

Pesticide Application Notification
3CCR Section 6618

Company:
Manager (or responsible person):
Property address:

Date of application:
Time of application:
End of application:
Property or area on property to be treated*:

Name of pesticide: VAP-X™
Active ingredient: DDVP, Dichlorvos, Vapona

Precautions related to protection of employees or other persons during the application:

VAP-X™ contains dichlorvos, which is an organophosphate pesticide. This product is formulated with an oil-based solvent system containing mineral spirits and aromatics, which can irritate the lungs, skin, and eyes if personal protective equipment is not worn when exposed. VAP-X™ can penetrate the skin if left exposed and can accumulate inside the body to the point of poisoning. If an employee detects any unfamiliar odor in or around the property that has been treated, evacuate the area until it can be determined to be safe. If an employee has to enter the treated area, personal protective equipment must be worn, including goggles, respirator with organic vapor cartridges with pre-filters, long sleeves/pants and shoes with socks. Do not reenter area without respiratory protection until the area has been determined to be safe using Draeger phosphoric acid ester tubes, or 24 hours after the application.

*The operator of the property shall assure that notice is given to all persons who are on the property to be treated, or who may enter during the application or the period of time that any restrictions on entry are in effect, except for the persons who made or supervised the application for which the notice is intended. The notice must be in a manner the person can understand.

Written Notification:

Notification hand delivered to:	Name:	Date:	Time:
Notification posted:	Location:	Date:	Time:
Notification Faxed:	Fax #:	Date:	Time:
Notification E-Mailed:	Address(es):	Date:	Time:

Optional verbal notification:

Date of verbal notification:
Time of verbal notification:
Who was notified: