

§ 1970.4. Pesticide Disclosure Requirement.

(a) ~~The primary contractor for fumigation shall have in his or her~~ must possession and shall provide to any subcontractor for fumigation a an Occupants Fumigation Notice and Pesticide Disclosure form ~~(See Form 43M-48 (Rev. 5/0710/20) at the end of this section)~~ signed by the occupants or ~~designated owner or owner's agent~~ of a structure. The primary contractor for fumigation must provide to any subcontractor for fumigation a signed copy of Form 43M-48 (Rev. 10/20). The primary contractor for fumigation and the subcontractor for fumigation shall must retain a signed copy of ~~the each occupants fumigation notice~~ Form 43M-48 (Rev. 10/20) for a period of at least three years. In the case of multiple-family dwellings multi-unit structures, the owner, or owner's agent, manager or designated agent of the building may obtain signatures and/or verify the notification of the occupants on behalf of the prime contractor.

(b) In addition to the statements and information as required under section 8538(a)(1-3) of the code, a completed Form 43M-48 (Rev. 10/20) must include: The form shall state

1. The name of the pest to be controlled.

2. The brand name and active ingredient(s) of the pesticide(s)/fumigant(s) proposed to be used.

3. The street address, city, and ZIP code of the structure to be fumigated.

4. The name, principle registration number, and emergency contact information for the prime contractor, and the subcontractor.

5. The date(s) of intended fumigation.

6. The following statements, printed in capital letters:

(A) "THIS STRUCTURE WILL BE FUMIGATED WITH A LETHAL GAS ON THE DATE(S) INDICATED ABOVE. ALL PERSONS AND ANIMALS MUST VACATE THE STRUCTURE PRIOR TO THE COMMENCEMENT OF FUMIGATION."

(B) "IT IS UNSAFE TO ENTER THE STRUCTURE PRIOR TO THE TIME AND DATE LISTED ON THE CERTIFICATION NOTICE FOR RE-ENTRY POSTED BY THE LICENSED FUMIGATOR."

7. The following printed question regarding conduits:

"IF YOU AWARE OF ANY CONDUITS, PIPES, COMMON DRAINS, CENTRAL VACUUM SYSTEMS, AIR DUCTS, OR ANY OTHER CONSTRUCTION ELEMENTS THAT WOULD ALLOW FOR THE PASSAGE OF A FUMIGANT FROM THE STRUCTURE TO BE FUMIGATED TO ANY OTHER ADJACENT OR ADJOINING STRUCTURES THAT ARE NOT TO BE FUMIGATED, PLEASE DESCRIBE IN DETAIL BELOW."

8. The printed statement: "We suggest you remove your pets and notify your neighbors of the date(s) of fumigation and to keep pets away during the fumigation. Close off any access to the subarea to prevent pets from entering.

9. A signed and dated acknowledgment by the occupant, or owner, or owner's agent, of receipt of the Occupant's Fumigation Notice (Form 43M-48 Rev 10/20) and the information contained therein, the fumigation dates, receipt of the prime contractor's instructions for fumigation preparation, procedures for leaving the structure, and the fact sheet for the intended fumigant.

~~the active ingredient(s) and the health cautionary statement as required under section 8538 of the code. The form shall also state that a lethal gas (poison) will be used in the building on indicated dates and that it is unsafe to return to the building until a certification notice for reentry is posted by the licensed fumigator. The form shall also indicate that the occupant has received the prime contractor's information regarding the procedures for leaving the structure.~~

The properly signed form or a copy, written or electronic, thereof shall must be in the possession of the licensed fumigator when the fumigant is released. Such form shall must be attached to and become a permanent part of the fumigation log upon completion of the fumigation.

~~(b) Any death or serious injury relating to pesticide application or use, whether to a worker or member of the public, shall be reported to the nearest Structural Pest Control Board office immediately.~~

~~(c) Whenever a licensee employed by a branch 2 or branch 3 registered company applies a pesticide within, around or to any structure such person shall leave in a conspicuous location a written notice identifying the common, generic or chemical name of each pesticide applied. In case of a multiple family structure, such notice may be given to the designated agent or the owner. Such pesticide identification notice may be a door hanger, invoice, billing statement or other similar written document which contains the registered company's name, address, and telephone number.~~

~~(d) All pest control operators, field representatives, applicators and employees in all branches shall comply in every respect with the requirements of section 8538 of the code. Failure to comply with section 8538 of the code is a misdemeanor and shall constitute grounds for discipline.~~

~~(e) Where notification is required under section 8538 of the code, and the premises on which the work is to be performed is a multiple family dwelling consisting of more than 4 units, the owner/owner's agent shall receive notification and other notices shall be posted in heavily frequented, highly visible areas including, but not limited to, all mailboxes, manager's apartment, in all laundry rooms, and community rooms on all external pest control servicing. Complexes with fewer than 5 units will have each affected unit notified. Any pest control servicing done within a tenant's apartment requires that the tenant be notified according to section 8538 of the code.~~

~~(f) A registered company which applies any pesticide within, around or to any structure shall provide to any person, within 24 hours after request therefore, the common, generic or chemical name of each pesticide applied.~~

Note: Authority cited: Section 8525, Business and Professions Code. Reference: Section 8505.7, 8505.13 and 8538, Business and Professions Code.

OCCUPANTS FUMIGATION NOTICE & PESTICIDE DISCLOSURE

Address of Structure to be Fumigated: _____ City: _____

Single-Unit Structure

Owner/Agent: _____

Multi-Unit Structure

Phone Number: _____ Emergency Number: _____

Other

Occupant: _____

Phone Number: _____ Emergency Number: _____

Prime Contractor: _____

Emergency Number: _____

Fumigation Contractor: _____

Emergency Number: _____

Target Pest(s): _____

Fumigant to be Used: _____

Active Ingredient: _____

IF YOU ARE AWARE OF ANY CONDUITS, PIPES, COMMON DRAINS, CENTRAL VACUUM SYSTEMS, AIR DUCTS, OR ANY OTHER CONSTRUCTION ELEMENTS THAT WOULD ALLOW FOR THE PASSAGE OF A FUMIGANT FROM THE STRUCTURE TO BE FUMIGATED TO ANY OTHER STRUCTURE THAT IS NOT TO BE FUMIGATED, PLEASE DESCRIBE IN DETAIL BELOW.

CHLOROPICRIN WILL BE USED AS A WARNING AGENT

Dates of Fumigation: _____

Date Changes/Alternative Dates: _____

Initials: _____

IMPORTANT READ CAREFULLY

THIS BUILDING WILL BE FUMIGATED WITH LETHAL GASSES ON THE DATE(S) INDICATED ABOVE. ALL PERSONS AND ANIMALS MUST VACATE THE PREMISES ON OR BEFORE FUMIGATION COMMENCES.

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.

"State law requires that you be given the following information: CAUTIONS – PESTICIDES ARE TOXIC CHEMICALS. Structural pest control companies are registered and regulated by the Structural Pest Control Board and apply pesticides that are registered and approved for us 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 is proper 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 (_____) 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 (_____); for Health Questions the County Health Department (_____); for application information the County Agricultural Commissioner (_____) and for regulatory information the Structural Pest Control Board 916-561-8700, 2005 Evergreen Street, Suite 1500, Sacramento, CA 95815.

County Health Department Phone Number	County Agricultural Commissioner Phone Number	Poison Control Center Phone Number	Structural Pest Control Board Phone Number

(This section may be modified to include the information of geographical area served by the licensee)

WE SUGGEST YOU NOTIFY NEIGHBORS OF THE DATE OF FUMIGATION AND TO KEEP PETS AWAY DURING THE FUMIGATION. CLOSE OFF ANY ACCESS TO THE SUBAREA TO PREVENT PETS FROM ENTERING.

I hereby acknowledge receipt of, a copy of this document and the information contained herein, a list that includes the instructions for the necessary preparations for the fumigation, procedures for leaving the structure, the fact sheet for the fumigant to be used, and the documents listed below, if any.

Owner/Agent Signature: _____

Date: _____

Occupants Signature: _____

Date: _____

OCCUPANTS FUMIGATION NOTICE & PESTICIDE DISCLOSURE

Address of Structure to be Fumigated: _____ City: _____

Single-Unit Structure Owner/Agent: _____
 Multi-Unit Structure Phone Number: _____ Emergency Number: _____
 Other Occupant: _____
 Phone Number: _____ Emergency Number: _____

Prime Contractor: _____ Emergency Number: _____

Fumigation Contractor: _____ Emergency Number: _____

Target Pest(s): _____ Fumigant to be Used: _____
 Active Ingredient: _____

IF YOU ARE AWARE OF ANY CONDUITS, PIPES, COMMON DRAINS, CENTRAL VACUUM SYSTEMS, AIR DUCTS, OR ANY OTHER CONSTRUCTION ELEMENTS THAT WOULD ALLOW FOR THE PASSAGE OF A FUMIGANT FROM THE STRUCTURE TO BE FUMIGATED TO ANY OTHER STRUCTURE THAT IS NOT TO BE FUMIGATED, PLEASE DESCRIBE IN DETAIL BELOW.

CHLOROPICRIN WILL BE USED AS A WARNING AGENT

Dates of Fumigation: _____ Date Changes/Alternative Dates: _____
 Initials: _____

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Owner/Agent Signature: _____ Date: _____
 Occupants Signature: _____ Date: _____