

**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: Altavesta Elementary School

ADDRESS: 990 1/2 Main Street

CITY/TOWN: Woburn, MA 01801

TELEPHONE: 781-937-8235

FAX NUMBER: 781-937-8273

E-MAIL ADDRESS: ddunkley@woburnps.com

NAME OF PERSON REQUESTING EMERGENCY WAIVER: David Dunkley Dir. of Facilities

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)**

Flying stinging pests are nesting above ceiling of classroom 222. The nest is within cinder blocks of the exterior wall. Access is removal is limited/difficult

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))]**

Screen to be placed over open vent.

**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)

A SINGLE-USE WAIVER IS APPROVED FOR EMERGENCY PESTICIDE TREATMENT			
Approved For:	<u>Altavesta Elementary School</u>		
	Name of School		
For Control of:	<u>Flying Stinging pest</u>		
	List Pest(s)		
For the use of:	<u>Delta Dust</u>	<u>Delta methrin</u>	<u>432-772</u>
	<u>PT 565 - Pyrethrin, Piperonyl</u>		<u>499-290</u>
	List Trade Name and Active Ingredient of Pesticide		EPA Reg #
Date Approved:	<u>9/14/2017</u>		
Approved by:	<u>John R. Ferial</u>	<u>Dir. of B.O.H.</u>	<u>9/14/2017</u>
	Name	Title	Date
Telephone:	<u>(781) 932-4407</u>	Fax:	( ) -

**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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