

Form #
OMB #
Expires:

**ENVIRONMENTAL HEALTH SURVEY OF
IHS PORTLAND AREA DIRECT SERVICE CHILD CARE CENTERS
INDIAN HEALTH SERVICE PORTLAND AREA
U.S. ENVIRONMENTAL PROTECTION AGENCY**

**PESTICIDE APPLICATOR QUESTIONNAIRE
[Complete one questionnaire for each pesticide applicator listed by the center.]**

TCCC ID#:			Applicator Company Name:		
TCCC Name/ Account name for pesticide application:			TCCC Reported Professional Application: 1- Indoors 2- Outdoors		
TCCC Phone:			Applicator Phone:		
TCCC Address:			Applicator Address:		
Init	Date	Time	Contact	Phone	Comments

Introduction: Hello. I am calling from the Indian Health Service. The child care director (or designee) from (TCCC NAME) indicated that your company applied pesticides at this facility within the last year. (TCCC NAME) is participating in an environmental health survey which is looking at lead, allergens and pesticides in child care centers. The child care director (or designee) has given us permission to ask you about the specific pesticides used in that child care center. The purpose of this survey is to learn more about how the child care center environment may affect the health of the children who spend many hours in them. At this point, little is known about pesticide levels in tribal child care centers in our region. Could you please take just five minutes to answer a few quick questions?

Q1. Do your records show that any pesticides were used **indoors** at (TCCC name/address) in the past 12 months?

YES (FILL OUT TABLE, THEN SKIP TO Q3)

NO (IF TCCC REPORTED INDOOR APPLICATION, SKIP TO Q2, ELSE GO TO Q3)

DON'T KNOW (IF TCCC REPORTED INDOOR APPLICATION, SKIP TO Q2, ELSE GO TO Q3)

REFUSE TO ANSWER (IF TCCC REPORTED INDOOR APPLICATION, SKIP TO Q2, ELSE GO TO Q3)

a. What pesticides were used indoors? (EPA Reg #, if known)	b. What was its formulation ? (Circle <u>one</u> of the following)	c. Where was it applied? (Circle <u>all</u> that apply)	d. How often was it applied? (Circle <u>one</u> of the following)	e. When did the staffer last use the pesticide? (MM/YR)	f. What pest(s) was being targeted? (Write-out)
P1. Pesticide 1 <hr/>	Aerosol Bait Dust Granule Pellet Other? DK	Kitchen Bathroom Multi Use Rm Classroom Other? DK	Once Weekly Monthly Quarterly Semi-annually Annually Other? DK	Month Year	
P2. Pesticide 2 <hr/>	Aerosol Bait Dust Granule Pellet Other? DK	Kitchen Bathroom Multi Use Rm Classroom Other? DK	Once Weekly Monthly Quarterly Semi-annually Annually Other? DK	Month Year	
P3. Pesticide 3 <hr/>	Aerosol Bait Dust Granule Pellet Other? DK	Kitchen Bathroom Multi Use Rm Classroom Other? DK	Once Weekly Monthly Quarterly Semi-annually Annually Other? DK	Month Year	
P4. Pesticide 4 <hr/>	Aerosol Bait Dust Granule Pellet Other? DK	Kitchen Bathroom Multi Use Rm Classroom Other? DK	Once Weekly Monthly Quarterly Semi-annually Annually Other? DK	Month Year	
P5. Pesticide 5 <hr/>	Aerosol Bait Dust Granule Pellet Other? DK	Kitchen Bathroom Multi Use Rm Classroom Other? DK	Once Weekly Monthly Quarterly Semi-annually Annually Other? DK	Month Year	

Q2. The center said that you did apply a pesticide **indoors**, could you please check your work orders or other records again?

FOUND PESTICIDE APPLICATION - INDOORS.....1 (GO TO Q1a)
DID NOT FIND PESTICIDE APPLICATION - INDOORS.....2 (GO TO Q3)

COMMENT: _____

Q3. Do your records show that any pesticides were used **outdoors** at (TCCC name/address) in the past 12 months?

YES (FILL OUT TABLE, THEN SKIP TO END)

NO (IF TCCC REPORTED OUTDOOR APPLICATION, SKIP TO Q4, ELSE GO TO END)

DON'T KNOW (IF TCCC REPORTED OUTDOOR APPLICATION, SKIP TO Q4, ELSE GO TO END)

REFUSE TO ANSWER (IF TCCC REPORTED OUTDOOR APPLICATION, SKIP TO Q4, ELSE GO TO END)

a. What pesticides were used <u>outdoors</u> ? (EPA Reg #, if known)	b. What was its formulation ? (Circle <u>one</u> of the following)	c. Where was it applied? (Circle <u>all</u> that apply)	d. How often was it applied? (Circle <u>one</u> of the following)	e. When did the staffer last use the pesticide? (MM/YR)	f. What pest(s) was being targeted? (Write-out)
P1. Pesticide 1 <hr/>	Aerosol Bait Dust Granule Pellet Other? DK	Perimeter Turf (Spot) Turf (Broadcast) Other? DK	Once Weekly Monthly Quarterly Semi-annually Annually Other? DK	Month Year	
P2. Pesticide 2 <hr/>	Aerosol Bait Dust Granule Pellet Other? DK	Perimeter Turf (Spot) Turf (Broadcast) Other? DK	Once Weekly Monthly Quarterly Semi-annually Annually Other? DK	Month Year	
P3. Pesticide 3 <hr/>	Aerosol Bait Dust Granule Pellet Other? DK	Perimeter Turf (Spot) Turf (Broadcast) Other? DK	Once Weekly Monthly Quarterly Semi-annually Annually Other? DK	Month Year	
P4. Pesticide 4 <hr/>	Aerosol Bait Dust Granule Pellet Other? DK	Perimeter Turf (Spot) Turf (Broadcast) Other? DK	Once Weekly Monthly Quarterly Semi-annually Annually Other? DK	Month Year	
P5. Pesticide 5 <hr/>	Aerosol Bait Dust Granule Pellet Other? DK	Perimeter Turf (Spot) Turf (Broadcast) Other? DK	Once Weekly Monthly Quarterly Semi-annually Annually Other? DK	Month Year	

Q4. The center said that you did apply a pesticide **outdoors**, could you please check your work orders or other records again?

FOUND PESTICIDE APPLICATION - OUTDOORS.....1 (GO TO Q3a)
DID NOT FIND PESTICIDE APPLICATION - OUTDOORS.....2 (GO TO END)

COMMENT: _____

END- Thank you very much for taking the time to answer my questions today.