

TEXAS DEPARTMENT OF AGRICULTURE
STRUCTURAL PEST CONTROL SERVICE
PEST CONTROL USE RECORDS FOR SCHOOLS

IPM Coordinator _____

SCHOOL NAME:

ADDRESS:

1. Name of Building, Specific Area, Address, & Room #'s, etc.	2. Date The Pesticide(s) or Device(s) Used	3. Pesticide's Used and EPA Reg. #'s	4. Total Amount of Each Pesticide Applied	5. Device(s) Used & Total # Per Device	6. Mixing Rate	7. Target Pest	8. Service Address Where Pesticide(s) or Device(s) Were Used	9. Printed Name and License # of Applicator