

- INITIAL SERVICE
- REGULAR SERVICE
- EXTRA SERVICE



PEST MANAGEMENT & SITE INSPECTION REPORT

SERVICE PROPERTY AT	ACCOUNT	TELEPHONE	RT	GRID	SERVICE DATE	TIME IN	TIME OUT
OPERATOR NAME & CERTIFICATION NUMBER				SUPERVISOR NAME & CERTIFICATION NUMBER			

Service Areas & Conditions Observed

This integrated pest management report details where were pests found in and around the facility. The report also lists those steps you can take to help limit or minimize pest invasions. For each of the areas listed below, numbers represent the type of pest found in the area, and letters represent any conditions that may be contributing to a current, or possibly future pest infestation.

Interior Areas	Pests	Conditions	Food Areas	Pests	Conditions
<input type="checkbox"/> Offices	_____	_____	<input type="checkbox"/> Kitchen	_____	_____
<input type="checkbox"/> Lobby/Common Areas	_____	_____	<input type="checkbox"/> Dining Area	_____	_____
<input type="checkbox"/> Entryways	_____	_____	<input type="checkbox"/> Stove/Oven Line	_____	_____
<input type="checkbox"/> Rest/Locker Rooms	_____	_____	<input type="checkbox"/> Dishwashing Area	_____	_____
<input type="checkbox"/> Laundry	_____	_____	<input type="checkbox"/> Deli/Bakery	_____	_____
<input type="checkbox"/> Janitor Closets	_____	_____	<input type="checkbox"/> Processing Area	_____	_____
<input type="checkbox"/> Boiler/Furnace Room	_____	_____	<input type="checkbox"/> Packaging Area	_____	_____
<input type="checkbox"/> Basement	_____	_____	<input type="checkbox"/> Produce Area	_____	_____
<input type="checkbox"/> Storage Utility	_____	_____	<input type="checkbox"/> Food Storeroom	_____	_____
<input type="checkbox"/> Warehouse	_____	_____	Exterior Areas	_____	_____
<input type="checkbox"/> Patient Rooms	_____	_____	<input type="checkbox"/> Exterior - North	_____	_____
<input type="checkbox"/> ICU	_____	_____	<input type="checkbox"/> Exterior - South	_____	_____
<input type="checkbox"/> Linen Storage Rooms	_____	_____	<input type="checkbox"/> Exterior - East	_____	_____
<input type="checkbox"/> Guest Rooms	_____	_____	<input type="checkbox"/> Exterior - West	_____	_____
<input type="checkbox"/> Nurse Stations	_____	_____	<input type="checkbox"/> Loading Dock	_____	_____
<input type="checkbox"/> Meeting Rooms	_____	_____	<input type="checkbox"/> Dumpster	_____	_____
<input type="checkbox"/> Banquet Rooms	_____	_____	<input type="checkbox"/> Exterior Storage Rooms	_____	_____
<input type="checkbox"/> Display Aisles #	_____	_____	<input type="checkbox"/> Garage	_____	_____
<input type="checkbox"/> Trash Rooms	_____	_____	<input type="checkbox"/> Roof	_____	_____
<input type="checkbox"/> Other	_____	_____	<input type="checkbox"/> Other	_____	_____

1. German Cockroaches	5. Pavement Ants	9. Rats	13. Occasional Invaders	18. Web-Building Spiders
2. American Cockroaches	6. Carpenter Ants	10. Mice	14. Stored Product Pest	19. Brown Recluse Spiders
3. Oriental Cockroaches	8. Fire Ants	11. Silverfish	15. Wasp	20. Black Widow Spiders
4. Clothing Moths		12. Flies	16. Carpenter Bees	21. Pillbugs/Sowbugs
			17. Other	22. Other
A. Drain Clogged/Dirty	I. Water Leak	Q. Repair Water Damaged Wood	Y. Move Dumpster Away From Build	GG. Other
B. Food Debris Under Table	J. Mops Improperly Stored	R. Poor Storage Practices	Z. Dumpster Area Needs Cleaned	HH. Other
C. Food Debris On Shelf	K. Trash Containers Need Cleaning	S. Seal Exterior Cracks/Holes	AA. Keep Doors Closed	
D. Food Debris Under Appliance	L. Heavy Dust/Dirt Deposits	T. Remove Piles of Debris	BB. Repair Door/Screen	
E. Wet Organic Matter in Cracks	M. Numerous Cobwebs	U. Cut Tall Grass/Weeds	CC. Replace Door Sweeper	
F. Grease Deposits on Floor	N. Paper/Litter	V. Trim Back Tree/Shrub Branches	DD. Poor Outdoor Storage Practice	
G. Grease Deposits on Equipt.	O. Repair Floor/Tiles/Wall/Ceiling	W. Install Gravel Foundation Barrier	EE. Other	
H. Soiled Dishes Left Over Night	P. Seal Holes/Cracks in Walls	X. Improve Outside Drainage	FF. Other	

Building Pest History or Encounters-

Comments

Attach building floor plan & diagrams to this sheet

PROPERTY REPRESENTATIVE SIGNATURE	DATE	SERVICE PROFESSIONAL SIGNATURE	DATE
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VERSION 01/2022