



## GSC PMPs - Required Documentation for Certification

GSC standards offer the assurance of proven, effective pest control methods conducted by knowledgeable professionals. GSC standards are science-based and industry-tested, and our principles are at the heart of our standards. Reduction in health and environmental hazards is the bottom line.

- Companies interested in Green Shield Certified (GSC) must pay the on-site evaluation fee, travel fee and annual certification fee and submit the required documentation listed below as the first step in the certification process. Client must then pass a rigorous on-site evaluation to obtain GSC certification.
- To maintain certification, clients must complete an annual renewal form, pay the annual certification fee and pass an on-site evaluation every third year.
- Please complete and submit this form. Provide contact information, submit ALL the following documents listed below and check appropriate box in "Submitted to GSC staff" column with Yes, No or N/A. Submit documents electronically, in the required format, via email to your designated GSC staff contact.
- GSC staff will confirm documents received by checking Yes or No in "IPM Institute Reviewed" column and file documents received.

Evaluation for: \_\_\_\_\_  
(Service provider business name)

Applying for (circle one):            GSC Entire Company            GSC Service Provider

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



<b>Required Documents:</b> <i>Select Yes, No or N/A. (If NA provide explanation)</i>		
<b>1. Required Legal Documents</b> (III. Minimum Requirements for Certification)	<b>Client submitted to IPM Institute</b>	<b>IPM Institute Reviewed</b>
a. Provide proof of business liability insurance to include all of the following: Insurer name, policy number, overall coverage limit and agency contact information.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Provide copies of a business license to confirm the business has been operating for at least three years.  Note: Business are not eligible for GSC if license has been revoked or if the business has filed for bankruptcy in the past three years or has unresolved regulatory actions against them from local, state, or federal agencies.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Provide copies of pesticide applicator licenses/certificates for licensed employees (PDF format or list license/certificate numbers, expiration dates and certification categories)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Provide copy of pesticide application posting provided to clients after site visits (PDF, JPEG or PNG format).  Note: Picture of posting accepted.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
e. Employee handbook (PDF format).	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>2. Site inspection and monitoring protocols</b> (II. Definition of Service and III. Minimum Requirements for Certification)	<b>Client submitted to IPM Institute</b>	<b>IPM Institute Reviewed</b>
a. Service slips including the following information: (PDF format) <ul style="list-style-type: none"> <li>• Notification of conditions conducive to pest problems (e.g. structural defects, sanitation issues, leaks, clutter).</li> <li>• Recommendations to eliminate the pest conducive conditions.</li> <li>• Observations of the target pest in monitoring traps or during site inspection.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>b. Pesticide application records must include the following information: (Excel format). Time and date of application, location of application, EPA registration number, product trade name, active ingredient, total amount applied, target pest, total area applied and restricted entry interval (REI).</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>3. IPM Training</b> (IV. Scored Practices, 2.0 IPM training and Education)</p>	<p><b>Client submitted to IPM Institute</b></p>	<p><b>IPM Institute Reviewed</b></p>
<p>a. IPM Training protocol (PDF format). The protocol should include a schedule of training frequency.</p> <p>Note: Training for accurate diagnosis of a pest problem, identification of key pests and pest conducive conditions, site inspections, pest monitoring, and communication of structural defects and actions needed to customers.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>b. IPM training logbook (PDF or Excel format).</p> <p>Note: Logbook should record trainings attended by all staff and include date, location, course title and/or instructor.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>4. Pesticide Safety</b> (III. Minimum Requirements, 4.0 Pesticide Safety)</p>	<p><b>Client submitted to IPM Institute</b></p>	<p><b>IPM Institute Reviewed</b></p>
<p>a. Employee right-to-know postings (OSHA, WPS, FLSA) (JPEG or PNG image).</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>b. Emergency response plan (Attach PDF)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>c. Drift or off-target protocol (Attach PDF)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>5. IPM Policy</b> (IV. Scored Practices, 1.0 Service Provider commits to IPM program)</p>	<p><b>Client submitted to IPM Institute</b></p>	<p><b>IPM Institute Reviewed</b></p>
<p>a. Written IPM plan or policy must include following (PDF):</p> <ul style="list-style-type: none"> <li>• Written IPM protocols for common pests.</li> <li>• Written IPM plan for commercial customers, if available.</li> <li>• IPM references for customers or technicians.</li> </ul>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>b. Additional IPM resources client provides to customers and/or employees.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>



6. <b>Pesticide Products</b> (III. Minimum Requirements, 3.0 Less-toxic pesticides)	<b>Client submitted to IPM Institute</b>	<b>IPM Institute Reviewed</b>
a. Pesticide product labels and Safety Data Sheets (SDS) (Excel document provided).	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>All of the above required information is required to be submitted to the IPM Institute prior to scheduling an on-site evaluation. Any requirement you deem as not applicable must be justified in writing and included with your application.</p>		