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| **Operator #:** |  | **Operation Name:** | |  | | | **Date:** |  |
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| 1. Pest control products used since the last inspection (please list even if contract pest control).  None used. | | | | | | | | |
| **Substance and Brand Name** | | | **Target Pest** | | **Location Where Used** | **Method of Application** | | |
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| 2. **OCIA Standards** – If applicable to the new products used. If anti-coagulants are used, please explain how and on what basis.  Not applicable | | | | | | | | |