

# INTERGRATED PEST MANAGEMENT INSPECTION/ACTION FORM

## IPM INSPECTION

Campus: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Applicator: \_\_\_\_\_ Hours Spent: \_\_\_\_\_ Trips: \_\_\_\_\_

Specific Areas Inspected: \_\_\_\_\_

Observations: \_\_\_\_\_

Action Plan: \_\_\_\_\_

Devices Set on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      \_\_\_\_ / \_\_\_\_ / \_\_\_\_      \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## PEST MONITORING LOG

Devices checked on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      \_\_\_\_ / \_\_\_\_ / \_\_\_\_      \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Number/Type Pests Found: \_\_\_\_\_

Action Theshold Met: \_\_\_\_\_

Recommended Actions: \_\_\_\_\_

## PESTICIDE or HERBICIDE APPLICATION

Treatment Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Exterminator's Name/License #: \_\_\_\_\_

Campus/Specific Treat Area: \_\_\_\_\_

Posting On-Site Required: \_\_\_\_\_ No      \_\_\_\_\_ Yes      Posting Date/Time: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ : \_\_\_\_ m

Targeted Pest: \_\_\_\_\_

Pesticide/Herbicide Name: \_\_\_\_\_

Amount Used: \_\_\_\_\_

Percent Solution: \_\_\_\_\_

Product Category: \_\_\_\_\_ Green List      \_\_\_\_\_ Yellow List      \_\_\_\_\_ Red List

*Yellow or Rd list products require prior approval of IPM Coordinator!*

Follow-Up Observations: \_\_\_\_\_

### Signatures

Applicator: \_\_\_\_\_ IPM Coordinator: \_\_\_\_\_

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