

EXHIBIT B

CAMPUS OPERATIONS

Integrated Pest Management Program

INTRODUCTION

This program serves as the University of Oregon's written Integrated Pest Management (IPM) program as required by ORS 634.650-670. The objective of this policy is to maintain pest populations below action threshold levels while:

- insuring minimal human exposure to health risks
- inflicting minimal hazards on the environment
- providing for effective monitoring through inspections and standardized record-keeping
- evaluating the effect of the IPM practices

This program includes a list of identified pests, monitoring methods, and [approved treatment procedures](#) ([/ehs/approved-treatment-procedures](#)) and a [Notice of Pesticide Use or Application](#) (<http://campusops.uoregon.edu/sites/default/files/Pesticide%20Use%20Form%208-2011.pdf>).

SCOPE

This program applies to all University of Oregon buildings and property with the exception of research applications and the Native American Longhouse. Science laboratory research and development is outside the definition of IPM protocol. Research and development may involve the use of pesticides that are not approved for use within the Integrated Pest Management policy. The locations in which these pesticides may be used are restricted to individual research facilities and their associated spaces. Usage will be in a controlled manner consistent with the University's chemical hygiene practices and protocols.

The University of Oregon will issue a central contract for pest control. Both the University Business Affairs Office (BAO) and Environmental Health & Safety (EHS) must sign a variance before any vendor other than the contracted vendor may provide pest control services. Contractors will comply with the program or receive a written exception from EHS prior to treatment if there is any deviation from the program.

Departments who have employees monitoring or treating pest problems or managing any contractors who monitor and/or treat pest problems will receive a copy of the Integrated Pest Management program. All pest control contractors will receive a copy of this program prior to any work being done for the University of Oregon.

RESPONSIBILITIES

Department - The responsible department will carry out the Integrated Pest Management program in accordance with this program and fund program expenses including but not limited to employee training and contractor charges. Departments are also responsible for keeping EHS informed of any violations of the program, enforcing compliance with the program, and notifying EHS upon discovery of any new pests. Department contacts will provide written notification to building managers a minimum of 48 hours prior to any treatment and will post all treatment areas a minimum of 24 hours in advance of any application. The responsible department contact will coordinate any joint treatments between a contractor and a University authorized employee. In areas where people are present or where there are open foodstuffs, pesticides will not be applied. When a pesticide label specifies a required quarantine time, the applicator will post the treatment area with signs notifying all occupants of the quarantine requirements and the treatment application time.

The responsible department contact will share any additional knowledge of specific hazards (e.g. electrical, confined space, atmospheric) in the target work area with the contractor prior to the any work being started.

Supervisor - The supervisor is responsible for identifying employees within their department who monitor or treat pests or who manage contractors, who monitor and/or treat pests on University property or in University buildings. Supervisors will also be responsible for maintaining required employee training and licensure records, ensuring employees are aware of and following this written program, and immediately notifying EHS of any unplanned incidents that occur in connection with pest management.

Environmental Health & Safety - EHS is responsible for administering and managing the Integrated Pest Management program and assisting departments in evaluating their compliance with the Integrated Pest Management program. EHS will also maintain the master list of identified pests, monitoring methods, and acceptable treatment procedures. EHS will coordinate with the BAO and act as the contract administrator. EHS will provide notice of any changes in program, training, and department contacts as needed. EHS will coordinate an annual review meeting with all departmental contracts. EHS will also develop and

maintain a pesticide usage log (spread sheet) and report to the Oregon Department of Agriculture as required.

DEFINITIONS

Action Threshold - is the level of infestation, damage, or highly potential damage that is no longer acceptable. Using IPM concepts, levels below Action Thresholds do not warrant chemical control methods.

Integrated Pest Management (IPM) - is a decision making process for determining the need for pest suppression treatments and determining time, location, strategy, and mix of tactics to use. In IPM programs, a treatment is not made according to a predetermined calendar schedule, but is made only when and where monitoring indicates that the pest will cause unacceptable economic, medical, or aesthetic damage.

Pest - is any organism or group of organisms that disrupts the normal function of an area.

GENERAL REQUIREMENTS

New Pests - EHS will develop a monitoring and treatment plan for any new pests found. Information regarding specific pests is also available in the EHS web site for [approved treatment procedures \(ehs/approved-treatment-procedures\)](http://ehs.uoregon.edu/approved-treatment-procedures).

Notification - The University will inform pest management contractors of the University's Integrated Pest Management program and provide a written copy of the program. The University will advise the contractor of any additional known safety provisions that may be in place. The contractor will notify a department contact a minimum of 48 hours prior to any treatment unless the department initiates and approved treatment sooner. The contractor will debrief with the department contact if there was any deviation from the work plan during the treatment. Department contacts will provide a written notification of intent to treat to building managers and the Department of Public Safety a minimum of 48 hours prior to any treatment and will post all treatment areas a minimum of 24 hours prior to any restricted use pesticide application. When applying any material that specifies a required quarantine, the applicator will post the treatment area with the quarantine requirements and the treatment application time.

Material Safety Data Sheet (MSDS) - EHS will maintain copies of the MSDS's for all pesticides listed in the [approved treatment procedures \(ehs/approved-treatment-procedures\)](http://ehs.uoregon.edu/approved-treatment-procedures). The applicator will have the MSDS onsite for any pesticide treatments on University property.

Pesticide Disposal - University personnel applying pesticides will follow University and manufacture's disposal recommendations. Contractors will not dispose of treatment residuals such as containers or container rinse water in University waste streams (e.g. storm wastewater, sanitary sewer, dumpsters, catch basins)

Treatment Record System - The department contact or the contractor will provide a clean, legible record of pesticide application(s) by using the University of Oregon [Notice of Pesticide Use or Application \(http://campusops.uoregon.edu/sites/default/files/Pesticide%20Use%20Form%208-2011.pdf\)](http://ehs.uoregon.edu/notice-of-pesticide-use-or-application) form. The following information **must** be included:

- Name of University department originating the pesticide use or application.
- Name of department contact, contact's telephone number and fax number.
- Name of building or facility where use or application is requested.
- Room number or area where use or application is requested.
- Target pest, action level, and observed activity.
- Site description (i.e. indoor or outdoor), location (street address including zip code)
- Requested date of use, requested time of use.
- Purpose of use (e.g. weed control, insect control, rodent control).
- Notification instructions, any special precautions.

The department contact will complete a [Notice of Pesticide Use or Application \(http://campusops.uoregon.edu/sites/default/files/Pesticide%20Use%20Form%208-2011.pdf\)](http://ehs.uoregon.edu/notice-of-pesticide-use-or-application) form prior to any application and then will provide a copy of the form to the Department of Public Safety 24 hours prior to any application, and maintain the original form on site during the application.

The applicator will then update the form with the following information:

- The applicator's name, address, telephone number, fax number, applicator license number, and email address.
- The pesticide product name (as on the product label), the product EPA registration number, and the UO MSDS number (if known).
- The date and time of use, the amount of undiluted pesticide product used, the method of application, and the rate of application.

The contractor will then deliver the original form to the University department contact.

EHS will serve as the record keeper for the program. The department contact will send the original treatment record form to EHS within 24 hours after the pesticide use or application. EHS will retain all records for a minimum of five years.

Pesticide use and application will be reported to the Oregon Department of Agriculture (ODA) in accordance with the ODA Pesticide Use Reporting System program.

LIST OF AFFECTED DEPARTMENTS (and other campus buildings)

<u>Department</u>	<u>Contact</u>	<u>Phone</u>
Athletics:	Alec York	(541) 346-5843
	Ryan Stock	(541) 346-5169
EMU	Dana Winitzky	(541) 346-6070
Facilities Services	Garrick Mishaga	(541) 346-2373
Housing	Gordon Melby	(541) 346-5231
OIMB	Larry Draper	(541) 888-2581
Student Health Center	Daralyn DeHaven-Murdock	(541) 346-4445
Shire/Aubrey Watzek House	Michael Smith	(541) 346-2055
Portland Center	John Woelfle	(503) 412-3691

PLAN REVISIONS

Original Preparation Date:	February 9, 1994
Latest Revision Number:	8
Latest Revision Date:	September 22, 2011
Authorization:	Kay Coots, EHS Director

Last Updated: January 27th, 2012

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EXHIBIT B-1

PEST CONTROL

TARGET PEST	AREA DESCRIPTION	TOLERANCE	CONFIRM METHOD	TREATMENT AREA	ACTION GUIDE	METHOD	MATERIAL	UO MSDS #	RATE	COMMENTS
BODY LICE	RESIDENCE		MEDICAL DIAG.	ROOM OCCUPNT/ASSOC	ANY	FREEZE BEDDING	SEE RX		LABEL	
HEAD LICE	RESIDENCE		MEDICAL DIAG.	ROOM OCCUPNT/ASSOC	ANY	FREEZE BEDDING	SEE RX		LABEL	
RINGWORM	RESIDENCE		MEDICAL DIAG.	ROOM OCCUPNT/ASSOC	ANY		SEE RX		LABEL	
COCKROACH*	PUBLIC OFFICE	HIGH	STICKY TRAP		>5/WK/1000SQFT	DUST	DELTA DUST	06297	LABEL	
COCKROACH*	PUBLIC OFFICE	HIGH	STICKY TRAP		>5/WK/1000SQFT	SPRAY	DRAGNET	07771	LABEL	
COCKROACH*	PUBLIC OFFICE	HIGH	STICKY TRAP		>5/WK/1000SQFT	SPRAY	WISDOM	07138	LABEL	
COCKROACH*	PUBLIC OFFICE	HIGH	STICKY TRAP		>5/WK/1000SQFT	BAIT	SIEGE	05747	LABEL	
COCKROACH*	MECH ROOM	MEDIUM	STICKY TRAP		>5/WK/1000SQFT	SPRAY	GENTROL IGR	07135	LABEL	
COCKROACH*	LAB	LOW	STICKY TRAP		>2/WK/1000SQFT	SPRAY	GENTROL IGR	07135	LABEL	
COCKROACH*	FOOD PREP- EXCLUSIVE OF DRAINS	LOW	STICKY TRAP		>1/WK/1000SQFT	SPRAY	GENTROL IGR	07135	LABEL	
COCKROACH*	INSIDE-FOOD SERVICE	ZERO	VISUAL INSPECT	DRAINS	>1/WK/1000SQFT	HAND DUSTER	DELTA DUST	06297	LABEL	
*TWICE ANNUAL TUNNEL PROGRAM--DEVELOP SURVEY W/STICKY TRAPS OR VISUAL CONFIRMATION W/ POINT APP						BAIT	SIEGE	05747	LABEL	
FLEA	PUBLIC AREA	HIGH	LIT STICKY TRAP		>10/NIGHT	SPRAY	PRECOR IGR	05751	LABEL	NO BOMBS
FLEA	PRIVATE OFFICE	LOW	LIT STICKY TRAP		<5/NIGHT	VACUUM 10 DAYS				NO SPRAY
FLEA	PRIVATE OFFICE	LOW	LIT STICKY TRAP		>4/NIGHT	SPRAY	PRECOR IGR	05751	LABEL	NO BOMBS
FLEA	PRIVATE OFFICE	LOW	LIT STICKY TRAP		>4/NIGHT	SPRAY	DRAGNET	07771	LABEL	NO BOMBS
FLY	INSIDE	MEDIUM	VISUAL INSPECT		>10/1000 SQFT	FLYSTRIPS OR VAC				NO SPRAY
FLY	INSIDE	MEDIUM	VISUAL INSPECT		>10/1000 SQFT	ULTRAVIOLET/STICKY				
FLY	OUTSIDE	HIGH	VISUAL INSPECT		>10/1000 SQFT	SANIT/WASH CANS				NO SPRAY
SEWER FLY	INSIDE	MEDIUM	VISUAL INSPECT	DRAINS		DUST	DELTA DUST	06297	LABEL	BLEACH DRAIN 1ST
SEWER FLY	INSIDE	MEDIUM	VISUAL INSPECT	CRACKS AND CREVICES		MOP & DRAIN TREATMENT	BIOMOP	07001		
FRUIT FLY	FOOD SERVICE	LOW	VISUAL INSPECT		>10/1000 SQFT	SANI/FRUITFLY STRIPS				NO SPRAY
WASP/BEE	INSIDE	LOW/MEDIUM	VISUAL INSPECT	INDIVIDUAL OR NEST	>1	VACUUM				NO SPRAY
WASP/BEE	OUTSIDE	MEDIUM/HIGH	VISUAL INSPECT	NEST ONLY	ANY	LOCAL SPRAY	WASP FREEZE	06616	LABEL	
WASP/BEE	IN/OUT	MEDIUM	VISUAL INSPECT	WALL VOID ACCESS	>1	LOCAL DUSTING	DELTA DUST	06297	LABEL	
WASP/BEE	IN/OUT	MEDIUM	VISUAL INSPECT	WALL VOID ACCESS	>1	LOCAL DUSTING	DRAGNET	07771	LABEL	
ANT-CARPENTER	WOOD FRAME ONLY	NO DAMAGE	AM/PM VIS INSPECT	SAWDUST ONLY	SAWDUST/EXT	SPRAY	DRAGNET	07771	LABEL	CLEAN DEBRIS OUT OF AREA
ANT-CARPENTER	WOOD FRAME ONLY	NO DAMAGE	AM/PM VIS INSPECT	SAWDUST ONLY	SAWDUST/EXT	BAIT	ADVANCE 375A or	07077	LABEL	
ANT-CARPENTER	WOOD FRAME ONLY	NO DAMAGE	AM/PM VIS INSPECT	SAWDUST ONLY	SAWDUST/EXT	BAIT	OPTIGARD	07515	LABEL	
ANT-CARPENTER	WOOD FRAME ONLY	NO DAMAGE	AM/PM VIS INSPECT	SAWDUST ONLY	SAWDUST/EXT	SPRAY	WISDOM	07138	LABEL	
ANT-CARPENTER	WOOD FRAME ONLY	NO DAMAGE	AM/PM VIS INSPECT	SAWDUST ONLY	SAWDUST/EXT	SPRAY	TERMIDOR	07137	LABEL	
TERMITE	WOOD FRAME ONLY	NO DAMAGE	AM/PM VIS INSPECT	ALL WOOD	>10/SF	SPRAY	TERMIDOR	07137	LABEL	EXTERIOR ONLY-- UNDER ROOFS/ROOF FRAMING -- NON- OCCUPIED AREAS-
TERMITE	WOOD FRAME ONLY	NO DAMAGE	AM/PM VIS INSPECT	ALL WOOD	>10/SF	SPRAY	DRAGNET	07771		

Effective Date: 10/03/05

Revision Date: 04/27/11

PEST CONTROL

TARGET PEST	AREA DESCRIPTION	TOLERANCE	CONFIRM METHOD	TREATMENT AREA	ACTION GUIDE	METHOD	MATERIAL	UO MSDS #	RATE	COMMENTS
ANT-HOUSE ODOR			VISUAL		>5	SANITATION	NO SPRAY			
ANT-HOUSE ODOR			VISUAL		>5	SPRAY	TERMIDOR	07137	LABEL	EXTERIOR ONLY
ANT-HOUSE ODOR			VISUAL		>5	SPRAY	DRAGNET	07771	LABEL	
ANT-HOUSE ODOR			VISUAL		>5	SPRAY	WISDOM	07138	LABEL	
ANT-HOUSE ODOR			VISUAL		>5	BAIT	ADVANCE 375A	07077	LABEL	
ANT-HOUSE ODOR			VISUAL		>5	BAIT	OPTIGARD ANT GEL BAIT	07515	LABEL	
ANT-MOISTURE			VISUAL		>5	SANITATION	NO SPRAY			
ANT-MOISTURE			VISUAL		>5	SPRAY	TERMIDOR	07137	LABEL	EXTERIOR ONLY
ANT-MOISTURE			VISUAL		>5	SPRAY	DRAGNET	07771	LABEL	
ANT-MOISTURE			VISUAL		>5	SPRAY	WISDOM	07138	LABEL	
ANT-MOISTURE			VISUAL		>5	BAIT	ADVANCE 375A	07077	LABEL	
ANT-MOISTURE			VISUAL		>5	BAIT	OPTIGARD ANT GEL BAIT	07515	LABEL	
ANT-PHAROH			VISUAL		>5	SANITATION	NO SPRAY			
ANT-PHAROH			VISUAL		>5	SPRAY	TERMIDOR	07137	LABEL	EXTERIOR ONLY
ANT-PHAROH			VISUAL		>5	SPRAY	DRAGNET	07771	LABEL	
ANT-PHAROH			VISUAL		>5	SPRAY	WISDOM	07138	LABEL	
ANT-PHAROH			VISUAL		>5	BAIT	ADVANCE 375A	07077	LABEL	
ANT-PHAROH			VISUAL		>5	BAIT	OPTIGARD ANT GEL BAIT	07515	LABEL	
ANT-PAVEMENT			VISUAL		>5	SANITATION	NO SPRAY			
ANT-PAVEMENT			VISUAL		>5	SPRAY	TERMIDOR	07137	LABEL	EXTERIOR ONLY
ANT-PAVEMENT			VISUAL		>5	SPRAY	DRAGNET	07771	LABEL	
ANT-PAVEMENT			VISUAL		>5	SPRAY	WISDOM	07138	LABEL	
ANT-PAVEMENT			VISUAL		>5	BAIT	ADVANCE 375A	07077	LABEL	
ANT-PAVEMENT			VISUAL		>5	BAIT	OPTIGARD ANT GEL BAIT	07515	LABEL	
ANT C/A,VELVET	INTERIOR	LOW	VISUAL		>1/DAY/1000SQFT	BAIT	ADVANCE 375A	07077	LABEL	
ANT C/A,VELVET	INTERIOR	LOW	VISUAL		>1/DAY/1000SQFT	BAIT	OPTIGARD ANT GEL BAIT	07515	LABEL	
ANT C/A,VELVET	INTERIOR	LOW	VISUAL		>1/DAY/1000SQFT	SPRAY	WISDOM	07138	LABEL	
ANT C/A,VELVET	INTERIOR	LOW	VISUAL		>1/DAY/1000SQFT	SPRAY	DRAGNET	07771	LABEL	
ANT C/A,VELVET	EXTERIOR	LOW	VISUAL		>1/DAY/1000SQFT	SPRAY	TERMIDOR or Delta Dust	07137	LABEL	EXTERIOR ONLY
TERMITE-DAMP			VISUAL INSPECT	CONTACT POINTS	PELLETS/INDIV	REMOVE CONTACT PNT	NO SPRAY			NO GRND/WD
TERMITE-SUBTER			VISUAL INSPECT	ENTRY POINTS	MUD TUBES	SPRAY	WISDOM	07138	LABEL	
TERMITE-SUBTER			VISUAL INSPECT	ENTRY POINTS	MUD TUBES	SPRAY	TERMIDOR	07137	LABEL	SOIL TREATMENT
TERMITE-SUBTER			VISUAL INSPECT	ENTRY POINTS	MUD TUBES	SPRAY	TIM-BOR	05748	LABEL	
TERMITE-SUBTER			VISUAL INSPECT	ENTRY POINTS	MUD TUBES	SPRAY	DRAGNET	07771	LABEL	
SPIDER	EMU	LOW	OBSERVATION	EXTERIOR	VISIBLE	POWERWASH	SOAP AND WATER			HIGH LIGHT
SPIDER	HOUSING	LOW	VISUAL INSPECT	ROOM	VISIBLE	SPRAY	WISDOM	07138	LABEL	
SPIDER	HOUSING	LOW	VISUAL INSPECT	ROOM	VISIBLE	SPRAY	DRAGNET	07771	LABEL	
SPIDER	ALL OTHERS		OBSERVATION	INTERIOR/EXTERIOR	VISIBLE	REMOVAL	HOSE/VACUUM			
MOTH-CARPET	MNH	ZERO	VISUAL INSPECT	HIGH VALUE ONLY	1	PROFESSIONAL DRYCLEAN / MOTHGUARD				BIANNUAL INS

Effective Date: 10/03/05

Revision Date: 04/27/11

PEST CONTROL

TARGET PEST	AREA DESCRIPTION	TOLERANCE	CONFIRM METHOD	TREATMENT AREA	ACTION GUIDE	METHOD	MATERIAL	UO MSDS #	RATE	COMMENTS
MOTH-CARPET	ALL OTHERS	ZERO	VISUAL W/LARVA	HIGH VALUE ONLY	1	PROFESSIONAL DRYCLEAN / MOTHGUARD				
MOTH-CARPET	ALL OTHERS	ZERO	VISUAL W/LARVA	GENERAL CARPET	1	DISPOSE OF				
MOTHS-CLOTHES	MNCH	ZERO	VISUAL INSPECT	HIGH VAL COLLECTIONS	LARVA/DAMAGE	SPRAY	WISDOM	07138	LABEL	BIANNUAL INS
MOTHS-CLOTHES	ALL OTHERS	LOW	VISUAL INSPECT	ALL OTHER/GENERAL	LARVA/DAMAGE	VACUUM	NO SPRAY			PHOTOTACTIC

PEST CONTROL

TARGET PEST	AREA DESCRIPTION	TOLERANCE	CONFIRM METHOD	TREATMENT AREA	ACTION GUIDE	METHOD	MATERIAL	UO MSDS #	RATE	COMMENTS
MOTHS-MEAL	FOOD SERVICE	ZERO	STICKY TRAPS	FOODSTUFFS	1	DISPOSE OF	NO SPRAY			
SILVERFISH	MOA/LIBRARY	LOW	TRAP/VISUAL	HIGH VAL DOCUMENTS	>1/TRAP/WEEK	STICKY TRAPS	NIBAN or	05752	LABEL	REQUIRE HIGH HUMIDITY FOR BREEDING
SILVERFISH	MOA/LIBRARY	LOW	TRAP/VISUAL	HIGH VAL DOCUMENTS	>1/TRAP/WEEK	STICKY TRAPS	DELTA DUST	06297	LABEL	
SILVERFISH	MOA/LIBRARY	LOW	TRAP/VISUAL	HIGH VAL DOCUMENTS	>1/TRAP/WEEK	STICKY TRAPS	WISDOM	07138	LABEL	
SILVERFISH	SUSAN CAMPBELL	MEDIUM	TRAP/VISUAL	HIGH VAL ARCHIVES	>5/TRAP/WEEK	STICKY TRAPS	NIBAN or	05752	LABEL	
SILVERFISH	SUSAN CAMPBELL	MEDIUM	TRAP/VISUAL	HIGH VAL ARCHIVES	>5/TRAP/WEEK	STICKY TRAPS	DELTA DUST	06297	LABEL	
SILVERFISH	SUSAN CAMPBELL	MEDIUM	TRAP/VISUAL	HIGH VAL ARCHIVES	>5/TRAP/WEEK	STICKY TRAPS	WISDOM	07138	LABEL	
SILVERFISH	ALL OTHERS	HIGH	TRAP/VISUAL	LOW VALUE	>10/TRAP/WEEK	STICKY TRAPS	NIBAN or	05752	LABEL	
SILVERFISH	ALL OTHERS	HIGH	TRAP/VISUAL	LOW VALUE	>10/TRAP/WEEK	STICKY TRAPS	DELTA DUST	06297	LABEL	
SILVERFISH	ALL OTHERS	HIGH	TRAP/VISUAL	LOW VALUE	>10/TRAP/WEEK	STICKY TRAPS	WISDOM	07138	LABEL	
SILVERFISH	ALL	HIGH	VISUAL	LOW VALUE	>10/TRAP/WEEK		PEPPERMINT SOAP or TANGLE-TRAP	06047		
MICE	CHILD CARE	ZERO	OBSERVATION		1	LIVE TRAP	*SNAP IN AREA W/O CHILDREN			
MICE	FOOD SERVICE	ZERO	OBSERVATION		1	SNAP / STICKY TRAP				
MICE	ALL OTHERS	ZERO	OBSERVATION		1	SNAP / STICKY TRAP				
RATS	SEWERS	ZERO	OBSERVATION		1	BAIT W/CITY COORD	CONTRAC	06643	LABEL	CITY RECOMND
RATS	FOOD SERVICE	ZERO	OBSERVATION		1	SNAP / STICKY TRAP				
RATS	ALL OTHER/BURROW	ZERO	OBSERVATION		1	BAIT	CONTRAC	06643		
MATTEW KNIGHT ARENA										
COCKROACH	OFFICES	HIGH	VISUAL OR TRAP		>5/WK/1000SQFT	DUST	DELTA DUST	06297	LABEL	
COCKROACH	OFFICES	HIGH	VISUAL OR TRAP		>5/WK/1000SQFT	BAIT	SIEGE	05747	LABEL	
COCKROACH	OFFICES	HIGH	VISUAL OR TRAP		>5/WK/1000SQFT	BAIT	TRANSPORT	07791	LABEL	
COCKROACH	OFFICES	HIGH	VISUAL OR TRAP		>5/WK/1000SQFT	SPRAY	WISDOM	07138	LABEL	
COCKROACH	OFFICES	HIGH	VISUAL OR TRAP		>5/WK/1000SQFT	SPRAY	DRAGNET	07771	LABEL	
COCKROACH	PUBLIC AREAS	LOW	VISUAL OR TRAP		>1/WK/1000SQFT	SAME AS ABOVE				
COCKROACH	FOOD SERVICE	ZERO	VISUAL OR TRAP		>1/WK/1000SQFT	SAME AS ABOVE				
FLEAS	ALL AREAS	LOW	VISUAL OR TRAP		>5/NIGHT	VACUUM				
FLEAS	ALL AREAS	LOW	VISUAL OR TRAP		>5/NIGHT	SPRAY	DRAGNET	07771	LABEL	
FLEAS	ALL AREAS	LOW	VISUAL OR TRAP		>5/NIGHT	SPRAY	PRECOR IGR	05751	LABEL	
FLIES	INTERIOR	MEDIUM	VISUAL		>10/DAY	FLY STRIPS OR VACUUM				
FLIES	INTERIOR	MEDIUM	VISUAL		>10/DAY	ULTRA VIOLET TRAPS				
FLIES	EXTERIOR	HIGH	VISUAL		>100/DAY	SPRAY	WISDOM	07138	LABEL	
FLIES	EXTERIOR	HIGH	VISUAL		>100/DAY	SPRAY	DRAGNET	07771	LABEL	
FLIES	EXTERIOR	HIGH	VISUAL		>100/DAY	SANITIZE/ WASH CANS				
DRAIN,SEWER &	INTERIOR	MEDIUM	VISUAL		>10/DAY	MOP AND DRAIN	BIOMOP	07001		
FRUIT FLIES	INTERIOR	MEDIUM	VISUAL		>10/DAY	DUST	DELTA DUST	06297	LABEL	
WASP / BEE	INTERIOR	LOW	VISUAL		>1/DAY/1000SQFT	VACUUM				
WASP / BEE	INTERIOR	LOW	VISUAL		>1/DAY/1000SQFT	SPRAY	DRAGNET	07771	LABEL	
WASP / BEE	EXTERIOR	LOW	VISUAL		>1/DAY/1000SQFT	DUST	DELTA DUST	06297	LABEL	

PEST CONTROL

TARGET PEST	AREA DESCRIPTION	TOLERANCE	CONFIRM METHOD	TREATMENT AREA	ACTION GUIDE	METHOD	MATERIAL	UO MSDS #	RATE	COMMENTS
MATTEW KNIGHT ARENA (Cont'd.)										
ANT C/A,VELVET	INTERIOR	LOW	VISUAL		>1/DAY/1000SQFT	BAIT	ADVANCE 375A	07077	LABEL	
ANT C/A,VELVET	INTERIOR	LOW	VISUAL		>1/DAY/1000SQFT	BAIT	OPTIGARD ANT GEL BAIT	07515	LABEL	
ANT C/A,VELVET	INTERIOR	LOW	VISUAL		>1/DAY/1000SQFT	SPRAY	WISDOM	07138	LABEL	
ANT C/A,VELVET	INTERIOR	LOW	VISUAL		>1/DAY/1000SQFT	SPRAY	DRAGNET	07771	LABEL	
ANT C/A,VELVET	EXTERIOR	LOW	VISUAL		>1/DAY/1000SQFT	SPRAY	TERMIDOR	07137	LABEL	EXTERIOR ONLY
SUB-TERMITE	INTERIOR	LOW	VISUAL		>1/DAY/1000SQFT	SPRAY	DRAGNET	07771	LABEL	SOIL TREAT ONLY
SUB-TERMITE	EXTERIOR	LOW	VISUAL		>1/DAY/1000SQFT	SPRAY	TERMIDOR	07137	LABEL	SOIL TREAT ONLY
SMALL ANTS	OFFICES	MEDIUM	VISUAL OR TRAP		>10/WK/1000SQFT	BAIT	ADVANCE 375A	07077	LABEL	
SMALL ANTS	OFFICES	MEDIUM	VISUAL OR TRAP		>10/WK/1000SQFT	BAIT	OPTIGARD ANT GEL BAIT	07515	LABEL	
SMALL ANTS	OFFICES	MEDIUM	VISUAL OR TRAP		>10/WK/1000SQFT	DUST	DELTA DUST	06297	LABEL	
SMALL ANTS	PUBLIC AREAS	LOW	VISUAL OR TRAP		>10/WK/1000SQFT	SAME AS ABOVE				
SMALL ANTS	FOOD SERVICE	ZERO	VISUAL OR TRAP		>1/DAY/1000SQFT	SAME AS ABOVE				
SMALL ANTS	EXTERIOR	HIGH	VISUAL		>100/WK/100SQF	SPRAY	WISDOM	07138	LABEL	
SMALL ANTS	EXTERIOR	HIGH	VISUAL		>100/WK/100SQF	SPRAY	DRAGNET	07771	LABEL	
SMALL ANTS	EXTERIOR	HIGH	VISUAL		>100/WK/100SQF	SPRAY	TERMIDOR	07137	LABEL	EXTERIOR ONLY
SPIDERS	INTERIOR	LOW	VISUAL		>5/WK/1000SQFT	VACUUM				
SPIDERS	INTERIOR	LOW	VISUAL		>5/WK/1000SQFT	SPRAY	WISDOM	07138	LABEL	
SPIDERS	INTERIOR	LOW	VISUAL		>5/WK/1000SQFT	SPRAY	DRAGNET	07771	LABEL	
SPIDERS	EXTERIOR	HIGH	VISUAL		>10/WK/1000SQFT	SPRAY	WISDOM	07138	LABEL	
SPIDERS	EXTERIOR	HIGH	VISUAL		>10/WK/1000SQFT	SPRAY	DRAGNET	07771	LABEL	
PRODUCT PESTS	FOOD SERVICE	ZERO	VISUAL OR TRAP		>1/DAY/1000SQFT	DISPOSE OF PRODUCTS	VACUUM, CLEAN AREA			
SILVERFISH	INTERIOR	LOW	VISUAL OR TRAP		>1/WK/1000SQFT	DUST	DELTA DUST	06297	LABEL	
SILVERFISH	INTERIOR	LOW	VISUAL OR TRAP		>1/WK/1000SQFT	SPRAY	WISDOM	07138	LABEL	
SILVERFISH	INTERIOR	LOW	VISUAL OR TRAP		>1/WK/1000SQFT	SPRAY	DRAGNET	07771	LABEL	
RATS / MICE	INTERIOR	ZERO	VISUAL OR TRAP		ANY	TRAP				INCREASE SERVICE
RATS / MICE	EXTERIOR	LOW	VISUAL OR TRAP		ANY	TRAP				
RATS / MICE	EXTERIOR	LOW	VISUAL OR TRAP		ANY	BAIT	CONTRAC	06643	LABEL	

LANDSCAPE PEST CONTROL

TARGET PEST	AREA DESCRIPTION	TOLERANCE	CONFIRM METHOD	TREATMENT AREA	ACTION GUIDE	METHOD	MATERIAL	UO MSDS #	RATE	COMMENTS
BROADLEAF WEED	LAWN-GENERAL	HIGH	VISUAL/INSPECT	INDIVIDUAL WEEDS	<50% BROADLEAF	NONE/MANUAL				FERT/H2O TO PUSH GRASS TO OUT COMPETE WEEDS
BROADLEAF WEED	LAWN-GENERAL	HIGH	VISUAL/INSPECT	ENTIRE SURFACE	>50% BROADLEAF	SPRAY	SPEEDZONE or	06895	LABEL	
BROADLEAF WEED	LAWN-GENERAL	HIGH	VISUAL/INSPECT	ENTIRE SURFACE	>50% BROADLEAF	SPRAY	CONFRONT	06624	LABEL	
BROADLEAF WEED	LAWN-FINE	LOW	VISUAL/INSPECT	AFFECTED AREA	1-15/100SQFT	NONE/MANUAL				FERT/H2O TO PUSH GRASS TO OUT COMPETE WEEDS
BROADLEAF WEED	LAWN-FINE	LOW	VISUAL/INSPECT	AFFECTED AREA	>15/100SQFT	SPRAY	SPEEDZONE or	06895	LABEL	
BROADLEAF WEED	LAWN-FINE	LOW	VISUAL/INSPECT	AFFECTED AREA	>15/100SQFT	SPRAY	CONFRONT	06624	LABEL	
BROADLEAF WEED	BEDS	LOW	VISUAL/INSPECT	INDIVIDUAL WEEDS	1-15/100SQFT	NONE/MANUAL				FERT/H2O TO PUSH GRASS TO OUT COMPETE WEEDS
BROADLEAF WEED	BEDS	LOW	VISUAL/INSPECT	ENTIRE SURFACE	>15/100SQFT	SPRAY	SPEEDZONE or	06895	LABEL	
BROADLEAF WEED	FENCE/PROPERTY LN	HIGH	VISUAL/INSPECT	AFFECTED AREA	COVERAGE	SPRAY	CROSSBOW	00419	LABEL	1ST-MECH THEN 2ND SPRAY
GRASS WEED	BED/TREEWELLS	LOW	VISUAL/INSPECT	INDIVIDUAL WEEDS	1-15/100SQFT	NONE/MANUAL				
GRASS WEED	BED/TREEWELLS	LOW	VISUAL/INSPECT	INDIVIDUAL WEEDS	>15/100SQFT	SPRAY	GLYPHOSATE	07727	LABEL	
GRASS WEED	BED/TREEWELLS	LOW	VISUAL/INSPECT	BORDERS and GROUND COVERS	1-5/100 SQFT	SPRAY	ENVOY	06614	LABEL	
ALL WEEDS	TRANSFORMER AREA	LOW	VISUAL/INSPECT	ENTIRE AREA	1/100SQFT	PRE-EMERG GRANULAR	SNAPSHOT and/or	06306	LABEL	FIRE HAZARD AREA
ALL WEEDS	TRANSFORMER AREA	LOW	VISUAL/INSPECT	ENTIRE AREA	1/100SQFT	PRE-EMERG GRANULAR	CASORON	03574	LABEL	
ALL WEEDS	TRANSFORMER AREA	LOW	VISUAL/INSPECT	ENTIRE AREA	1/100SQFT	POST-EMERG SPRAY	GLYPHOSATE and/or	07727	LABEL	
ALL WEEDS	TRANSFORMER AREA	LOW	VISUAL/INSPECT	ENTIRE AREA	1/100SQFT	POST-EMERG SPRAY	SPEEDZONE	06895	LABEL	
ALL WEEDS	TRANSFORMER AREA	LOW	VISUAL/INSPECT	FENCE AREAS	1/100SQFT	SPRAY	GARLON 3A	06704	LABEL	
ALL WEEDS	BEDS/TREEWELLS	MEDIUM	VISUAL/INSPECT	BED SOIL SURFACE	<40/100SQFT	NONE/MANUAL				PRIMARY
ALL WEEDS	BEDS/TREEWELLS	MEDIUM	VISUAL/INSPECT	BED SOIL SURFACE	<40/100SQFT		CORN GLUTON			SECOND
ALL WEEDS	BEDS/TREEWELLS	MEDIUM	VISUAL/INSPECT	BED SOIL SURFACE	>40/100SQFT	PRE-EMERG GRANULAR	SNAPSHOT and/or	06306	LABEL	THIRD
ALL WEEDS	BEDS/TREEWELLS	MEDIUM	VISUAL/INSPECT	BED SOIL SURFACE	>40/100SQFT	PRE-EMERG GRANULAR	CASORON	03574	LABEL	THIRD
ALL WEEDS	BEDS/TREEWELLS	MEDIUM	VISUAL/INSPECT	BED SOIL SURFACE	>40/100SQFT	SPRAY	GLYPHOSATE and/or	07727	LABEL	THIRD
ALL WEEDS	BEDS/TREEWELLS	MEDIUM	VISUAL/INSPECT	BED SOIL SURFACE	>40/100SQFT	SPRAY	SPEEDZONE	06895	LABEL	THIRD
ALL WEEDS	HARDSCAPE	LOW	VISUAL/INSPECT	INDIVIDUAL WEEDS	<5/50 LIN FT	NONE/MANUAL				
ALL WEEDS	HARDSCAPE	LOW	VISUAL/INSPECT	INDIVIDUAL WEEDS	>5/50 LIN FT	SPRAY	GLYPHOSATE and/or	07727	LABEL	
ALL WEEDS	HARDSCAPE	LOW	VISUAL/INSPECT	INDIVIDUAL WEEDS	>5/50 LIN FT	SPRAY	SPEEDZONE and/or	06895	LABEL	
APHIDS	ROSES/ANNUALS	LOW	VISUAL/INSPECT	GENERAL AREA	1-10/PLANT	NATURAL CONTROL	NONE/LADYBUGS			
APHIDS	ROSES/ANNUALS	LOW	VISUAL/INSPECT	ENTIRE PLANT	>10/PLANT	SPRAY	INSECTICIDAL SOAPS and/or		LABEL	
APHIDS	ROSES/ANNUALS	LOW	VISUAL/INSPECT	ENTIRE PLANT	>10/PLANT	SPRAY	ORTHENE	06255	LABEL	
APHIDS	TREES	HIGH	VISUAL/INSPECT	GENERAL AREA	<20% DRIPLINE ON HARDSCAPE	NATURAL CONTROL	NONE/LADYBUGS			HONEYDEW CAN BE SAFETY/SLIP HAZARD
APHIDS	TREES	HIGH	VISUAL/INSPECT	TRUNK	<20% DRIPLINE ON HARDSCAPE	DRILL	ACE CAP	NA	LABEL	HONEYDEW CAN BE SAFETY/SLIP HAZARD
BORER	TREES	MEDIUM	VISUAL/INSPECT	TRUNK	>3/PLANT	DRILL OR DISPOSE	ACE CAP	NA	LABEL	

Effective Date: 10/03/05

Revision Date: 04/27/11

LANDSCAPE PEST CONTROL

TARGET PEST	AREA DESCRIPTION	TOLERANCE	CONFIRM METHOD	TREATMENT AREA	ACTION GUIDE	METHOD	MATERIAL	UO MSDS #	RATE	COMMENTS
ROOT WEEVILS	BRDLF PERENNIALS	MEDIUM	VISUAL/INSPECT	ENTIRE PLANT	>50% OF LEAVES NOTCHED	SPRAY	ORTHENE	06255	LABEL	
MOSS	ROOFS, DECKS, WALKWAYS	MODERATE	VISUAL/INSPECT	ROOFS, DECKS, WALKWAYS	ELIMINATE AS NECESSARY TO ELIMINATE HAZARDS and MOISTURE SEEPAGE	BROADCAST OR SPREAD BY HAND	MOSS OUT	07790	LABEL	UNIVERSITY APPLICATION
MOTH	SHRUB	MEDIUM	VISUAL/INSPECT	ENTIRE PLANT	>15%/PLANT	SPRAY	ORTHENE	06255	LABEL	
ELM LEAF BEETLE	ELM TREES	HIGH	VISUAL/INSPECT	TREE TRUNK	>25/CUBIC FT	DRILL	ACE CAP	NA	LABEL	
RUST/BLACKSPOT	ROSES	MEDIUM	VISUAL/INSPECT	LEAVES	>10% LEAVES	SPRAY	BENLATE	01257	LABEL	PM IRRIGATE & PRUNE FOR AIR FLOW
FUNGAL INFECTION	HI-VALUE TURF	HIGH	VISUAL	AFFECTED AREA	25% OF AREA	SPRAY	DACONIL 2787 FLOWABLE and/or	06240	LABEL	
FUNGAL INFECTION	HI-VALUE TURF	HIGH	VISUAL	AFFECTED AREA	25% OF AREA	SPRAY	CHIPCO "G"	06625	LABEL	
SLUG/SNAILS	ANNUAL/PER. BEDS	MEDIUM	VISUAL/INSPECT	SOIL SURFACE @ PLNT	<5/100SQFT	NONE/MANUAL REMOVE				
SLUG/SNAILS	ANNUAL/PER. BEDS	MEDIUM	VISUAL/INSPECT	SOIL SURFACE @ PLNT	>5/100SQFT	BAIT	DEADLINE	04974	LABEL	
MOLE/GOPHER	TURF	LOW	VISUAL/INSPECT	IN-GROUND	1 FRESH MOUND	MECHANICAL TRAPS	FUMITOXIN	06389	LABEL	
MOLE/GOPHER	TURF	LOW	VISUAL/INSPECT	IN-GROUND	1 FRESH MOUND	MECHANICAL TRAPS	TALPIRID	07060	LABEL	1 WORM PER HOLE
BLACKBERRIES	PROPERTY LINES / RIGHT OF WAYS	HIGH	VISUAL/INSPECT	PROPERTY PERIMETER AREAS/RIGHT-OF-WAYS/ SPOT SPRAY	EVERY 2 YEARS OR AS NECESSARY TO ELIMINATE HAZARDS	SPRAY	GARLON 3A	06704	LABEL	CONTRACTOR APPLICATION
BLACKBERRIES	PROPERTY LINES / RIGHT OF WAYS	HIGH	VISUAL/INSPECT	PROPERTY PERIMETER AREAS/RIGHT-OF-WAYS/ SPOT SPRAY	EVERY 2 YEARS OR AS NECESSARY TO ELIMINATE HAZARDS	SPRAY	GARLON 3A	06704	LABEL	UNIVERSITY APPLICATION
HORSETAIL	GROUNDS / FIELDS	LOW	VISUAL/INSPECT	PROPERTY PERIMETER AREAS/RIGHT-OF-WAYS/ SPOT SPRAY	EVERY 2 YEARS OR AS NECESSARY TO ELIMINATE HAZARDS	SPRAY	MANAGE	06823	LABEL	UNIVERSITY APPLICATION

EXHIBIT B-2

UNIVERSITY OF OREGON
NOTICE OF PESTICIDE USE OR APPLICATION
Effective 7/15/11

Block A: Requestor Information

Requested By: Name & Department				UO Contact: Name & Department			
Phone		Fax		Phone		Fax	
Work Number		Standing Work Order Number		Building Number		Date of Request	
Building or Facility Name				Room or Area			
Target Pest				Action Level		Observed Activity	
Site Description: Mark one with X	Public	Private		Location Address			
				Mark one with X:	Interior	Exterior	
Requested Date of Use				Requested Time of Use			
Purpose of Use: Use: Mark one with X	Insect Control	Weed Control	Rodent Control	Bird Control	Slug Control	Plant Growth Regulator	Other
Notification Instructions				Pest Contractor			
Special Precautions				Requested Action			

Block B: Applicator / User Information

Name		Phone	
Address		Fax	
Applicator License Number		Email	

Block C: Pesticide Product and Pesticide Use Reporting System Information

Pesticide Product Name			
EPA Registration Number			UO MSDS Number
Date of Use	Time of Use	Amount of Undiluted Pesticide Product Used	
Method of Application		Rate of Application	

Routing:		Tracking:	Initial	Date
1. Requestor	Complete Block A (Forward per Notification Instructions)	1. Requestor (Optional)	_____	___ / ___ / ___
2. Applicator / User	Complete Block B and C	2. Applicator / User	_____	___ / ___ / ___
3. EHS	For IPM archiving / PURS reporting	3. EHS	_____	___ / ___ / ___

EHS Phone: 541-346-3192	EHS Fax: 541-346-7008
PURS Reporting By (Mark one with X): University _____ Contractor _____	

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