

# Emergency Pesticide Application Notification Exemption Reporting Form

March 30, 2001

Recent legislation (L. 2000, c. 285) amends the Environmental Conservation Law ("ECL"), the Education Law ("Ed. Law") and the Social Services Law ("SSL") with respect to notification relating to commercial and residential lawn pesticide applications, and pesticide applications at schools and daycare facilities. Prior notification requirements established by the legislation do not apply to, among other things, "emergency application[s] of a pesticide when necessary to protect against an imminent threat to human health." ECL § 33-1004(1)(b)(ii)(L); Ed. Law § 409-h(2)(e)(x); SSL § 390-c(2)(c)(x).

This form was developed for use by applicators who make "emergency applications" without providing the 48-hour prior notification to persons in the vicinity of the application and others as required by law. When emergency applications are made, the applicator is required to make a written report to the New York State Department of Health. To comply with this requirement, applicators must provide the following information in as complete a form as possible. The completed form should be sent to the address at the end of the form within three business days of the application. Additional pages may be attached if needed.

Once the submitted form (and any attached pages) is reviewed, the applicator and/or the person who determined that an emergency application was warranted may be contacted for further information. The Department of Health will then determine if an emergency application was justified and distribute its determination to other interested parties such as the New York State Department of Environmental Conservation and county authorities. If it is determined that an emergency application was unwarranted, a penalty may be imposed on the applicator.

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Name of person who applied the pesticides \_\_\_\_\_

Pesticide business registration number or  
certified applicator identification number \_\_\_\_\_

Name and address of applicator's business \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone number of applicator's business \_\_\_\_\_

Fax number and e-mail address (if available) \_\_\_\_\_

Date and time of emergency pesticide application \_\_\_\_\_

Name of person who determined the need  
for an emergency pesticide application \_\_\_\_\_

Telephone number of this person \_\_\_\_\_

Address of emergency pesticide application:

Street address \_\_\_\_\_  
\_\_\_\_\_  
City, state, zip code \_\_\_\_\_  
Telephone number \_\_\_\_\_  
County \_\_\_\_\_  
Property type \_\_\_\_\_  
(e.g., school, private residence, daycare facility, etc.)

Specific location of application on property \_\_\_\_\_  
(e.g., backyard by sandbox)

Approximate area covered by application \_\_\_\_\_  
(e.g., 100 square feet)

Product name(s) of pesticide(s) applied	U.S. Environmental Protection Agency registration number(s) of product(s)	Active ingredient(s) in product(s)	Amount of product(s) applied, expressed as undiluted material

Description of situation that required the emergency application \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of any notification provided in this case to persons in the vicinity of the application and to other persons \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE SEND COMPLETED FORM TO:

New York State Department of Health  
Bureau of Toxic Substance Assessment  
Attention: Emergency Notification Exemption Staff  
547 River Street, Room 330  
Troy, NY 12180-2216  
Fax - (518) 402-7819

<b>OFFICE USE ONLY</b>
Date received _____
Method of transmission _____
Incident number _____