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 Threshold 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 Red list products require prior approval of IPM Coordinator!

Follow‐Up Observations:

Signatures

Applicator: IPM Coordinator:

Date: Date: