

## SILVERFISH PREPARATION INSTRUCTIONS



The preparations required are as follows:

1. Remove all items from the lower level kitchen and bathroom cupboards.
2. Moveable furniture, plants and any items that are up against a wall should be pulled away at least one foot throughout the home.
3. Clear all closet floors.
4. All toys, clothes, books, etc. should be picked up off the floor.
5. All people and pets must vacate their suite during the treatment and be out for a minimum of six hours after completion of the job. Children under two years of age, expectant and nursing mothers and people suffering from respiratory ailments are recommended to stay out at least twelve hours.
6. Fish tanks should have their air pumps unplugged, and a wet towel placed over the aquarium.
7. Leave at least 3 inches from walls when cleaning carpets and floors for the next month.

After the treatment, open the windows to ventilate your suite. Be sure to keep food in covered containers and remove all garbage at least once a day. You may replace items back in cupboards when you re-enter your suite. Do not wipe treated areas, install non-adhesive liners. We appreciate your support regarding this important matter, as the effectiveness of our treatment depends on your cooperation.

If you require emergency medical information, the Poison Control Centre telephone number is (604) 682-5050.

Thank you,  
Care Pest & Wildlife Control

**License Number: 20263**

Phone: (604)-432-9422

# Notice of Pesticide Use



All people and pets must stay out of the unit until at least 6 hours after treatment is completed. Children under 2 years of age, expectant and nursing mothers and people suffering from respiratory problems are all recommended to stay out until at least 12 hours after completion of the treatment.

The products that could be used are listed below:

- Avert (0.05% Abamectin B1; PCP# 27414)
- Advance 360A (0.011% Abamectin; PCP# 27897)
- Dragnet (0.5% Permethrin; PCP# 24175)**
- Drax (5.0% Orthoboric Acid; PCP# 20478)
- Drax PF (5.0% Orthoboric Acid; PCP# 26399)
- Tempo (0.1% Cyfluthrin; PCP# 25673)
  - Maxforce Roach (2.15% Hydramethylnon; PCP# 24240)
  - Demand CS (0.03% Lambda-Cyhalothrin; PCP# 27428)
- Precor (1.2% Methoprene; PCP# 21573)
- Maxforce Ant (0.9% Hydramethylnon; PCP# 22839)
  - 110 ULV (1.0% Pyrethrin, 10.0% Piperonyl Butoxide Technical; PCP# 15330)
- Firststrike (0.0025% Difethialone; PCP# 29503)
- Contrac Blox (Bromadiolone; PCP# 22239)
  - Pro Aerosol (0.5% Pyrethrins, 4.0% Piperonyl Butoxide; PCP# 16282)
- Final Blox (0.005% Brodifacoum; PCP# 25423)
  - Drione (1.0% Pyrethrin, 40.0% Amorphous Silica Gel; PCP# 15255)
- Bedlam (1.60 % Octyl Bicycloheptene Dicarboximide, 0.40% Phenothrin; PCP# 30075)

Thank you,

***Care Pest & Wildlife Control***

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Phone: (604)-432-9422

To be completed by Concierge Only

UNIT \_\_\_\_\_

TREATMENT DATE \_\_\_\_\_

CANCELATION DATE \_\_\_\_\_

## BCS1172 - Silverfish Treatment Signup Form

Tower \_\_\_\_\_ (1155 or 1199) Unit # \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

**Enter the treatment date below:**

Treatment Date \_\_\_\_\_ **(Typically between 8-9:30AM)**

**READ BELOW BEFORE SIGNING HERE** \_\_\_\_\_

**Read and initial below for ANY that APPLY: (Normally it would be JUST ONE)**

\_\_\_\_\_ I will provide access by being home on the treatment date. I understand that all residents and pets must stay out of the unit for 6 hours after the treatment.

\_\_\_\_\_ I will leave a unit key with the concierge before the scheduled treatment time. I authorize Brava staff to give this key to the pest control tech to gain access to my unit on the treatment date.

\_\_\_\_\_ I authorize Brava staff to give my KeyVault key to the pest control tech to gain access to my unit on the treatment date.

**Read and initial each of the locations below:**

\_\_\_\_\_ By signing above I agree to pay a **\$30 penalty** should I not provide access on the date of the treatment or cancel within 72 hours of the treatment time. Unfortunately this fee needed to be implemented due to the high rates of no access and late cancellations which prevented other residents from getting a treatment.

\_\_\_\_\_ By signing above I acknowledge that **I HAVE already read the "Silverfish Treatment - Pesticide and Preparation" document** found on bravatowers.org under the Documents Tab.

\_\_\_\_\_ By signing above I agree to have my unit properly prepared as per the preparation document. I understand that preparing my unit is key to achieving good results. I understand that even with a well prepared unit there is no guarantee that one or even multiple treatments will eliminate the Silverfish permanently.