

School IPM Posting

Southampton Twp. School

Business Phone # _____

Application Location: _____ Reason for Application: _____

School IPM Coordinator _____ Phone # _____

1st Application Date 2nd Application Date 3rd Application Date

Date(s) of Potential Application 7/15 | 1 | 7/16 | 1 | 7/17

Time _____ AM / PM _____

“PEST CONTROL APPLICATION”
PLEASE STAY OFF FOR 7 HOURS

PEST CONTROL INFORMATION

Common Name	EPA REG#	COMMENTS
<i>Bazor Pro</i>	<i>228-366</i>	<i>} Controls Weeds.</i>
<i>TruPower 3</i>	<i>228-551</i>	
<i>Barricade</i>	<i>110-1139</i>	

“WHERE POSSIBLE, PERSON WHO POTENTIALLY ARE SENSITIVE,
 SUCH AS PREGNANT WOMEN, INFANTS AND CHILDREN, SHOULD
 AVOID UNNECESSARY PESTICIDE EXPOSURE.”