

PEST INSPECTION/SANITATION REPORT

Date _____ Time: _____

Inspector _____ Inspection Type Initial Quality Control Routine

Evidence of Infestation(s)

Pest	Location(s)	Pest	Location(s)
Ants		Fleas	
Cockroaches		Stored Product Pests	
Mice		Pigeons	
Rats		Other	

Sanitation Survey

Food Preparation	Yes	No	Receiving	Yes	No
Equipment clean			Floors clean		
Appliance drip pans clean			Clutter		
Floors clean			Empty boxes stored in cold storage		
Floor drains clean			Empty boxes stored away from kitchen		
Sink drains clean			Student and Staff Areas		
Counters/Tables clean			Bathrooms clean		
Food stored in pest-proof containers			Plumbing leaks		
Perishables stored in refrigerator			Teacher's areas clean		
Garbage removed daily before closing			Food stored properly in teachers' areas		
Spillage cleaned regularly			Food stored in student, staff, or teacher desks		
Standing water			Trash removed daily before closing		
Plumbing leaks			Janitorial closet clean		
Windows/Door screened			Pest Proofing needed		
Gaps around/under doors or windows			Exterior		
Pest proofing needed			Garbage cans cleaned weekly		
Storage Areas			Garbage cans have lids		
Floors clean			Lids closed on garbage cans		
Floor drains clean			Garbage area downwind from kitchen		
Food stored in pest-proof containers			Garbage area clean		
Recyclables cleaned before storing			Garbage removed at least weekly		
Spillage cleaned regularly			Pet waste removed daily		
Items stored 6" to 8" off floor			Gaps under/around doors		
Items stored 12" to 18" away from wall			Area is trash- and weed-free		
Stock rotated			Standing water		
Clutter			Pest proofing needed		
Pest proofing needed			Outside eating area cleaned daily		
Other			Other		

Comments/Recommendations _____
