

Blissfield Community Schools

Integrated Pest Management Plan

BLISSFIELD COMMUNITY SCHOOLS PESTICIDE POLICY

The Board of Education of Blissfield Community Schools recognizes the importance of maintaining the educational and aesthetic environment of all school facilities through a complete maintenance program. This maintenance program at times may require the use of a pesticide. It is the intent of this policy that the health and safety of all people who use school facilities shall be protected. Therefore, the Board directs the Superintendent to prepare guidelines and procedures to implement this policy. These guidelines and procedures must be in compliance with Michigan Regulation 636 Pesticide Applicators and Regulation 637 Pesticide Use.

In the event that a pesticide treatment is required, the following procedure will be utilized:

1. Integrated Pest Management techniques to be used where possible; these shall include the following:
 - A. Detection - careful monitoring of sites for pests to prevent a major infestation.
 - B. Identification - make sure that the pest is really a problem.
 - C. Risk Significance - at what level are people or facilities at risk of being damaged from a specific pest.
 - D. Method Selection - it is important that the method chosen to control the pest be the least toxic alternative.
 - E. Evaluation - all treatments must be evaluated as to their effectiveness.

2. Pesticide Applications:
 - A. The Board or their designee shall, at all times, hire a Certified Applicator.
 - B. The decision to apply a pesticide shall be made by the Maintenance Supervisor's Office in consultation with the District's Certified Applicator.
 - C. All general use and ready to use pesticide applications shall be performed only by Blissfield Community School personnel with after meeting the minimum training required by law and only with the knowledge of and under the District's Facilities Director.
 - D. All restricted use pesticides applications shall be performed by certified personnel with a minimum license of Registered Technician in the appropriate category, and only with the knowledge of and under the direct, on-site supervision of the District's Designated Certified Applicator.

- E. Prior to providing any type of pest control service, all contracted personnel must have on file in the Maintenance Office, a current copy of his/her license (Registered Technician or Certified Applicator) demonstrating certification in the appropriate category. The file will be updated any time there is a change in the contracted employee's license and/or category certification. Failure of the contractor to provide and maintain a current file for each contracted employee will prohibit that specific employee from providing any type of pest control service to Blissfield Community Schools.
- F. All applications will comply with the following criteria:
 - 1. Directions on pesticide label
 - 2. All state and federal laws
- G. All applications must comply with standards and procedures outlined in the Blissfield Community Schools Integrated Pest Management Plan. This plan is on file at the Facilities Director Office , and the main office at each building.

BLISSFIELD COMMUNITY SCHOOLS INTERGRATED PEST MANAGEMENT PLAN

DEFINITION

“Integrated Pest Management (IPM) is a pest management strategy that focuses on long-term prevention or suppression of pest problems with minimum impact on human health, the environment, and non-target organism. Preferred pest management techniques include encouraging naturally occurring biological control, using alternate plant species or varieties that resist pests, selecting pesticides with a lower toxicity to humans or non-target organisms; adoption of cultivating, pruning, fertilizing, or irrigation practices that reduce pest problems; or changing the habitat to make it incompatible with pest development. Broad-spectrum pesticides are used as a last resort when careful monitoring indicates they are needed according to pre-established guidelines. When treatments are necessary, the least toxic and most target specific pesticides are chosen.”
(University of California)

This plan accepts the fact that there will always be pests present on District sites. Given this fact, the goal is to manage the pest at a tolerable level to maintain a safe and healthy school environment.

The implementation of this plan shall be in compliance with all District policies, local, state, and federal laws or regulations.

SITE EVALUATION

Site evaluations are to be performed by the District’s State Certified Applicator(s) or Registered Technicians. Registered Technicians will work under the supervision of the Certified Applicator(s). These evaluations are to include the following three (3) areas:

1. Description of the site
 - A. Identification of potential problem areas and recommendations to correct these areas.
 - B. Identification of all sensitive areas associated with site as defined In State Regulation 637
2. Inspection of site
 - A. Number of pests found or reported.
 - B. Identification of pests.
 - C. Conditions that are conducive to pest establishment.
3. Monitoring of site
 - A. All sites to be monitored on a monthly basis by a State Certified Applicator or Registered Technician.
 - B. Additional monitoring is to be done on a weekly basis by the custodial/grounds staff.

THRESHOLD LEVEL

Threshold level is defined by the District as the level at which a pesticide application is necessary to manage the pest. This level can not be reached without first exhausting all alternative solutions to the pest problem. These alternative solutions must have been proven effective by other school districts or government agencies in terms of cost and safety.

PEST MANAGEMENT METHODS

The underlying principle of this plan is to use the least toxic alternative first. All methods are to be evaluated by the Maintenance Department for cost effectiveness and safety before they are implemented. The following considerations to pest management are to be used:

1. Prevention: This will be achieved by pest habitat modification or elimination (i.e. caulking of cracks in walls and floors, modifying cleaning and storage practices, using different cleaning agents).
2. Reduction: This will be achieved by using a combination of the following techniques; mechanical, biological, and chemical. Restricted use of chemicals is only to be used if all other control measures have failed to work.

EVALUATION

The District recognizes its responsibilities to evaluate all aspects of this plan. The following steps to evaluation are to be used:

1. All components of this plan are to be evaluated by the Maintenance Department on a yearly basis.
2. All pest management methods are to be evaluated after every use.
3. These evaluations will be on permanent file at the Facilities Director's office, and the main Office at each building.

RECORDKEEPING

The following steps are to be used in recordkeeping:

1. All pest management methods that are used shall be recorded in a permanent file at the Facilities Directors office and the main Office.
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2. The appropriate Blissfield Community Schools application record form must be used (see attached forms).
 - A. Indoor record form
 - B. Exterior record form
 - C. Pest management checklist
3. Upon request to the Facilities Director's Office, records shall be made available to the public.

PEST MANAGMENT CHECKLIST

The District's pest management checklist must be used by anyone requested to perform pest management. This form must be completed before every pesticide application. A copy of the document must be attached to the pesticide application record (see attached form).

CONTRACTORS

In the case where the District employs a contractor to perform any part of this plan, the contractor will be required to comply with all parts of this plan, as well as any and all applicable District policies, and local, state, and federal laws or regulations. The contractor shall supply the District with a current copy of its applicators' certifications.

EDUCATION

The District understands that for this plan to be effective all District employees impacted by this plan will receive adequate training so that it is understood. The District also recognizes its responsibility towards the public that use its facilities and will establish an avenue by which they can be informed and educated about the District's Integrated Pest Management strategies.

BLISSFIELD COMMUNITY SCHOOLS

SITE SPECIFIC IPM PLAN CHECK LIST (FORM IPM #1)

SITE NAME: _____

ADDRESS: _____

INSPECTOR: _____ DATE: _____

AREA IDENTIFICATION

KITCHENS __ # PRE-SCHOOL __ # BATHROOMS __ # CAFETERIA __

BREAK AREAS _____ # KINDERGARTEN _____ # OFFICES _____

CLASSROOMS __ # OTHER (LIST) _____

GENERAL SITE OBSERVATIONS

CLEANING

POOR ___

FAIR ___

GOOD ___

FOOD STORAGE

POOR ___

FAIR ___

GOOD ___

EATING AREAS LIMITED

POOR ___

FAIR ___

GOOD ___

THE FOLLOWING ABBREVIATIONS ARE TO BE USED WITH THE ATTACHED STRUCTURAL DRAWING #1.

CRACKS

FLOORS (FL) FOUNDATIONS (FO) EXTERIOR WALLS (EW) PLUMBING (PL)

THE FOLLOWING ABBREVIATIONS ARE TO BE USED WITH THE ATTACHED STRUCTURAL DRAWING #2.

MOISTURE

PLUMBING LEAKS (PL) WOOD TO SOIL CONTACT (WS) PLUGGED DRAINS (DR) ROOF LEAKS (RL) DOOR AND WINDOW LEAKS (DW)

SENSITIVE AREAS

PLAYGROUNDS _____

ATHLETIC FIELDS _____

CONCESSION STAND _____

BELL LAB _____

RECOMMENDATIONS _____

BLISSFIELD COMMUNITY SCHOOLS

EXTERIOR PESTICIDE APPLICATION RECORD (FORM IMP # 4)

SITE _____ DATE _____

TIME _____ LABOR _____

PESTICIDE INFORMATION

PESTICIDE NAME _____

FORMULATION (% ACTIVE INGREDIENT) _____

SOLUBLE _____ FLOWABLE _____ WETTABLE POWDER _____

EC _____ GRANULAR _____ AEROSOL _____ RTU _____

APPLICATION INFORMATION

TYPE OF AREA TREATED _____

TARGET PEST _____

RATE OF APPLICATION _____

FORMULATED PRODUCT USED _____

APPLICATION EQUIPMENT _____

WEATHER CONDITIONS AT TIME OF APPLICATION

AIR TEMP ____ SOIL TEMP ____ HUMIDITY ____ WIND SPEED _____

WIND DIRECTION _____ RAIN WITHIN 4 HOURS? _____

NUMBER OF SIGNS POSTED _____

COMMENTS _____

MAINTENANCE REPRESENTATIVE

Name _____ Signature _____

Certification # _____ Registration # _____

Contractor _____ Certification # _____

Signature _____ Emergency Phone # _____

BLISSFIELD COMMUNITY SCHOOLS

INTERIOR PESTICIDE APPLICATION RECORD (FORM IPM #5)

Site _____ Date _____ Time _____
Room # _____ Area _____

Inspection Report

Target Pest _____ # Found/Reported _____

Conditions _____

Recommendations _____

Pesticide Information

Pesticide Name _____
Formulation (% Active Ingredient) _____

Soluble _____ Flowable _____ Wettable Powder _____
EC _____ Granular _____ Aerosol _____ RTU _____
Bomb _____ Fog _____ Other _____

Application Information

Rate _____ Formulated Product Used _____
Concentrate Used _____ Equipment _____
Number of Signs Posted _____

Housekeeping Information _____

Operations Representative

Name _____ Signature _____

Name _____ Certification # _____
Registration # _____

Contractor _____ Certification # _____

Signature _____ Emergency Phone # _____

BLISSFIELD COMMUNITY SCHOOLS

PEST MANAGEMENT CHECKLIST (FORM IPM #3)

(This form must be completed prior to any pesticide application)

1. IPM PLAN _____

- A) Site Evaluation
 - 1. Description _____
 - 2. Inspection _____
 - 3. Monitoring _____

- B) Threshold Level
 - 1. Yes _____
 - 2. No _____

- C) Management Methods
 - 1. Prevention _____
 - 2. Reduction _____

- D) Method Evaluation
 - 1. Safety _____
 - 2. Effective _____
 - 3. Cost _____

2. PRE-NOTIFICATION (TIME/DATE)

- A) Parents _____
- B) Custodian _____
- C) Administrator _____

3. LABEL

- A) Read _____
- B) Copy _____

4. PERSONAL SAFETY EQUIPMENT

- A) Chemical Boots _____
- B) Chemical Gloves _____
- C) Goggles _____
- D) Approved Respirator _____
- E) Label Requirements _____

5. CALIBRATED EQUIPMENT

- A) Yes _____
- B) No _____

6. IDENTIFY SENSITIVE AREAS

- A) Yes _____
- B) No _____

7. DRIFT POTENTIAL

- A) Yes _____
- B) No _____

8. DRIFT MANAGEMENT PLAN

- A) Wind less than 12 mph _____
- B) Ventilation off _____
- C) Windows closed _____
- D) Doors closed _____

9. POSTING OUTDOORS

- A) 24 hours _____
- B) Primary entry points _____
- C) Multiple use areas _____

10. POSTING INDOORS

- A) 48 hours _____
- B) Primary entrances _____
- C) Treated area _____

11. RECORDS

- A) Exterior form _____
- B) Interior form _____
- C) Copies
 - 1. Building file _____
 - 2. Operations _____

DATE _____

NAME _____

SIGNATURE _____

CERTIFICATION # _____

REGISTRATION # _____

