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**Forms**

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The forms on the following four pages are intended to help school administrators and pest managers with record keeping and inspection activities.

Please photocopy and provide these forms to appropriate personnel or adapt them to fit the specific needs of your institution.

They include:

**Integrated Pest Management Pest Siting Log**

This form can be provided to teachers, maintenance staff, cafeteria personnel, and others as appropriate for your school's IPM plan. The pest manager will review this document at the beginning of each visit and respond appropriately.

**Integrated Pest Management Cafeteria Inspection Checklist**

The pest manager (or other personnel if appropriate) can use this form to ensure that the cafeteria receives a thorough inspection.

**Intent to Apply Pesticides**

It is important to make teachers and staff aware of any necessary pesticide applications. This form should be completed by the pest manager and submitted to the IPM Coordinator so that teachers and staff can be informed about upcoming pesticide applications in advance.

**Intent to Apply Pesticides**

Date: \_\_\_\_\_

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

Specific location in/near facility: \_\_\_\_\_

Type of pesticide (circle):      Insecticide                  Rodenticide                  Herbicide

Other: \_\_\_\_\_

Name of chemical and manufacturer: \_\_\_\_\_ EPA # \_\_\_\_\_

Day/date of pesticide application: \_\_\_\_\_ Time of day: \_\_\_\_\_

Length of time to stay off/out of treated area: \_\_\_\_\_

Name of certified applicator: \_\_\_\_\_

**.....COMPLETED FORM SHOULD BE SENT TO IPM COORDINATOR PRIOR TO TREATMENT.....**

**Intent to Apply Pesticides**

Date: \_\_\_\_\_

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

Specific location in/near facility: \_\_\_\_\_

Type of pesticide (circle):      Insecticide                  Rodenticide                  Herbicide

Other: \_\_\_\_\_

Name of chemical and manufacturer: \_\_\_\_\_ EPA # \_\_\_\_\_

Day/date of pesticide application: \_\_\_\_\_ Time of day: \_\_\_\_\_

Length of time to stay off/out of treated area: \_\_\_\_\_

Name of certified applicator: \_\_\_\_\_

**.....COMPLETED FORM SHOULD BE SENT TO IPM COORDINATOR PRIOR TO TREATMENT.....**

# Integrated Pest Management – Cafeteria Inspection Checklist

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

Condition	Satisfactory	Unsatisfactory	Comments for Facilities/Maintenance
<b>Building Exterior</b>			
1. Garbage storage area	_____	_____	_____
2. Garbage handling system	_____	_____	_____
3. Perimeter walls	_____	_____	_____
4. Perimeter windows/openings	_____	_____	_____
5. Roof areas	_____	_____	_____
6. Parking lot and/or drainage areas	_____	_____	_____
7. Weeds and surrounding landscape	_____	_____	_____
8. Rodent-proofing	_____	_____	_____
9. Other	_____	_____	_____
<b>Building Interior</b>			
1. Walls	_____	_____	_____
2. Floors	_____	_____	_____
3. Ceilings	_____	_____	_____
4. Floor drains	_____	_____	_____
5. Lighting	_____	_____	_____
6. Ventilation/air handling equip.	_____	_____	_____
7. Other	_____	_____	_____
<b>Food Storage</b>			
1. Dry food storage area	_____	_____	_____
2. Damages/spoiled dry food	_____	_____	_____
3. Empty container storage	_____	_____	_____
4. Refrigerated areas	_____	_____	_____
5. Overall sanitation	_____	_____	_____
6. Other	_____	_____	_____

(continued on next page)

**IPM – Cafeteria Inspection Checklist (continued)**

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

Condition	Satisfactory	Unsatisfactory	Comments for Facilities/Maintenance
<b>Food Preparation/Distribution Areas</b>			
1. Counter and surface areas	_____	_____	_____
2. Food serving lines	_____	_____	_____
3. Spaces around appliances/equip.	_____	_____	_____
4. Other	_____	_____	_____
<b>Other Kitchen Areas</b>			
1. Dishwashing area	_____	_____	_____
2. Garbage/trash areas	_____	_____	_____
3. Tray return area	_____	_____	_____
4. Storage area for pots/pans/plates	_____	_____	_____
5. Other	_____	_____	_____
<b>Utility Areas and Bathroom</b>			
1. Sinks and toilets	_____	_____	_____
2. Custodian's closet/work area	_____	_____	_____
3. Other	_____	_____	_____
<b>Lunchroom Area</b>			
1. Tables/chairs	_____	_____	_____
2. Office areas	_____	_____	_____
3. Vending machine area	_____	_____	_____
4. Other	_____	_____	_____

**Recommendation to cafeteria employees to aid in pest prevention:**

\_\_\_\_\_

\_\_\_\_\_

This report reviewed by \_\_\_\_\_ (Name) \_\_\_\_\_ (Title) \_\_\_\_\_ (Date)

Action taken: \_\_\_\_\_



**SAMPLE NOTICE OF PESTICIDE  
APPLICATION**

A Pesticide Application is planned for the  
Location(s) listed on this sign for:

\_\_\_\_\_

Date

**Do Not Enter Treated Areas from**

\_\_\_\_\_ **until** \_\_\_\_\_

Date and Time

Date and Time

**Location(s)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For more information contact:

(Name) \_\_\_\_\_

(Address) \_\_\_\_\_

(Phone) \_\_\_\_\_

Date Posted/by \_\_\_\_\_

Date Removed/by \_\_\_\_\_

**This sign is required by Act 36 of 2002 and must be posted at least 72 hours prior to any non-emergency pesticide application and remain in place for at least 48 hours following the application. For emergency pesticide applications this sign must be posted at the time of the application and remain in place for at least 48 hours from the conclusion of the application. To be removed by authorized personnel only.**

SAMPLE PEST CONTROL INFORMATION SHEET

Record of Pesticide/Herbicide/Fertilizer Application

DATE: \_\_\_\_\_

PLACE OF APPLICATION: \_\_\_\_\_

HOUR OF COMPLETION: \_\_\_\_\_

PRODUCT USED AND FORMULATION: \_\_\_\_\_

\_\_\_\_\_

EPA REGISTRATION # OF PRODUCT USED: \_\_\_\_\_

\_\_\_\_\_

RATE OF APPLICATION/HOW MUCH WAS USED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AMOUNT OF UNDILUTED MATERIAL USED: \_\_\_\_\_

\_\_\_\_\_

PERSON THAT APPLIED MATERIAL AND ID #: \_\_\_\_\_

\_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

\_\_\_\_\_

SIGNATURE

DATE