

UNIVERSITY OF OREGON

NOTICE OF PESTICIDE USE OR APPLICATION

Effective 5/1/13

Block A: Requestor Information

Requested By: Name & Department				UO Contact: Name & Department			
Phone		Fax		Phone		Fax	
Work Number		Standing Work Order Number		Building Number		Date of Request	
Building or Facility Name				Room or Area			
Target Pest				Action Level		Observed Activity	
Site Description: Mark one with X	Public	Private		Location Address			
				Mark one with X:	Interior	Exterior	
Requested Date of Use				Requested Time of Use			
Purpose of Use: Mark one with X	Insect Control	Weed Control	Rodent Control	Bird Control	Slug Control	Plant Growth Regulator	Other
Notification Instructions				Pest Contractor			
Special Precautions				Requested Action			

Block B: Applicator / User Information

Name	Phone
Address	Fax
Applicator License Number	Email

Block C: Pesticide Product and Pesticide Use Reporting System Information

Pesticide Product Name			
EPA Registration Number			UO MSDS Number
Date of Use	Time of Use	Amount of Undiluted Pesticide Product Used	
Method of Application		Rate of Application	

Routing: Submit to EHS within 24 Hours of Application		Tracking:	Initial	Date
1. Requestor	Complete Block A (Forward per Notification Instructions)	1. Requestor (Optional)	_____	___ / ___ / ___
2. Applicator / User	Complete Block B and C	2. Applicator / User	_____	___ / ___ / ___
3. EHS	For IPM archiving / PURS reporting	3. EHS	_____	___ / ___ / ___

EHS Phone: 541-346-3192	EHS Fax: 541-346-7010	EHS Office: 72 Onyx Bridge
PURS Reporting By (Mark one with X): University _____ Contractor _____		