

# OCCUPANT'S FUMIGATION NOTICE AND PESTICIDE DISCLOSURE

JOB ADDRESS \_\_\_\_\_

[ ] Single Family Dwelling      [ ] Multi Family Dwelling      [ ] Other \_\_\_\_\_

Owner/Agent \_\_\_\_\_

Tel. No. (    ) \_\_\_\_\_ Emergency No. (    ) \_\_\_\_\_

Occupant \_\_\_\_\_

Tel. No. (    ) \_\_\_\_\_ Emergency No. (    ) \_\_\_\_\_

Prime Contractor \_\_\_\_\_ Emergency No. (    ) \_\_\_\_\_

Fumigation Contractor FumeCo Fumigation Services, Inc. Emergency No. (855) 838-6326

Target Pest(s):    [ ] Drywood Termites      [ ] Beetles      [ ] Other(s) \_\_\_\_\_

Fumigants proposed to be used:      [ ] Vikane™ (Active Ingredient - Sulfuryl Fluoride 99.0%)

[ ] Other(s) \_\_\_\_\_

## CHLOROPICRIN 99.0% 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.**

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 ( ) \_\_\_\_\_

"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 above); 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, (916) 561-8700, 2005 Evergreen St., Suite 1500, Sacramento, CA 95815-3831.

COUNTY HEALTH DEPARTMENT	COUNTY AGRICULTURAL COMMISSIONER	POISON CONTROL CENTER	STRUCTURAL PEST CONTROL BOARD
SAN BERNARDINO (800) 782-4264 ORANGE CO. (714) 834-4722 LOS ANGELES CO. (800) 427-8700 RIVERSIDE CO. (951) 358-5000 SAN DIEGO CO. (619) 229-5400	SAN BERNARDINO (909) 387-2130 SAN DIEGO CO. (858) 694-2739 ORANGE CO. (714) 955-0100 LOS ANGELES CO. (626) 575-5466 RIVERSIDE CO. (951) 955-3000	(800) 876-4766	(916) 561-8700

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.

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.

VIKANE (SULFURYL FLUORIDE) FACT SHEET      OCCUPANT'S FUMIGATION NOTICE & DISCLAIMER

I certify that I have received the above forms. \_\_\_\_\_

Signature \_\_\_\_\_

[ ] Owner/Agent (signature) \_\_\_\_\_ Date \_\_\_\_\_

[ ] Occupant(s) (signature) \_\_\_\_\_ Date \_\_\_\_\_

**\* NOTE: REVERSE SIDE ALSO NEEDS TO BE SIGNED \***