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(i)(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.

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)

<table>
<thead>
<tr>
<th>Product name(s) of pesticide(s) applied</th>
<th>U.S. Environmental Protection Agency registration number(s) of product(s)</th>
<th>Active ingredient(s) in product(s)</th>
<th>Amount of product(s) applied, expressed as undiluted material</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

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

OFFICE USE ONLY

Date received _______________________________________________________
Method of transmission _____________________________________________
Incident number _________________________________________________