

PEST CONTROL

Inspection / Treatment

FOR AGENCIES DOING INTERNAL CONTROL

Agency Name _____ ID # _____

- May be done by professional pest control or internally by agency staff or volunteers, but must be documented (date, by whom, nature of control or treatment, findings)
- Agency must maintain written records that can be submitted to Second Harvest annually
- To be scheduled regularly (weekly preferred, but at least quarterly)
- Must include pro-active measures (e.g., glue boards, traps that are checked weekly)
Specify pro-active measure(s) used _____
- Cannot include use of toxic substances in close proximity to foods (e.g., **NO** sprays, hanging fly strips)

Date

By Whom

Type of inspection / treatment / findings
