**INTEGRATED PEST MANAGEMENT - PEST TRACKING FORM**

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| --- | --- |
| **School** |  |
| **Address** |  |
| **Date notified** |  |
| **Investigator** |  |
| **Pest problem****(Describe what is occurring and where)** |  |

**STEP 3 and/or 4 – BIOLOGICAL CONTROL OR LEAST TOXIC METHOD**

Problem:

Solution:

Did this resolve the problem? Yes No If no, why not?

**STEP 2 – MECHANICAL – PHYSICAL CONTROLS**

Problem:

Solution:

Did this resolve the problem? Yes No If no, why?

**STEP 1 – SANITATION**

Problem:

Solution:

Did this resolve the problem? Yes No If no, why?