



WARNING

Pesticide-Treated Area

Pesticide Application Notification Form

A pesticide application is scheduled to be performed.

Location:	
DATE OF APPLICATION:	TIME:
DATE OF POSTING:	TIME:
DATE OF REMOVAL OF POSTING:	TIME:
Pesticide Name:	EPA Registration #
Safety Data Sheet (SDS) available on request.	
Expected Area of the pesticide application:	
Reason for the application:	

Re-entry into this area:

Immediately

Date: _____ Time: _____

For further information regarding this notice, please contact Safety & Risk Management Services at (503)399-3070

**NOTICE TO BE REMOVED BY
AUTHORIZED PERSONNEL ONLY!**