

LIC. #PR 4092
Leadership Fumigation
1445 Jason Way
Santa Maria, California 93455
(805)739-8849 * Fax (805)739-0130

Occupants' Fumigation Notice and Pesticide Disclosure

Job Address _____ City _____

Single Family Dwelling Multi Family Dwelling Other _____

Owner/Agent _____

Telephone Number _____ Emergency Telephone _____

Occupant _____

Telephone Number _____ Emergency Telephone _____

Prime Contractor _____ Emergency Telephone _____

Fumigation Contractor **Leadership Fumigation (805) 739-8849** _____

Target Pest(s): Drywood Termites Beetles Other(s) _____

Fumigants proposed to be used: Methyl Bromide Vikane™ (Active Ingredient: Sulfuryl Fluoride)

Other(s) **Chloropicrin** _____

CHLOROPICRIN WILL BE USED AS A WARNING AGENT WITH EITHER FUMIGANT

**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 () Signature X _____

Dates of fumigation _____ Date changes/Alternate date _____

Job Number _____ 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 in breathing, leave the structure immediately and seek medical attention by contacting your physician or Poison Control Center (see below) 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 (see phone number above); for Health Questions – the County Health Department (see phone number below); for Application Information – the County Agricultural Commissioner (see phone number below); and for Regulatory Information – the Structural Pest Control Board, (800) 737-8188, 1418 Howe Ave., Ste. 18, Sacramento, CA 95825.

FOR HEALTH QUESTIONS:

County Health Department	County Agricultural Commissioner	Poison Control Center	Structural Pest Control Board
S.B. County: (805)681-4900	S.B. County: (805)681-5600	S.B. County: (800) 876-4766	
S.L.O. County: (805)781-5544	S.L.O. County: (805)781-5910	S.L.O. County: (800) 876-4766	(800) 737-8188

(For any other questions or issues please contact Leadership Fumigation.)

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

Vikane Fact Sheet X _____ **Nylofume Bag Preparation Sheet X** _____
Occupant's Fumigation Notice/Instruction Sheet X _____ **Roof/Plant Disclaimer X** _____

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** _____