



# Record Keeping and Monitoring Forms

The following forms should be used to record your school’s IPM data. These forms can be used as they are or modified to fit individual circumstances. Fill in pertinent information and keep these forms in your schools’ IPM logbooks.

## **IPM Contact Information**

Names and contact information for people involved in local school IPM. .... 131

## **Pest Sighting Log**

Pest reports from students and staff. The IPM coordinator responds to these entries in a timely fashion. Contracted pest control companies may also insert their own sighting log. .... 132

## **Pest Management Response**

Record of the action taken in response to pest sightings. Keep these in the IPM logbook. .... 133

## **Pesticide Application Log**

Every pesticide application made on school property should be recorded. Commercial applicators are required by law to keep records. If you work with contracted pest managers, include a copy of their application report in your IPM logbook. .... 134

## **IPM Inspection Checklist**

School personnel trained in IPM use this form to inspect specific areas. If problems are found, a Detailed Inspection Form is used track management activities. .... 135

## **Detailed Inspection Log**

Use this form to clarify problems noted on IPM checklists and monitoring forms and to track locations with recurrent problems. .... 137

## **IPM Monitoring Form**

This form can be used to monitor any area of school property—building interiors or exteriors, landscaping, turf, etc. If problems are noted, a Detailed Inspection Log is used track management activities. .... 138

## **Trap and Bait Monitoring Form**

Record the maintenance and collection data for all pest monitoring devices. Contracted pest control companies should provide their own map. Items on this form are located with the following Monitoring Maps. .... 139



## IPM Contact Information

**School District:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

School IPM Staff	Name/Position	Telephone/Fax	Schedule
IPM Coordinator			
Secondary IPM Contact			
Admin. Contact			
Other:			

**Pest Control Operator (PCO):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

PCO Staff	Name	Telephone/Fax	Schedule
Primary Technician			
Secondary Technician			
Supervisor			

# Pest Sighting Log

Facility: \_\_\_\_\_ IPM Coordinator: \_\_\_\_\_

Type of Pest or Description	Number of Pests Seen	Location Sighted	Time and Date of Sighting	Name of Person Making Report

## Pest Management Response

Facility: \_\_\_\_\_

Area/Room	Pest Problem	Action Taken	Person Responsible	Date/Time



## IPM Inspection Checklist

School Name: \_\_\_\_\_ Date/Time of Inspection: \_\_\_\_\_ Inspector: \_\_\_\_\_

### Building Exterior

Garbage storage area	_____	_____	_____
Garbage handling system	_____	_____	_____
Perimeter walls	_____	_____	_____
Roof areas	_____	_____	_____
Parking lot and/or drainage areas	_____	_____	_____
Weeds and surrounding landscape	_____	_____	_____
Rodent-proofing	_____	_____	_____
Other _____	_____	_____	_____

### Comments for Facilities/Maintenance

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Building Interior

Walls	_____	_____	_____
Floors	_____	_____	_____
Ceilings	_____	_____	_____
Floor drains	_____	_____	_____
Lighting	_____	_____	_____
Ventilation/Air handling equipment	_____	_____	_____
Other _____	_____	_____	_____

### Food Storage

Dry food storage area	_____	_____	_____
Damaged/spoiled dry food	_____	_____	_____
Empty container storage	_____	_____	_____
Refrigerated areas	_____	_____	_____
Overall sanitation	_____	_____	_____
Other _____	_____	_____	_____

## IPM Inspection Checklist

Food Prep/Distribution Areas	Satisfactory	Unsatisfactory	Comments for Facilities/Maintenance
Counter and surface areas	_____	_____	_____
Food serving lines	_____	_____	_____
Spaces around appliances/equipment	_____	_____	_____
Other _____	_____	_____	_____
<b>Other Kitchen Areas</b>			
Dishwashing areas	_____	_____	_____
Garbage/Trash areas	_____	_____	_____
Tray return area	_____	_____	_____
Storage areas for pots/pans/plates	_____	_____	_____
Other _____	_____	_____	_____
<b>Utility Areas and Bathroom</b>			
Sinks and waterclosets	_____	_____	_____
Custodian's closet/work area	_____	_____	_____
Other _____	_____	_____	_____
<b>Lunchroom area</b>			
Tables/Chairs	_____	_____	_____
Office areas	_____	_____	_____
Vending machine area	_____	_____	_____
Other _____	_____	_____	_____

*Recommendations to staff and faculty to aid in pest control:*

## Detailed Inspection Log

<b>School:</b>		<b>Date:</b>	<b>Time:</b>
<b>Area/Room Inspected:</b>		<b>Person Monitoring:</b>	
<b>Previous Problems:</b>		<b>Action Taken:</b>	
<b>Pests Observed and Estimated Number:</b>			
<b>Conditions Found: (i.e. sanitation problems, structural deficiencies)</b>			
<b>Recommended Actions:</b>			
<b>Assigned To:</b>			
<b>Comments:</b>			

# IPM Monitoring Form

Facility: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Person Monitoring: \_\_\_\_\_

Area	Pest Problem Found	Conditions	Recommendations



