



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

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PRINCIPAL/MANAGER

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PUBLIC HEALTH INSPECTOR