



# POINT FORTIN CORPORATION

Public Health Department  
George Road  
Mahaica  
**POINT FORTIN**

**FORM A**

## CONSENT FORM

Institution : .....

Address : .....

Principal/Manager : .....

Date : .....

Your Institution has been identified with a pest problem:

Nature of problem : .....

Extent of problem : .....

Pest control operations will include:

- Chemical treatment
- Proper house-keeping
- Exclusion of pets/animals

If chemical treatment is applied, you are required to:

- Ventilate institution by opening all doors and windows to allow for cross ventilation for at least forty-eight (48) hours.
- Mop floor and wet wipe furniture with mild detergent after having ventilated the building.
- Not to use bleach as a cleaning agent.

I am aware of the possible side effects associated with the use of the chemical and hereby consent to have my institution chemically treated on .....

.....  
**PRINCIPAL/MANAGER**

.....  
**PUBLIC HEALTH INSPECTOR**