

**AKARNG SELF-HELP TRAINING**  
**Acknowledgement of Understanding**

Type of Pest: \_\_\_\_\_

Control Methods: \_\_\_\_\_

\_\_\_\_\_

1. I have read and understand the instructions for performing Self-Help pest control for \_\_\_\_\_ and have read and understand the pesticide label(s). I will follow the label instructions and all other instructions given to me. If I do not understand the instructions, I will have a qualified person explain them to me before continuing. I understand that any pesticide application not in accordance with the label is a violation of the Federal Insecticide, Fungicide, and Rodenticide Act.
2. I will make sure pets, children, and individuals who may be sensitive or allergic to pesticides will not be present during any application nor will they be allowed back into the treated area(s) before thorough post-treatment ventilation.
3. I will perform the control procedures myself, at my facility area only.
4. Once I have received the Self-Help pest control items, I will not use any of the products in a manner inconsistent with the label. Unused items and empty containers will be disposed of as specified by the Integrated Pest Management Coordinator (IPMC) and the product label.
5. I will record and report Self-Help actions as directed by the IPMC.

Name/Title (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Name/Building Number: \_\_\_\_\_