



## INTEGRATED PEST MANAGEMENT FORM (PUBLIC SCHOOLS)

### Form Instructions

The Illinois Structural Pest Control Act, [225 ILCS 235/10.2] states "When economically feasible, each school and day care center is required to develop and implement an integrated pest management program that incorporates the guidelines developed by the Department. Each school and day care center must notify the Department, within one year after the effective date of this amendatory Act of the 95th General Assembly and every five years thereafter, on forms provided by the Department that the school or day care center has developed and is implementing an integrated pest management program. In implementing an integrated pest management program, a school or day care center must assign a designated person to assume responsibility for the oversight of pest management practices in that school or day care center and for recordkeeping requirements.

b-1. If adopting an integrated pest management program is not economically feasible because such adoption would result in an increase in the pest control costs of the school or day care center, the school or day care center must provide, within one year after the effective date of this amendatory Act of the 95th General Assembly and every five years thereafter, written notification to the Department, on forms provided by the Department, that the development and implementation of an integrated pest management program is not economically feasible. The notification must include projected pest control costs for the term of the pest control program and projected costs for implementing an integrated pest management program for that same time period.

b-2. Each school or day care center that provides written notification to the Department that the adoption of an integrated pest management program is not economically feasible pursuant to subsection (b-1) of this Section must have its designated person attend a training course on integrated pest management within one year after the effective date of this amendatory Act of the 95th General Assembly, and every five years thereafter until an integrated pest management program is developed and implemented in the school or day care center. The training course shall be approved by the Department in accordance with the minimum standards established by the Department under this Act."

#### The following are explanations for the selected numbered items from this form:

- 1 - Enter the school district name.
- 2 - Enter the school two digit region, three digit county, and four digit district number as issued by the State Board of Education.
- 3 - Enter the current date.
- 4 (a-d) - Enter the street address of the school district.
- 5 (a-d) - Enter the mailing address if different than street address.
- 6 - Enter the name of the contact person for the school district.
- 7 - Enter the phone number of the school district.
- 8 - Enter the e-mail address (if available) for the school district.
- 9 - Enter "Yes" if the school district oversees the pest management procedures for the entire district. If the school district does not oversee the pest management procedures and each school is responsible for the pest management of their facilities, enter "No."
- 10 - 15 - Fill out for each individual school **only** if you answered "No" in block 9.
- 16 - Enter "Yes" if the school district/school has developed and implemented an integrated pest management program as described the Illinois Structural Pest Control Act, [225 ILCS 235/3.25, 10.2]. Enter "No" if it is not economically feasible to develop and implement an integrated pest management program at this time.
- 17 - 19 - Fill out **only** if you answered "Yes" in block 16.
  - 17 - Enter the date that your integrated pest management plan was written or last modified.
  - 18 - Enter the date your integrated pest management plan was implemented.
  - 19 - Enter the name of the person who oversees the plan.
- 20 - 25 Fill out **only** if you answered "No" in block 16.
  - 20 - Enter the duration of your current pest contract. If you do not have a contract, use one year as a default.
  - 21 - Enter the total amount spent for your current pest program for the specified time in block 20.
  - 22 - Enter the total amount that would be spent to develop and implement an integrated pest management program for the time specified in block 17. (Must be greater than block 21)
  - 23 - Enter the name of the individual who attended an Illinois Department of Public Health approved training course.
  - 24 - Enter the Illinois Department of Public Health approved training course number.
  - 25 - Enter the date the course was attended.
- 26 - If pest services are provided by an outside contractor, answer "Yes" and fill in blocks 28 and 29. If pest services are provided in house, answer "No" and fill in block 27.
- 27 - Enter the name of the individual providing in-house services.
- 28 - Enter the name of the company that applies pesticides at the school.
- 29 - Enter the Illinois Department of Public Health business license number of the company who applies pesticides at the school.

Questions regarding the completion of this form should be directed to the Illinois Department of Public Health Structural Pest Control Program at 217-782-5830, TYY (for hearing impaired only) 800-547-0466 or e-mail [dph.ipm@illinois.gov](mailto:dph.ipm@illinois.gov).



## INTEGRATED PEST MANAGEMENT FORM (PUBLIC SCHOOLS)

### School District Information

1. School district: \_\_\_\_\_

2. School district number: \_\_\_\_\_  
Region County District

3. Date: \_\_\_\_\_

**4. Street Address:**

a. Address: \_\_\_\_\_

b. City: \_\_\_\_\_

c. State: \_\_\_\_\_ d. ZIP: \_\_\_\_\_

**5. Mailing Address (If Different Than Street Address):**

a. Address: \_\_\_\_\_

b. City: \_\_\_\_\_

c. State: \_\_\_\_\_ d. ZIP: \_\_\_\_\_

6. Contact person: \_\_\_\_\_

7. Phone number: \_\_\_\_\_

8. E-mail: \_\_\_\_\_

9. Does the school district oversee the pest management program for the schools in their district?  Yes  
 No

If "Yes," proceed to block 16.

If "No," proceed to block 10.

### School Information ( Fill out for each individual school only if you answered "No" in block 9)

10. School : \_\_\_\_\_

**11. Street Address:**

a. Address: \_\_\_\_\_

b. City: \_\_\_\_\_

c. State: \_\_\_\_\_ d. ZIP: \_\_\_\_\_

**12. Mailing Address (If Different Than Street Address):**

a. Address: \_\_\_\_\_

b. City: \_\_\_\_\_

c. State: \_\_\_\_\_ d. ZIP: \_\_\_\_\_

13. Point of contact: \_\_\_\_\_

14. Phone number: \_\_\_\_\_

15. E-mail: \_\_\_\_\_

### Integrated Pest Management

16. Has the school/school district developed and implemented an integrated pest management program incorporating Illinois Department of Public Health guidelines?  Yes  
 No

If "**Yes**," our school district/school has developed and implemented an integrated pest management program as described by the Illinois Structural Pest Control Act , [225 ILCS 235/3.25, 10.2], **proceed to block 17.**

If "**No**," it is not economically feasible to develop and implement an integrated pest management program at this time, **proceed to block 20.**



## INTEGRATED PEST MANAGEMENT FORM (PUBLIC SCHOOLS)

### Integrated Pest Management Plan (Fill out only if you answered "yes" in block 16)

17. Enter the date that your integrated pest management plan was written or modified: \_\_\_\_\_
18. Enter the date that your integrated pest management plan was implemented: \_\_\_\_\_
19. Enter the name of the designated person responsible for the oversight of pest management practices and recordkeeping requirements: \_\_\_\_\_

### Integrated Pest Management Economic Feasibility (Fill out only if you answered "No" in block 16)

20. Term of pest control program: \_\_\_\_\_ (See explanation section for clarification)
21. Cost of current pest control program for the term: \_\_\_\_\_
22. Projected cost to develop and implement an integrated pest management program for the term: \_\_\_\_\_

### Training Course Participation (Fill out only if you answered "No" in Block 16)

23. Course attendee: \_\_\_\_\_
24. Course number: \_\_\_\_\_
25. Course attendance date: \_\_\_\_\_
- NOTE: If a representative has not attended an Illinois Department of Public Health approved training course at the date of submittal of this form, please leave this section blank. After a representative has received the approved training, resubmit the form with the appropriate information.

### Pest Contractor Information

26. Does an outside contractor perform pest services at the school/school district?  Yes, fill in blocks 28 and 29  
 No, fill in block 27
27. Name of individual employed by the school/school district to perform pest services: \_\_\_\_\_
28. Name of pest contractor: \_\_\_\_\_
29. Pest contractor's business license number: \_\_\_\_\_

\_\_\_\_\_  
School Administrator Signature

\_\_\_\_\_  
Type/Print Name

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 95-0058. Disclosure of this information is mandatory. This form has been approved by the Forms Management Center.

To submit by e-mail, click on the button below.

To submit a hard copy of this form, mail to the following address:  
**Illinois Department of Public Health**  
**Division of Environmental Health**  
**525 W. Jefferson St.**  
**Springfield, IL 62761**