



## Facilities Inspection Report

Name & Address of Facility: \_\_\_\_\_ Inspector: \_\_\_\_\_

Date Inspected: \_\_\_\_\_ Employed by: \_\_\_\_\_

### ***Exterior Perimeters***

	Yes	No	N/A
1. Evidence of pest activity	___	___	___
2. Pest harborage sites	___	___	___
3. Adequate garbage handling	___	___	___
proper garbage container design: lids that lock	___	___	___
adequate pickup frequency	___	___	___
trash disposal: proper storage of water(s)	___	___	___
4. Pavement free of cracks, good drainage/sloped away from building	___	___	___
5. Adequate weed control/mowing and trimming	___	___	___
6. Adequate perimeter rodent control	___	___	___
debris removed from building exterior	___	___	___
7. Adequate perimeter insect control	___	___	___
proper plant spacing from exterior walls	___	___	___
air doors	___	___	___
proper lighting: sodium vapor lamps (bug lights) or shielded incandescent bulbs at bldg. Entrances and loading dock(s) provide safe visibility.	___	___	___

Other comments:

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### ***Facility Exterior***

1. Adequate rodent-proofing	___	___	___
caulking around cracks in building exteriors	___	___	___
exterior pipes sealed	___	___	___
screens secured	___	___	___
2. Adequate insect-proofing	___	___	___
caulking around cracks in building exteriors	___	___	___
exterior pipes sealed	___	___	___
screens secured	___	___	___
3. Bird exclusion measures	___	___	___
caulking around cracks in building exterior	___	___	___
exterior pipes sealed	___	___	___
screens secured	___	___	___
4. Sufficient access to immediate exterior for cleaning purposes	___	___	___
5. Elevator and dumb waiter pits clean	___	___	___
good drainage	___	___	___
6. Gutter and ground drains clean and open traps filled	___	___	___

	Yes	No	N/A
7. Plumbing: sealed, not to permit pest entry no leaks or clogged drains	___	___	___
8. Ventilation: screens and vents clean	___	___	___
9. Air conditioning condensation: proper drainage clean drip tray(s)	___	___	___
10. Proper lighting sodium vapor lamps (bug light) or shielded incandescent bulbs at bldg. entrances and loading dock(s) provide safe visibility	___	___	___
Other comments:			
_____			
_____			
_____			

***Facility Interior***

1. Walls: proper materials and in good repair	___	___	___
2. Floors: clean and sealed	___	___	___
3. Ceilings: cleaned and sealed	___	___	___
4. Sufficient access to interior for cleaning purposes	___	___	___
5. Elevator pits: clean and dry	___	___	___
6. Floor drains: clean and secured covers floor sloped to center	___	___	___
7. Plumbing: in good repair pipes sealed to prevent pest entry	___	___	___
8. Adequate ventilation: sealed ventilation pipes to prevent pest entry	___	___	___
9. Condensation: water stains on ceiling air conditioning and refrigeration condensation lines open	___	___	___
10. Lighting: adequate for inspection and cleaning lamp guard over food areas sodium vapor lamps (bug lights) at entryways	___	___	___
Other comments:			
_____			
_____			
_____			

***Food Storage Areas***

Packaged and Dry Food Storage

1. Evidence of packaged and dry goods food being stored in air-tight containers	___	___	___
2. Evidence of pest activity	___	___	___
3. Proper warehousing practices: stock rotation containers and portable equipment 12-18 inches (30-46 cm) from floor metal or plastic shelves, platforms and pallets	___	___	___
4. Good housekeeping practices: no spillage/food debris on floor or equipment	___	___	___
5. Empty container storage: clean and neat	___	___	___

Damaged Goods Storage

6. Segregation: sealed and stored in a decontaminated area	___	___	___
7. Repackaging: only non-contaminated items sealed and/or double bagged	___	___	___
8. Proper housekeeping: regular cleaning	___	___	___

Yes No N/A

checking products to ensure packages and/or storage is sufficient to prevent pest entry

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

Returned Goods

9. Adequate handling program: separate disposal

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

Refrigeration and Freezer Area

10. Evidence of pest activity

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

11. Presence of condensation: properly plumbed

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

12. Adequate cleaning

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

13. Food goods on wheeled carts

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

14. No meats thawed on unraised trays

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

Other comments:

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

***Food Preparation Areas***

1. Enclosed areas accessible and clean

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

2. Voids under and behind equipment clean

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

3. Clean counter surfaces: above, below and under rims

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

4. Proper food storage: placed in air tight containers

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

5. Adequate flying insect traps: lamps replaced annually in spring

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

Other comments:

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

***Dishwashing Area***

1. All dishes, drains and screens cleaned nightly

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

2. Drums and pails on dollies or shelves

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

3. Mops and squeegees off the floor

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

4. All water areas free of leaks

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

5. Excess water removed and area dry

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

Other comments:

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

***Garbage and Trash Areas (Indoor)***

1. Adequate storage area

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

2. Cleaned frequently

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

3. Containers of proper design: use of plastic bags or lids that lock

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

4. Containers properly covered: lids that lock

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

5. Grease drums on dollies with appropriate covers and cleaned regularly

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

Other comments:

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**Yes      No      N/A**

***Restroom(s) and locker room(s)***

- 1. Adequate for number of employees
- 2. Sanitary and in good repair
- 3. Doors self-closing, do not open into food area(s)
- 4. Adequate ventilation
- 5. Lockers regularly inspected and cleaned
- 6. Laundry receptacles available

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Hand washing Facilities

- 7. Soap and towels available
- 8. Adequate trash receptacles

_____	_____	_____
_____	_____	_____

Other comments:

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***Employee Lunch Rooms and Public Dining***

- 1. Tables, seats, and under booths clean
- 2. Trash containers clean

_____	_____	_____
_____	_____	_____

Other comments:

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***Vending Machines***

- 1. Spillage or food debris
- 2. Pest activity present
- 3. Excess goods under and behind equipment

_____	_____	_____
_____	_____	_____
_____	_____	_____

Other comments:

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***Office Area***

- 1. Trash can liners: no debris or spillage under liners
- 2. Regular trash removal
- 3. No food stored at desks or eating in office areas

_____	_____	_____
_____	_____	_____
_____	_____	_____

Other comments:

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**Yes    No    N/A**

***Public Areas (Lounges and Reception Areas)***

- |  |     |     |     |
|--|-----|-----|-----|
| 1. Floors clean                          | ___ | ___ | ___ |
| 2. Equipment and counters clean          | ___ | ___ | ___ |
| 3. Pest harborage or evidence            | ___ | ___ | ___ |
| 4. Plantscape areas maintained pest free | ___ | ___ | ___ |
- Other comments:

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***Classrooms***

- |   |     |     |     |
|---|-----|-----|-----|
| 1. Sinks: free of water leaks, no dripping faucets      | ___ | ___ | ___ |
| 2. Food stuff: stored in lock sealed containers         | ___ | ___ | ___ |
| 3. Windows and corners free of cobwebs                  | ___ | ___ | ___ |
| 4. Evidence of cracks on walls or damaged ceiling tiles | ___ | ___ | ___ |

Evidence of Pest Activity: (list areas)

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Summary: (List all items that need repairing, cleaning or special attention)

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