School PALMS EL 3520 MOTOR AVE LA, CA 90034	LA	12-27-21	4	BAYER SUSPEND SC	432-763	<input checked="" type="checkbox"/> LB <input 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	10
<input checked="" type="checkbox"/> School ALTA LOMA EL 1745 VINEYARD AVE LA, CA 90019	LA	12-27-21	4	BAYER SUSPEND SC	432-763	<input checked="" type="checkbox"/> LB <input 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	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 to the Department of Pesticide Regulation, Pesticide Management & Licensing Branch, 2800 E. Street, Sacramento, CA 95833.

# 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 YR.	SCHOOL DESIGNEE / IPM COORDINATOR	DISTRICT/CENTER NAME	LICENSE / CERTIFICATE NUMBER (optional)	CITY	PHONE NUMBER		
2021	L.A.USD						
REPORT PREPARED BY: <i>Juan Sarmiento</i>							
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)
West Hollywood Blvd 970 Wammont St West Hollywood 90069	L.A.	12/4/14 0600	#6	Somcare (NFSUS)	64405-1	<input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ (vol.) <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	10
Gladhill St. Bldg 16030 Gladhill St North Hills Ca. 91343	L.A.	12/4/14 0600	#6	Somcare (NFSUS)	64405-1	<input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ (vol.) <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	10
West Hollywood 970 Wammont St West Hollywood Ca 90069	L.A.	12/4/14 0700	#4	Ca. Final Feed. Exempt. AP 1000	<del>64405-1</del> Ca. Exempt.	<input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ (vol.) <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	10
Bridge St 605 N. Boyle Ave Los Angeles Ca 90033	L.A.	12/18/14	#4	AP 1000 Final Feed.	Ca. Exempt.	<input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ (vol.) <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	10
2nd St Bldg 1942 E. 2nd St. Los Angeles 90033	L.A.	12/18/14	#6	(NFSUS) Somcare	64405-1	<input checked="" type="checkbox"/> LB <input type="checkbox"/> OZ (vol.) <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L <input type="checkbox"/> GR	10

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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 YR	SCHOOL DESIGNEE (IPM COORDINATOR)	DISTRICT/CENTER NAME	LICENSE/CERTIFICATE NUMBER (optional)	CITY	PHONE NUMBER		
REPORT PREPARED BY:							
2021	L.A.U.S.D.						
REPORT PREPARED BY: <i>Juan Sanchez</i>							
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 <i>Farmdale EC 2660 Ruth Sargent Dr Los Angeles Ca 90032</i>	<i>L.A.</i>	<i>12/18/14</i>	<i># 6</i>	<i>Boracarb (NISUS)</i>	<i>64405-1</i>	<input checked="" type="checkbox"/> LB <input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L	<i>10</i>
<input checked="" type="checkbox"/> School <i>SUNRISE EC 2821 E 7th St. Los Angeles Ca 90023</i>	<i>L.A.</i>	<i>12/18/14</i>	<i># 6</i>	<i>Boracarb (NISUS)</i>	<i>64405-1</i>	<input checked="" type="checkbox"/> LB <input checked="" type="checkbox"/> OZ (vol.) <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L	<i>10</i>
<input type="checkbox"/> School <input type="checkbox"/> Child Care						<input type="checkbox"/> LB <input type="checkbox"/> OZ (vol.) <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"/> LB <input type="checkbox"/> OZ (vol.) <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"/> LB <input type="checkbox"/> OZ (vol.) <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"/> LB <input type="checkbox"/> OZ (vol.) <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA <input type="checkbox"/> ML <input type="checkbox"/> KG <input type="checkbox"/> L	

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