

Roles and Responsibilities

Date: _____

Position Title or Individual(s): _____

Responsibilities:

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IPM Pest Tolerance Levels

Integrated Pest Management recognizes that not all bugs are bad and need to be killed immediately. On the other hand, some insects and rodents can be very dangerous to the safety or health of the occupants of the facility, and must be eliminated as quickly as possible. Therefore, it is very important that the school staff and the pest control operator or school pest control technician establish well-understood guidelines of action in response to reports of pests present in the facility.

Tolerance of Pest Activity

Cockroaches. There should be no tolerance for roaches in any area of the facility. They can carry several pathogens that can cause health problems under certain circumstances. Problems can range from salmonella poisoning to severe asthmatic reactions in young children.

Sightings or Trap Count:

0

1-2

3-6

7-15

15+

Cereal Pests. These infest flour and other cereal grain products, and should not be tolerated. Ingestion of insects or pathogens in infested grain products can cause illness in anyone who consumes the food.

Sightings or Trap Count:

0

1-2

3-6

7-15

15+

House Flies. In nonfood areas, these are more of a nuisance than a threat to the health of the children and staff. Thus, an occasional house fly in a nonfood area should not be cause for alarm. If there are many flies in a nonfood area, this could be a sign of a sanitation problem that needs to be corrected. House flies in a food area cannot be tolerated. The pads on the feet of the flies are sticky and will pick up debris from wherever the fly lands. If the fly should land on garbage or animal feces and then fly into the kitchen and land on exposed food, some of that debris will be transferred to the food.

Sightings or Trap Count:

0

1-2

3-6

7-15

15+

Other Flies. Flies such as the Cluster Fly or the Carrion Fly are often found throughout a school building. Small numbers do not constitute a health threat, but they can be a nuisance and should be treated as such. However, many flies in a room or area may indicate a problem that needs to be investigated.

Sightings or Trap Count:

0	
1-2	
3-6	
7-15	
15+	

Ants. In a food area they should be eliminated quickly as they may contaminate open food, although to a lesser degree than flies or roaches. In nonfood areas they are strictly a nuisance and should be handled as such. Ants outside a building that are *not* migrating into the building are more beneficial than detrimental and should be left alone.

Sightings or Trap Count:

0	
1-2	
3-6	
7-15	
15+	

Occasionally Invading Pests. These include such pests as crickets, spiders (except Brown Recluse and Black Widow spiders) Boxelder bugs, millipedes, Clover Mites (not Fowl Mites), Springtails, etc. These insects are not a health threat and only become a nuisance if they appear in large numbers or they are found near open food areas.

Sightings or Trap Count:

0	
1-2	
3-6	
7-15	
15+	

Stinging or Biting Insects. These can cause a serious health threat to some children and adults who are hyperallergic to stings or bites. For this reason, there should be no tolerance for these pests either inside or outside of the building. The most likely pests found in Illinois schools in this group are bees, yellowjackets and other wasps, Brown Recluse and Black Widow spiders.

Sightings or Trap Count:

0	
1-2	
3-6	
7-15	
15+	

Mice. There should be no tolerance in any area of the school for mice. They contaminate food by gnawing into unopened packages and by urinating or defecating on open food or food preparation surfaces. Their constant gnawing can cause damage to the building and, in extreme cases, may cause an electrical short and resultant fire. If a student or staff person attempted to pick up a mouse, he or she could receive a rather nasty bite.

Sightings or Trap Count:

0	
1-2	
3-6	
7-15	
15+	

Rats. There should be no tolerance for rats inside or outside of the school building at any time. Like mice, they can contaminate food through gnawing into packages and urinating or defecating on open food or food preparation surfaces. Their gnawing habits can cause damage to the building and they could cause a fire by gnawing into an electrical wire. A bite from a rat can be more serious than one received from a mouse.

Sightings or Trap Count:

0	
1-2	
3-6	
7-15	
15+	

Birds. In general, birds should not present a problem for a school. However, bird nesting on school buildings should be discouraged to prevent accumulation of droppings that may harbor pathogens and to prevent migration of pests such as Fowl Mites or Carpet Beetles from an abandoned nest into classrooms.

Sightings or Trap Count:

0	
1-2	
3-6	
7-15	
15+	

Raccoons. These are protected animals and can only be removed from a school by a specialist who is licensed by the Illinois Department of Natural Resources. Raccoons are nocturnal and normally would not come in contact with students or staff. However, they should be removed from the facility as they can be physically destructive to the building. They can get into garbage and create a mess that is attractive to flies and other pests. Additionally, they can carry fleas, and there have been a few isolated cases where children have been bitten by raccoons.

Sightings or Trap Count:

0	
1-2	
3-6	
7-15	
15+	

Bats, There should be no tolerance for bats in schools. These are protected animals and can only be removed from a school by a specialist. Bats are known carriers of rabies and a buildup of their feces can carry the fungus that causes histoplasmosis.

Sightings or Trap Count:

0	
1-2	
3-6	
7-15	
15+	

Squirrels. These are protected animals and can only be removed from a school by a specialist who is licensed by the Illinois Department of Natural Resources. Squirrels can cause physical damage to a building and they carry fleas. They tend to be more "people tolerant" and will feed on food scraps found on the school grounds or in the garbage area during the daytime. This will increase the possibility of a student coming in contact with one.

Sighting or Trap Count:

0	
1-2	
3-6	
7-15	
15+	

Pest	
0	
1-2	
3-6	
7-15	
15+	

Pest	
0	
1-2	
3-6	
7-15	
15+	

Pest	
0	
1-2	
3-6	
7-15	
15+	

Pest	
0	
1-2	
3-6	
7-15	
15+	

Pest Response Times

IPM pest response to a pest problem must be both timely and effective. However, the facility managers must recognize that some pest problems are more serious than others and pest problems that threaten the physical safety of students and/or staff should have a higher priority than the mere presence of a single nonthreatening bug.

Response by Pest Control Staff to Pest Problems

Response Time	Condition	Pest
Within four hours	Potential physical harm to students or staff	Rodents where students or staff are likely to contact them;
		Wildlife (raccoons, opossums, feral cats, bats, etc.) where students or staff are likely to contact them
		Stinging or biting insects
One working day	Potential medical harm to students or staff	Fleas, lice, bed/bat bugs and poisonous spiders
One working day	Potential for food contamination	Cereal pests, roaches, rodents, ants in kitchen or food storage areas and flies around food.
One to two working days	Sighting of large numbers of nonthreatening bugs	Ant or termite colonies in the building; movement into the building of millipedes, crickets, Boxelder bugs, etc.

Facilities Inspection Report

Date: _____

Facility: _____

Inspector: _____

Facility Address: _____

Exterior

	Yes	No	NA
1. Area free of pest activity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Facility clear of pest harborage areas:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Dumpster or compactor area clean:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Adequate storage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Stored on a smooth impermeable material such as concrete or asphalt:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Lids closed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Refuse removed from grounds in a timely manner:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Adequate rodent/insect-proofing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Adequate caulking around windows:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Utility entries properly sealed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Screening properly secured and in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Gutters properly draining and in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Water properly draining away from buildings:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Landscaping and trees do not touch buildings:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Landscaping around buildings are properly spaced:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. All exterior doors are tight fitting and self closing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Proper exterior lighting to prevent attracting insects:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Areas free of clutter, debris piles or other possible harborage areas:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Other pest issues not mentioned: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Food Storage and Preparation Areas

Food Preparation Areas

	Yes	No	NA
1. Area free of pest activity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Floors clean and in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ceilings clean, free of water stains, and in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Walls clean and in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Areas free of clutter or other potential harborage areas:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	NA
6. Trash removed daily and container/dollies clean:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Adequate caulking and sealing to prevent harborage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Floor drains clean and covers secured:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Voids under and behind equipment clean:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Counter surfaces above, below and under rims clean:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Enclosed areas on equipment accessible and clean:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Plumbing not leaking and in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Proper food storage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Good housekeeping practices: no spillage or food debris:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Minimum cardboard used as product storage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Other pest issues not mentioned: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dish Wash and Cleaning Supply Areas

	Yes	No	NA
1. Area free of pest activity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Floors clean and in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ceilings clean, free of water stains, and in good repair:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Walls clean and in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Areas free of clutter or other potential harborage areas:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Trash removed daily and container/dollies clean:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Adequate caulking and sealing to prevent harborage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. All utensils and equipment in dish wash area cleaned at the end of the day:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Plumbing not leaking and in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Area free of pooling water at the end of the day:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Floor drains clean and covers secured:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Voids under and behind equipment clean:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Mops stored clean and off the floor at the end of the day:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Mop buckets stored clean and dry at the end of the day:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Other pest issues not mentioned: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dry Goods Storage Areas

	Yes	No	NA
1. Area free of pest activity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Floors clean and in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ceilings clean, free of water stains, and in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Walls clean and in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Areas free of clutter or other potential harborage areas:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Stock rotation practices in place:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Bottom shelf a minimum of 6 inches off the floor:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Metal or plastic shelving with end caps:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	NA
9. Minimum cardboard used as product storage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Good housekeeping practices: no spillage or food debris:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Adequate caulking and sealing to prevent harborage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. All food stored a minimum of 6 inches off the floor:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Other pest issues not mentioned: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Refrigeration and Freezer Area

	Yes	No	NA
1. Area free of pest activity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Floors clean and in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ceilings clean, free of water stains, and in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Walls clean and in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Areas free of clutter or other potential harborage areas:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Good housekeeping practices: no spillage or food debris:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Adequate caulking and sealing to prevent harborage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Compressor area clean:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Area free of pooling water at the end of the day:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Other pest issues not mentioned: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employee Lunch Rooms and Public Dining Areas

	Yes	No	NA
1. Area free of pest activity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Floors clean and in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ceilings clean, free of water stains, and in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Walls clean and in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Areas free of clutter or other potential harborage areas:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Good housekeeping practices: no spillage or food debris:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Adequate caulking and sealing to prevent harborage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Tables, seats, and under booths clean:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Trash containers clean:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Other pest issues not mentioned: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vending Machine Areas

	Yes	No	NA
1. Area free of pest activity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Floors clean and in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ceilings clean, free of water stains, and in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Walls clean and in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Areas free of clutter or other potential harborage areas:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Good housekeeping practices: no spillage or food debris:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	NA
6. Other pest issues not mentioned: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Interior Common Areas (Hallways Gymnasium etc.)

	Yes	No	NA
1. Area free of pest activity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Floors clean and in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ceilings clean, free of water stains, and in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Walls clean and in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Area free of clutter or other potential harborage areas:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Proper lighting near exits to prevent attracting pests:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Trash removed daily:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Adequate caulking and sealing to prevent harborage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Floor drains clean and covers secured:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Other pest issues not mentioned: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Class Rooms and Storage Areas

	Yes	No	NA
1. Area free of pest activity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Floors Clean and in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ceilings Clean, free of water stains, and in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Walls Clean and in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Areas free of clutter or other potential harborage areas:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Trash removed daily:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Adequate caulking and sealing to prevent harborage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Food items properly stored:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Plumbing in in good repair and not leaking:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Other pest issues not mentioned : _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Administrative Office Areas

	Yes	No	NA
1. Area free of pest activity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Floors clean and in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ceilings clean, free of water stains, and in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Walls clean and in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Areas free of clutter or other potential harborage areas:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Trash removed daily:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Adequate caulking and sealing to prevent harborage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Food items properly stored:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Plumbing in in good repair and not leaking:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Other pest issues not mentioned: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Janitorial Closets, Utility Areas, and Restrooms

	Yes	No	NA
1. Area free of pest activity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Floors clean and in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ceilings clean, free of water stains, and in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Walls clean and in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Areas free of clutter or other potential harborage areas:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Trash removed daily:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Adequate caulking and sealing to prevent harborage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Plumbing in in good condition and not leaking:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Other pest issues not mentioned: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Summary:

PEST TRAP LOG

YEAR: _____

BUILDING, WING, OR OTHER SPECIFIC LOCATION: _____

TRAP #	LOCATION	PEST	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

TRAP #	LOCATION	PEST	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

TRAP #	LOCATION	PEST	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

TRAP #	LOCATION	PEST	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

TRAP #	LOCATION	PEST	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

Pest Sighting Report

Date: Specific location of pest sighting:

Name of person reporting:

Pest sighted:

Action taken:

Follow-up

Date: Person conducting follow-up:

Action taken:

Work order request number:

Referred to pest contractor: Yes No

Pest Sighting Report

Date: Specific location of pest sighting:

Name of person reporting:

Pest sighted:

Action taken:

Follow-up

Date: Person conducting follow-up:

Action taken:

Work order request number:

Referred to pest contractor: Yes No 79

Pest Sighting Log

Date: Room #: Pests: Date action taken: Issue close date: Work order#:

Action taken:

Action taken by:

Date: Room #: Pests: Date action taken: Issue close date: Work order#:

Action taken:

Action taken by:

Date: Room #: Pests: Date action taken: Issue close date: Work order#:

Action taken:

Action taken by:

Date: Room #: Pests: Date action taken: Issue close date: Work order#:

Action taken:

Action taken by:

Date: Room #: Pests: Date action taken: Issue close date: Work order#:

Action taken:

Action taken by:

Record of Pesticide Application

A. School/Licensed Day Care Center Information

School/Day Care Center Name:

Address

City State ZIP Code

B. Pesticide Applicator Information

Pesticide Company Name:

Address

City State ZIP Code

Business Licence Number:

Applicator Name:

C. Date and Areas of Application

Date of Application:

Areas to be treated to include room numbers, wings, etc.

Date of Notification:

Notification Requirements are covered in section 10.3. of the Structural Pest Control Act, section 3 (f) of the Lawn Care Products application and Notice Act and section Ensure all notification requirements are met before application.

D. Pesticides used

Pesticide	EPA Reg. Number	Areas Used	Exclusion Time
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>