GREEN SHIELD CERTIFIED®

PROGRAM GUIDE & EVALUATION FORM

FOR FACILITIES

Version 1.2, May 1, 2008

Guiding Principles for GREEN SHIELD CERTIFIED

These principles form the basis for the GREEN SHIELD CERTIFIED program. Evaluations are designed to assess compliance with these principles.

Knowledge. GREEN SHIELD CERTIFIED participants understand IPM principles and practices. They can identify important pests and describe life cycles, habits and conditions that affect pest populations.

Monitoring and inspection. GREEN SHIELD CERTIFIED participants use monitoring and inspection to stay fully informed about pest populations and conditions that can lead to problems.

Action only when necessary. GREEN SHIELD CERTIFIED participants supplement their experience with monitoring and inspection to determine when to act against pests. Routine application of pesticides is not IPM.

Documented performance. GREEN SHIELD CERTIFIED participants record monitoring and inspection results. They document their performance and justify pesticide applications.

Least-toxic options. GREEN SHIELD CERTIFIED participants use non-chemical approaches as the first line of defense against pests. GREEN SHIELD CERTIFIED participants evaluate all pest management options for hazards to health, the environment and beneficial organisms.

Effective pest management. GREEN SHIELD CERTIFIED participants solve pest problems including insects, weeds, vertebrates and microbes with effective, long-term strategies. Structural design and maintenance issues that contribute to pest problems are addressed where appropriate.

Continuous improvement. GREEN SHIELD CERTIFIED participants prepare for changes in pests and IPM techniques, recognizing that improvement involves staying abreast of new technologies and concepts.

Communication and outreach. GREEN SHIELD CERTIFIED participants communicate the IPM approach to others. They abide by posting and notification requirements for pesticide applications.

Reduction in health and environmental hazard is the bottom line. High priority hazards are identified and targeted for reduction.

GREEN SHIELD CERTIFIED is available for structural pest management service providers and facilities including health care and public buildings. For more information, contact the IPM Institute or visit www.ipminstitute.org.

Table of Contents

I. GREEN SHIELD Participation

To become a GREEN SHIELD CERTIFIED facility, you must:

Step 1. Complete a satisfactory site evaluation by an independent IPM professional approved by the IPM Institute. This individual may be an extension agent, state agency official or private consultant with experience in IPM. Contact the IPM Institute for assistance in identifying an evaluator in your area.

Step 2. Your evaluator will submit the completed confidential evaluation (pages 5-23) to the IPM Institute along with the application fee. Keep a copy of the evaluation for your records.

Certification is effective for three years. After three years, your certification can be renewed by updating the evaluation.

Your certification fee supports continuing operation of this program and provides:

1. A certificate suitable for framing (and duplication for use in multiple buildings within a certified system). A wall plaque and additional pre-printed certificates may be ordered for an additional charge. The GREEN SHIELD CERTIFIED logo will also be available for your use on documents.
2. A summary of the program and your facility's achievement for your use with local media, staff, facility users and others in your community.
3. Certification for three years, a profile of your facility's program on the IPM Institute web site and a subscription to the IPM Institute newsletter.

II. Scoring Instructions for the Evaluator

First, the evaluator must verify that the minimum requirements are met. Next, the evaluator will score each IPM practice in the scored practices according to the following point system:

0 = Unsatisfactory: improvement necessary.

1 = Satisfactory: the IPM practice is in place as described.

2 = Exceptional: the IPM practice in place at the facility exceeds the description.

N/A = Not applicable

The evaluator will note unsatisfactory, exceptional or non-applicable items, and may make note of any other items of interest. Notes may be made on the evaluation form or attached in a separate word processor or other document. **For the purposes of recognizing exceptional performance a maximum of three '2's may be awarded.**

The facility (working with the evaluator) must identify at least one meaningful area for improvement to address over the next three years.

After completing the evaluation, the evaluator will tally the points earned and submit a copy to the IPM Institute for review. A minimum of 70% is required for certification.

For more detailed instructions, see *GREEN SHIELD CERTIFIED EVALUATOR GUIDANCE* available from the IPM Institute.

III. Confidential Evaluation Form

This form is to be completed by the evaluator during a visit to the facility.

Evaluation for: _____
(facility name)

Evaluated for: **Buildings** **Grounds** **Both** (circle one)

Note: *If lawn and/or landscape plants are present, grounds must also be evaluated.*

Facility representative(s) and contractor(s) present at evaluation:

Name, title: _____

Name, title: _____

Name, title: _____

Location Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

A. Facility Profile Information (complete or attach descriptive information)

Date Founded: _____ Date IPM program started: _____

Reason IPM program initiated: _____

_____

_____

Other historical IPM program information (e.g., previous leadership, etc.):

_____

_____

Structural pest management service provider company name (if any): _____

_____ Green Shield Certified? (Y/N) _____

Number of facility staff: _____ Number of users: _____

Number/types of facilities (buildings, etc.): _____

_____

(Attach additional pages if necessary, or a separate existing list if available)

B. Minimum Requirements for Certification

The evaluator must verify that the facility meets the following minimum requirements and signify by circling the appropriate rating. Facilities using a GREEN SHIELD CERTIFIED structural pest management service provider for all pesticide applications will score a pass on items in Section B marked with an asterisk (*).

1.0 Facility and any service providers meet legal requirements:

a. For posting and notification of pesticide applications.	**IN PROGRESS**	**PASS**
b. For pesticide applicator training and certification*	**IN PROGRESS**	**PASS**
c. Proper personal protective equipment (e.g., respirators, gloves, etc.) is available, in good condition and used when appropriate by handlers and applicators*	**IN PROGRESS**	**PASS**
d. For pesticide application record keeping*	**IN PROGRESS**	**PASS**
e. Other pest management regulations (describe below).	**IN PROGRESS**	**PASS**

Notes: _____

2.0 All pesticide applications:

a. Are made only after detection of a verifiable pest problem and accurate identification of the pest. *	**IN PROGRESS**	**PASS**
b. Are not made on a routine or regularly scheduled basis (e.g., weekly, monthly applications are not made). *	**IN PROGRESS**	**PASS**
c. Are not made when the presence of persons in the area to be treated creates potential for exposure. *	**IN PROGRESS**	**PASS**
d. Must have corresponding copies of the pesticide label and SDS for pesticides used, including anti-microbials, in a central location (e.g., main office) and available to staff or the public on request. *	**IN PROGRESS**	**PASS**
e. Pesticide inventories are not maintained by the facility, or maintained only if personnel properly licensed to apply those pesticides are on staff. Storage is tightly controlled to prevent unauthorized access. *	**IN PROGRESS**	**PASS**
f. Products in inventory are current, with no storage of of products no longer in use or no longer registered. *	**IN PROGRESS**	**PASS**

Notes: _____

3.0 The following are effective in reducing pest complaints and the need for pesticide applications:

a. Inspection/monitoring of structures and landscape	**IN PROGRESS**	**PASS**
b. Sanitation	**IN PROGRESS**	**PASS**
c. Exclusion	**IN PROGRESS**	**PASS**
d. Cultural management of turf and ornamentals	**IN PROGRESS**	**PASS**

Notes: _____

4.0 Least-hazardous pesticide product selection and use practices. Anti-microbials are exempt from these criteria. NOTE: For help in evaluating pesticides, contact the IPM Institute.

a. When a pesticide application is justified, space sprays (fogging) and spray applications of residual-active pesticides to exposed surfaces (surface sprays to floor, baseboard, wall, etc.) are not used. *	**IN PROGRESS**	**PASS**
b. If dust formulations are used, application sites must be such that dust will not become airborne with potential for inhalation after application, e.g., sites that are sealed or otherwise enclosed after the application. **Exception:** Dusts may be applied into stinging insect hive entrances on the exterior of structures. These entrances need not be sealed immediately, but should be sealed once the hive is inactive. Ideally, the nest should be removed once no longer active. *	**IN PROGRESS**	**PASS**
c. Insecticide baits, if used, are applied in such a way as to greatly reduce potential for exposure, e.g., contained in a tamper-resistant container designed specifically for holding baits and constructed of metal or plastic and ideally attached to floors, walls, etc. such that the container cannot be easily moved; or as a crack and crevice treatment where the pesticide is not visible or is not readily accessible after application. *	**IN PROGRESS**	**PASS**
d. No pesticides labeled “Danger” or “Warning” are used. If a pesticide is used that is exempt from registration by US EPA, it does not exceed criteria for “Danger” or “Warning,” i.e., acute oral, dermal or inhalation toxicity; skin or eye sensitivity. *	**IN PROGRESS**	**PASS**
e. No pesticides with ingredients classified as known, probable, likely or possible carcinogens by US EPA, the International Agency for Research on Cancer or the California Proposition 65 List are used. *	**IN PROGRESS**	**PASS**
f. No pesticides with ingredients classified as reproductive or developmental toxins by US EPA or the California Proposition 65 List are used. *	**IN PROGRESS**	**PASS**
g. No pesticides with ingredients classified as endocrine disruptor by US EPA or the European Union are used. *	**IN PROGRESS**	**PASS**
h. No pesticides containing cholinesterase inhibitors, or with ingredients listed as neurotoxins on US EPA Toxics Reduction Inventory are used. *	**IN PROGRESS**	**PASS**
i. Rodenticides, if used, are: *	**IN PROGRESS**	**PASS**

i) bait-block formulations placed in a locked, distinctively marked, tamper-resistant container designed specifically for holding baits and constructed of metal or plastic and securely attached to floors, walls, etc. such that the container cannot be picked up and moved; **and**

ii) placed in the baffle-protected feeding chamber of the bait container and not in the runway; **and**

iv) parafinized or weatherproofed if used in wet areas; **or**

v) pelleted formulations placed deep into active rodent burrows.

Notes:

STANDING EXCEPTIONS: IPM requires effective pest control using less-toxic options. The following active ingredients do not meet the above criteria but may be used for the target pest(s) listed under the following conditions:

- Products containing these ingredients must carry a CAUTION label. DANGER or WARNING-labeled pesticides containing these ingredients may not be used.

Active Ingredient	Violation	Target Pest &Use
abamectin, avermectin	developmental toxin, US EPA	**Cockroaches, ants:** Use only in non-visible crack and crevice voids that are sealed after application. Old gel bait is remove before re-application, e.g., by using a device such as “The Crevice”.
boric acid (applies to all borate types, e.g., disodium octaborate tetrahydrate, orthoboric)	endocrine disruptor, European Union	**Insects on label:** Use only in non-visible crack and crevices; dusts in voids are sealed after application.
		Wood-destroying insects: Applied to exposed surfaces.
cholecalciferol	place pack formulation	**Rodents**: Use only in USDA Organic-certified facilities.
fipronil	possible carcinogen, US EPA	**Cockroaches, ants:** Use only in non-visible crack and crevice; voids that are sealed after application. Old gel bait is remove before re-application, e.g., by using a device such as “The Crevice”.
hydramethylnon	possible carcinogen, US EPA; reproductive/ development toxin, State of California	**Cockroaches, ants:** Use only in non-visible crack and crevice; voids that are sealed after application. Old gel bait is remove before re-application, e.g., by using a device such as “The Crevice”.

Products containing these additional active ingredients may only be used if any additional active ingredients meet the criteria above.

Standing exceptions to the criteria are maintained by the GREEN SHIELD CERTIFIED Technical Advisory Committee.

ADDITIONAL EXCEPTIONS: Participants may make a request for an exception from the criteria listed above due to lack of effective alternatives. The request must be made to the IPM Institute and include the target pest, pesticide product to be used, application method and rate, and what measures will be taken to reduce exposure and investigate alternatives. All exceptions to the criteria will be reviewed by the GREEN SHIELD CERTIFIED Technical Advisory committee and re-evaluated on at least an annual basis.

C. Scored Practices for Certification

Facility must implement enough practices in this section to meet a minimum score of 70% on the score card (page 23). The evaluator will score each of the following items as exceptional (2), satisfactory (1), unsatisfactory (0), or not applicable (N/A). **For the purposes of recognizing exceptional performance a maximum of three '2's may be awarded.**

Items listed in bold are especially important. An unsatisfactory score on any bold item should be addressed in the list of planned improvements (page 21). Auditor must explain in writing any item scored as unsatisfactory or exceptional.

1.0 Facility has a formal IPM program.

____ **a. A written IPM policy states a commitment to IPM implementation.**

____ b. The policy identifies overall objectives relating to pest and pesticide risk management.

____ c. The policy effectively guides decision-making.

____ d. The policy reflects current conditions and is reviewed and revised as needed.

____ e. A written IPM plan includes a schedule for inspection and monitoring of buildings (and grounds if applicable).

____ f. The written plan includes a schedule for areas requiring more frequent inspection and monitoring (e.g., food storage, preparation and serving areas).

Notes: _____

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____ **TOTAL PAGE 12**

2.0 Facility establishes appropriate roles and open communications policies.

____ **a. A specific individual (e.g., IPM coordinator) is responsible for day-to-day interpretation of the IPM policy for the facility.**

____ **b. Facility has a trained pest management professional on staff, or, if outside contractors provide pest control services, a written contract is signed identifying specific IPM practices to be used including regular inspections, monitoring for pests and conditions that lead to pest problems, record-keeping and use of least-toxic pesticides only as a last resort.**

____ **c. Designs for new construction or renovations to structures and landscapes are reviewed for pest-proofing prior to finalizing; and/or specific pest-proofing elements are included in general specifications for all new buildings and renovations.**

____ **d. New construction or renovation projects are inspected while in progress to ensure compliance with pest-proofing design specifications.**

____ **e. Public access is provided on request to all information about the IPM policy, IPM plan and implementation.**

____ f. Staff including administrators, food service, custodial and other workers are educated about IPM and the role of reporting, sanitation and exclusion in reducing hazards.

____ g. Adequate training is in place for new staff.

____ h. An IPM or safety committee meets regularly to formulate IPM policy and plans and provide oversight and ongoing decision-making, with input from all interested parties.

____ i. Facility shares information on its IPM program and practices with facilities.

Notes**:** _____

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____ **TOTAL PAGE 13**

3.0 Record keeping is used to document IPM performance.

____ **a. A Pest Sightings/Damage Log is used that includes information such as date, time, location, a description of the pest or pest damage and the name of the person reporting. This log may be part of a general maintenance reporting system.**

____ b. Complete, legible records of each pesticide application, including product, quantity used, date and time of application, location, application method and target pests are maintained for at least three years.

____ c. Pest Manager reviews log reports promptly and records and dates responses taken to each report.

Notes: _____

____ **TOTAL PAGE 14**

4.0 Posting and notification.*

____ **a. Facility notifies occupants including staff of all potential pesticide uses and offers advance notification to those requesting it.**

____ **b. At least 24 hours prior to pesticide application, postings are placed in a designated public access area detailing locations to be treated and contact information for further information.**

____ c. Notice remains posted for at least 48 hours post-application.

* Exceptions may be made where an imminent threat to health exists (e.g., stinging insects) or for applications of pesticides applied in bait or gel form in inaccessible areas, or for situations where the facility will be unoccupied for five days following the application, e.g., during renovations. For emergency applications, postings must be placed as soon as practical.

Notes: _____

____ **TOTAL PAGE 15**

5.0 Lawn and landscape pests are managed primarily through effective cultural practices. Score items not applicable as N/A (e.g., facility does not have turf or landscaped areas).

____ a. Application rates and timing of fertilizer and other amendments to turf and landscape plants are based on need. (Score as N/A if grounds are not being evaluated).

____ b. Irrigation, if used, is scheduled infrequently and of long duration to ensure deep watering and root growth.

____ c. Irrigation is scheduled so that turf dries rapidly, e.g., does not remain wet overnight,

____ d. Mowing height for turf is at least 3". In temperate climates, the first mowing of the growing season may be shorter, i.e., 2" to remove diseased/damaged plant parts. Fall mowing height may also be reduced to allow sun on seed. During the hot, drier portion of the growing season, higher mowing heights promote drought tolerance.

____ e. Clippings are left in place except that clippings from the first mowing may be removed to reduce any disease inoculum.

____ f. Overseeding is used to promote thick turf that crowds out weeds.

____ g. Aeration of turf is done where needed to reduce compaction and only when turf is actively growing. Well-established turf in lightly trafficked areas will typically not need aeration.

____ h. Compost top dressing is used to suppress thatch.

____ i. Reseeding and renovation is later in the growing season, e.g., Fall in temperate climates.

____ j. Plant materials are selected for resistance to commonly encountered pest and disease problems, and planted in appropriate locations to maximize plant health. "Key plants", those most likely to encounter pest and disease problems requiring intervention, if used, are limited to high use, high visibility zones.

Notes: _____

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____ **TOTAL PAGE 16**

6.0 Least-toxic pesticides are used only when necessary. For help in evaluating pesticides, contact the IPM Institute.

____ a. Pesticides are not used unless inert ingredients are disclosed, and these inert ingredients also meet the restrictions listed above, and are not listed on the US EPA List 1: Inerts of Toxicological Concern.

____ b. Pesticides used outdoors do not include label precautionary statements including “toxic” or “extremely toxic” to bees, birds, fish or wildlife, unless these organisms are the target pest.

____ c. Pesticides used outdoors do not include ingredients with moderate or high mobility in soil, according to the Groundwater Ubiquity Score (GUS), or with a soil half-life of 31 days or more (except for mineral products).

____ d. Pesticide formulations are ready-to-use or pre-mixed before bringing onto facility grounds.

____ e. Facility assesses pesticide hazards from use by neighbors and acts to reduce those hazards if present.

Notes: _____

____ **TOTAL PAGE 17**

7.0 Facility uses least-toxic cleaners, sanitizers and anti-microbial pesticides only when necessary. This section is for informational purposes only and will not be included in the final score.

_____ **a. Facility maintains a list of approved anti-microbial pesticides, soaps, antiseptics and germicides, selected by reviewing needs and pesticide hazards, with a procedure for reviewing new products as needed and for annual review and revision of the list. (Existing expert-vetted lists and criteria, such as Green Seal, are available and encouraged.)**

_____ **b. A regular cleaning schedule is maintained and:**

i) facility designates less critical sites and uses such as offices, hallways, cafeterias and general hand-washing for general, least-toxic cleaning product use rather than anti-microbial pesticides or anti-bacterial chemicals;

ii) facility designates moderately critical sites and uses such as food preparation surfaces, dishes and utensils for cleaning and sanitizing with least-toxic products; and

iii) facility designates most critical sites and uses such as surfaces in restrooms, nurseries and diaper-changing areas for disinfection with anti-microbial products. These surfaces are cleaned prior to disinfection to remove dirt, unless a one-step, combination cleaner/disinfectant is used.

_____ **c. Anti-microbial pesticides labeled "Danger" or "Warning" are not used.**

_____ **d. No ingredients are classified as possible, known, probable or likely carcinogens or reproductive toxins by US EPA or the California Prop 65 list, or as endocrine disruptors on the Illinois EPA list.**

_____ **e. No ingredients are classified as nervous system toxicants such as cholinesterase inhibitors or neurotoxins on the Toxics Release Inventory.**

_____ **f. No ingredients are classified as volatile organic compounds (VOCs).**

_____ **g. Product storage is tightly controlled to prevent unauthorized access.**

_____ **h. Anti-microbial pesticides are not used when children are present in the immediate area with potential for contact with skin, mucous membranes, etc.**

_____ i. Products are not used unless inert ingredients are disclosed, and these inert ingredients also meet the restrictions listed above, and are not listed on the US EPA List 1: Inerts of Toxicological Concern. *

_____ j. Facility staff are trained to reduce infection potential and chemical hazards including regular hand washing; recognizing levels of cleaning/disinfection for specific work sites; product toxicity and personal protective equipment requirements; and proper storage, mixing and use according to label directions. Students are trained to reduce infection potential and chemical hazards including regular hand washing, e.g., via signage in lavatories.

_____ k. Facility uses damp-cloth dusters, damp mops and/or vacuums as primary cleaning strategies rather than sweeping or feather-type dusters which can disperse dirt and dust.

____ l. *Bonus:* Entry mats at least five-steps long are used at exterior entrances and washed or vacuumed regularly and thoroughly to intercept/prevent entry of dirt. *Bonus advanced practices that can improve but do not detract from score.*

____ m. *Bonus:* Vacuums are HEPA-filtered.

____ n. *Bonus:* Mop heads and sponges are replaced daily. If mop heads are treated, e.g., with aerosol products, they are pre-treated offsite or treated outdoors.

* For help in evaluating pesticides and cleaning products, contact the IPM Institute.

Notes: _____

__**N/A**__ **TOTAL PAGE 18-19**

Six in every hundred cleaning workers are injured every year; 20% are chemical burns to eyes or skin, according to a review of worker's compensation claims.

D. Pesticides Used

List complete brand names of all pesticides used in the previous 12 months (or attach a separate existing list if available). This list will be held in confidence and will help your evaluator and the IPM Institute identify opportunities to transition to less toxic alternatives. Changes in this list over time will help us evaluate progress in eliminating high-risk pesticides and practices.

(Attach additional pages if necessary, or a separate existing list if available)

E. Planned Improvements

List IPM program improvement(s) planned for the next three years. **At least one improvement is required**, use additional pages or attach a separate word processor document if necessary.

F. Evaluation Notes:
Evaluator will view documents and visit representative buildings and grounds areas. The following items and areas will receive special attention:

- ❑ SDS/labels
- ❑ pesticide application records
- ❑ pest sighting logs
- ❑ IPM policy/plan
- ❑ complaints/citations
- ❑ awards/press
- ❑ mechanical rooms
- ❑ locker rooms/lavatories
- ❑ kitchens/cafeterias
- ❑ custodial closets
- ❑ food storage areas
- ❑ staff lounges
- ❑ pesticide storage
- ❑ pest management vehicles
- ❑ vending areas
- ❑ grounds maintenance equipment storage/maintenance facilities

NOTE: Verify that all pesticides found in the above locations are listed on page 20. Record the name of sites visited. **List at least two practices this evaluated participant is doing well (e.g., high standards for sanitation, extensive monitoring/inspection, communication with service provider, limited use of pesticides, etc.).**

G. IPM Scorecard

Enter points earned for each page:

Total Page 12:	
Total Page 13:	
Total Page 14:	
Total Page 15:	
Total Page 16:	
Total Page 18:	
Total Page 18-19:	**N/A**
Grand Total:	
Percent score (divide the Grand Total by 36*):	

**Subtract 1 from 36 for each practice scored as Not Applicable (N/A) before dividing. (Pages 18-19 already subtracted).*

All minimum requirements must be met (pages 6-10), plus:

Scoring Key	**70% to 100%**	**GREEN SHIELD CERTIFIED Facility**
	0% to 69%	**In Progress.** Earn certification by making the improvements needed to raise the score above 70%.

H. Evaluator Statement

I evaluated the IPM program for buildings/grounds/both (circle one) at the

_____ (facility name) on the _____ day of _____

(month), 20___ (year). The facility achieved the score noted above.

Evaluator Signature: _____ Print Name: _____

Address: _____

City, State, Zip: _____

Phone: (_____) _____ E-mail: _____

I. Facility Representative Statement

To the best of our knowledge, the information provided for this evaluation is accurate and complete. If approved, we agree that the certification period, including our use of the GREEN SHIELD CERTIFIED designation and logo, is for three years only and must be renewed at that time, including a reevaluation. Further, we agree to inform the IPM Institute within thirty days of any changes in our pest management program that may impact compliance with certification requirements, or if the individual responsible for our IPM program leaves that position. We grant permission to the IPM Institute to review and evaluate records or facilities for continued compliance during working hours and with reasonable notice. Should our pest management program be found to out of compliance with GREEN SHIELD CERTIFIED requirements at any time, it may be revoked at the sole discretion of the IPM Institute of North America, Inc., including our use of the GREEN SHIELD CERTIFIED designation and logo.

Name of Facility Representative:_____ Title:_____

Signature: _____

Mailing address: _____

City, State, Zip: _____

Phone: (_____)_____ E- mail: _____

Individual responsible for IPM Program: _____

Phone: (_____)_____ E- mail: _____

J. Fee Calculation

Evaluation Fee	$_____	
Wall Plaque(s), $130 each:	$_____	($130 x ____ plaques)
Additional certificates ($3.00 each):	$_____	($3 x ____ certificates)
Total enclosed:	$_____	

Payment Method

[ ] Check or money order enclosed, payable to GREEN SHIELD CERTIFIED.

[ ] Master Card/Visa Card #: _____Expires: ____/____

Name on card: _____

Billing address (if different from above): _____

City, state, zip: _____

Phone: (_____)_____ E- mail: _____

GREEN SHIELD CERTIFIED®

Pest control. Peace of mind.

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