

Occupants Fumigation Notice and Pesticide Disclosure

JOB ADDRESS _____ CITY _____

Single Family Dwelling
 Multi Family Dwelling
 Other _____
 Owner/Agent _____
 Tel. No. () _____ Emergency No. () _____
 Occupant _____
 Tel. No. () _____ Emergency No. () _____
 Prime Contractor _____ Emergency No. () _____
 Fumigation Contractor **Mega Fume** _____ Emergency No. **(866) 891-3863** _____
 Target Pest(s):
 Drywood Termites
 Beetles
 Other(s) _____
 Fumigants proposed to be used:
 Methyl Bromide
 Sulfuryl Fluoride _____
 Others _____ (Product Name)

Are you aware of any conduits, pipes, common drains, air ducts, central vacuum systems or any other construction elements that would allow the passage of a fumigant from the structure to be fumigated to any other adjacent or adjoining structure?

YES NO _____

CHLOROPICRIN WILL BE USED AS WARNING AGENT WITH EITHER FUMIGANT

Dates of fumigation: _____ Date changes/Alternative date: _____
 Initials _____

IMPORTANT - READ CAREFULLY

THIS BUILDING WILL BE FUMIGATED WITH LETHAL GASES ON THE DATE(S) INDICATED ABOVE. ALL PERSONS AND ANIMALS MUST VACATE THE PREMISES ON OR BEFORE ARRIVAL OF THE FUMIGATION CREW.

UNDER NO CIRCUMSTANCES CAN ANYONE ENTER THE BUILDING UNTIL THE FUMIGATION COMPANY'S NOTICE IS POSTED GIVING THE TIME AND DATE FOR SAFE RE-ENTRY.

"State law requires that you be given the following information: CAUTION-PESTICIDES ARE TOXIC CHEMICALS. Structural Pest Control companies are registered and regulated by the Structural Pest Control Board, and apply pesticides which are registered and approved for use by the California Department of Pesticide Regulation and the United States Environmental Protection Agency. Registration is granted when the State finds that based on existing scientific evidence there are no appreciable risks if proper use conditions are followed or that the risks are outweighed by the benefits. The degree of risk depends upon the degree of exposure, so exposure should be minimized."

If within 24 hours you experience symptoms of dizziness, headache, nausea, reduced awareness, slowed movement, garbled speech or difficulty breathing, leave the structure immediately and seek medical attention by contacting your physician or Poison Control Center 800-876-4766 and notify your pest control company. The warning agent, chloropicrin, can cause symptoms of tearing, respiratory distress and vomiting. Entry into the space during fumigation can be fatal.

For further information, contact any of the following: Your pest control company 866-891-3863; for Health Questions - the County Health Department SEE BELOW; for Application Information - the County Agricultural Commissioner SEE BELOW and for Regulatory Information - the Structural Pest Control Board, 800/737-8188, 2005 Evergreen Street, Suite 1500, Sacramento, California, 95815.

FOR HEALTH QUESTIONS:

County	COUNTY HEALTH DEPARTMENT	COUNTY AGRICULTURAL COMMISSIONER	POISON CONTROL CENTER	STRUCTURAL PEST CONTROL BOARD
Los Angeles	800 427-8700	626 575-5466	800 876-4766	800 737-8188
Riverside	951 358-5000	951 955-3000	All Counties	All Counties
San Bernardino	800 782-4264	909 387-2105		
Orange	714 834-7700	714 955-0100		
San Diego	619-692-8499	858 694-2739		
Ventura	805 654-2813	805-933-3165		
Alamameda	510-567-8000	510-267-8000		
San Mateo	650-573-2346	650-363-4305		
Santa Clara	408-918-3400	408-918-4600		
Contra Costa	510-646-2521	925-646-5250		
San Francisco	415-554-2500	415-252-3862		

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

1. SULFURYL FLUORIDE (Zythor/Vikane) FACT SHEET _____
2. OCCUPANT'S FUMIGATION NOTICE DISCLAIMER _____
3. DAMAGE RELEASE WAIVER-TILE AND/OR METAL ROOFING, AND PLANT DAMAGE _____

We suggest that you notify nearby neighbors of the date of fumigation and to keep pets away during the fumigation. Close off any open access to the subarea to prevent pets from entering.

[] Owner/Agent (signature) _____ Date _____
 [] Occupant(s) (signature) _____ Date _____