

**EMERGENCY WAIVER APPLICATION**

**FOR PESTICIDE USE IN SCHOOLS, DAY CARE CENTERS, OR SCHOOL AGE CHILD CARE PROGRAMS**

The school, day care center, or school aged child care program listed below has determined that a human health emergency pest problem exists making necessary the use of a pesticide(s) not otherwise allowed under the Massachusetts Pesticide Control Act. In addition, the emergency nature of the pest problem warrants exempting standard written notification until after the emergency treatment. Further, the school, day care center, or school-aged child care program listed below requests formal approval of a single-use waiver in accordance with above statute. (Note: School refers to school, day care center, or school aged child care program)

**I. GENERAL INFORMATION (Applicant must complete-please print)**

NAME OF SCHOOL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/TOWN: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
FAX NUMBER: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
NAME OF PERSON REQUESTING EMERGENCY WAIVER: \_\_\_\_\_

AN IPM PLAN IS ON FILE: (effective 11-1-01)? \_\_\_\_\_ YES \_\_\_\_\_ NO  
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**II. EMERGENCY INFORMATION (Applicant should describe the emergency as well as any other method(s) used to solve the problem)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant must answer (yes or no) regarding the emergency situation**

Does the pest problem pose an immediate threat to human health? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Are there any viable alternatives that could be used in place of pesticides?  
to solve the pest problem? \_\_\_\_\_ YES \_\_\_\_\_ NO

**FAX THIS FORM TO YOUR MUNICIPAL BOARD OF HEALTH OR TO THE DEPARTMENT OF AND AGRICULTURE AT (617) 626-1850. COPIES OF THIS APPROVED EMERGENCY WAIVER (pages 1 & 2) MUST BE MAINTAINED BY THE PEST MANAGEMENT PROFESSIONAL (PMP) AND BE IN THE POSSESSION OF THE PMP AT THE TIME OF TREATMENT.**

**III. APPLICANT COMMITMENT [(Applicant must describe potential cause of the pest problem and list future actions that will be used to prevent this problem (if applicable)]**

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**Applicant must ensure all requirements listed below are met as a condition of this approval.**

(Check List)

- ? -warning signs will be posted near and along perimeter of treatment
- ? warning signs will remain for at least 72 hours
- ? standard written notification provided prior to or after emergency
- ? emergency documentation maintained on site

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(For Board of Health or Department of Agricultural Resources Use Only)

<b>A SINGLE-USE WAIVER IS APPROVED FOR EMERGENCY PESTICIDE TREATMENT</b>		
<b>Approved For:</b>	_____	
	Name of School	
<b>For Control of:</b>	_____	
	List Pest(s)	
<b>For the use of:</b>	_____	
	List Trade Name and Active Ingredient of Pesticide	EPA Reg #.
<b>Date Approved:</b>	_____	
<b>Approved by:</b>	_____ / ____ / ____	
	Name	Title                      Date
<b>Telephone:</b>	(____) _____ - _____	<b>Fax:</b> (____) _____ - _____

**WARNING: This form must be signed and approved by the appropriate parties Board of Health(BOH) or Massachusetts Department of Agricultural Resources (DAR) before an application can take place.**

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