

EXAMPLE PEST MANAGEMENT INSPECTION SHEET {not for termite (reference termite section of this document) or public health inspections}

Surveillance / Monitoring Checklist

DATE: _____

Inspector: _____

Facility # _____

Facility Mgr/ Supervisor: _____

Phone# _____

Name of Facility/ Building # _____

Exterior Areas

Yes/No (Circle)

Remarks

- | | | |
|-------------------------------|--------|-------|
| 1. Evidence of pests | Yes/No | _____ |
| 2. Rodent/ Insect exclusion | Yes/No | _____ |
| 3. Building exterior problems | Yes/No | _____ |
| 3. Weed Control/Overgrown | Yes/No | _____ |
| 4. Garbage area (clean) | Yes/No | _____ |
| 5. Drainage (standing water?) | Yes/No | _____ |

Diagram Problems:

Interior Areas

Cleanliness

- | | | |
|---------------------|--------|-------|
| Walls | Yes/No | _____ |
| Floors | Yes/No | _____ |
| Ceilings | Yes/No | _____ |
| Dishwashing Area | Yes/No | _____ |
| Food Prep Area | Yes/No | _____ |
| Food Storage Area | Yes/No | _____ |
| Break room | Yes/No | _____ |
| Utility Area | Yes/No | _____ |
| Office Area | Yes/No | _____ |
| Garbage Area | Yes/No | _____ |
| Excessive moisture | Yes/No | _____ |
| Visible Infestation | Yes/No | _____ |

Diagram Problems:

On Reverse Side:

Additional Comments

Action Item/Recommended treatment	ECD	ACD	Facility Manager Sign-off	Inspector Sign-off

Inspector Signature Date

Facility Mgr/ Supervisor Signature Date

NOTES: Exterior of building: any signs of open cracks/crevices, holes, leaking (visible or staining), damaged or missing weather striping, soffit missing/damaged, wood damage; poor water management (standing water, improper watering); debris; vegetation overgrown, growing into/on foundation or siding.

Interior of building: mud tubes, rub marks, scat/frass; open containers, infested stored goods; poor sanitation, organization needed.