

# SCOPE Pest Exclusion and Harborage Index Assessment—Residential

Date:   /  /   Address: \_\_\_\_\_ UTM Locator  
 Inspector: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Northing: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_ Easting: \_\_\_\_\_  
 Housing Type: P/O \_\_\_\_\_ P/R \_\_\_\_\_ Sec8 \_\_\_\_\_ PHD \_\_\_\_\_ Commercial Food: Y / N

## People Involved

\_\_\_\_\_ Number of Units Senior Housing? Y / N  
 \_\_\_\_\_ Number of residents (approx.)

## Building and Area Characteristics *(Check all that apply)*

### Building

- Standalone Residential
  - Attached to Other Residential
  - Attached to Commercial
  - Multi use building
  - Multi-floor
- \_\_\_\_\_ # of floors

Anything unique?

### Foundation

- Basement
- Slab on grade
- Crawl space
- Dirt floor
- Combination

### Foundation Type

- Brick
- Stone
- Concrete hollow block
- Metal Sheath
- Poured concrete
- Pilings
- Other

### Roofing type

- Asphalt
- Shakes
- Tile
- Slate
- Spanish
- Flat
- Solar panels
- Membrane
- with gravel
- Metal
- Other
- Parapet
- Garden

### Siding and wall type

- Brick veneer
- Concrete
- Hollow block
- Precast
- Poured
- Wood
- Ornamental Façade
- Other
- Balloon vs
- Fire Stop
- Climbing plants?
- Other plants touching or overhanging building?  
How much?
- Metal cladding
- Insulated metal panels
- Stucco
- Mortar
- Synthetic
- Vinyl
- Composite concrete
- Contacting grade?

### Location of HVAC and Vents

- Roof
- Windows
- Active air
- Walls
- On ground
- Passive air

Data Entered:   /  /   Entered By: \_\_\_\_\_ Entry Number (from database): \_\_\_\_\_



## Sketch of property

Est. Structural Area (or Dimensions) : \_\_\_\_\_ Est. Property area: \_\_\_\_\_

Please sketch the foot print of the property –OR– attach documentation (fire suppression documentation or blueprints).  
Indicate location of possible exclusion faults, pest activity, conducive conditions, landscape or green scape features



Indicate  
North

Legend and other notes:



Aerial Image File: \_\_\_\_\_

Data Entered: \_\_ / \_\_ / \_\_

Entered By: \_\_\_\_\_

Entry Number (from database): \_\_\_\_\_

### Pest Observations

| Rodents      | Live                     | Dead                     | Burrow or Nest           | Runways                  | Rubmarks                 | Drop-pings               | Gnawing                  | How detected O/M/C/R (see below)  | Assoc. w Interior Fault Y/N                       | Assoc. w. Exterior Fault Y/N                      |
|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|---|---|
| Norway Rat   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| Roof Rat     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| House Mouse  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| Deer Mouse   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

| Pest (Please be specific as possible) | Live                     | Other signs              | How detected O/M/C/R (see below)  | Assoc. w Interior Fault Y/N                       | Assoc. w. Exterior Fault Y/N                      |
|---------------------------------------|--------------------------|--------------------------|---|---|---|
|                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
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Other Details (Specify pest)

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**Codes:**

- O: Observed during inspection
- M: In Monitoring traps
- C: Complaints from pests noted
- R: Mentioned in records

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