### Written IPM Plan: (Collect Copy)
1. The name, address, contact person(s) that are familiar with the plan for the facility is indicated
   - Yes
   - No
2. The name, address, business registration number of the service provider is indicated
   - Yes
   - No
3. The name(s) and certification number(s) of the certified supervisor(s) and certified operator(s) that will perform the services at the facility are indicated
   - Yes
   - No
4. A schedule of service is outlined
   - Yes
   - No
5. Key areas to be monitored are identified and the method of monitoring is described
   - Yes
   - No
6. There is a description of how and where records will be maintained
   - Yes
   - No
7. There is a description of how pest problems and written recommendations will be communicated
   - Yes
   - No
8. The objectives of the program and the IPM options to be implemented are included in the plan
   - Yes
   - No
9. Action/threshold level for key pests is identified
   - Yes
   - No
10. A pesticide use hierarchy has been developed accordingly
    - Yes
    - No
11. An IPM program quality appraisal schedule is indicated
    - Yes
    - No
12. Has the written plan been revised or the program re-implemented where necessary
    - Yes
    - No

### IPM Program Records: (Collect copies for 3-6 months of service)
13. Does the format of the pesticide application/inspection reports used provide for a method to communicate recommendations to the facility?
    - Yes
    - No
14. Are the inspection reports accurate and complete?
    - Yes
    - No
15. The service schedule that is described in the written plan has been maintained.
    - Yes
    - No
16. There is a map or graph indicating the placement of monitoring devices traps and/or bait stations?
    - Yes
    - No
17. The map or graph is revised when necessary
    - Yes
    - No
18. Is there a Pest Sighting Log?
    - Yes
    - No
19. Pesticide label information and MSDS for pesticides listed in the use hierarchy are on file?
    - Yes
    - No
20. Is the existing record keeping system providing for good communication between the PCO and facility?
    - Yes
    - No

### IPM Program Implementation:
21. Does the technician check the pest sighting log each time service is provided?
    - Yes
    - No
22. Appropriate key areas are monitored routinely?
    - Yes
    - No
   If not, describe:
   ________________________________________________________________________________
23. Does the technician request access to locked areas where regular monitoring is necessary?
    - Yes
    - No
24. Does the technician refer to the graph of monitor placements when conducting monitoring inspections?
    - Yes
    - No
25. Are the monitoring devices that are used appropriate for the program being implemented?
    - Yes
    - No
26. Is the quantity of devices used appropriate for the area(s) being monitored?
    - Yes
    - No
27. Are the devices placed properly?
    - Yes
    - No
28. Are the monitoring devices dated each time they are checked?
    - Yes
    - No
29. Does the technician make note of the pests caught? What was caught? How many?
    - Yes
    - No
   List the time in/out and service dates for service calls performed within the past three months:

<table>
<thead>
<tr>
<th>Service Date</th>
<th>Time In/Out</th>
<th>Service Date</th>
<th>Time In/Out</th>
<th>Service Date</th>
<th>Time In/Out</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td></td>
<td>4)</td>
<td></td>
<td>7)</td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td></td>
<td>5)</td>
<td></td>
<td>8)</td>
<td></td>
</tr>
<tr>
<td>3)</td>
<td></td>
<td>6)</td>
<td></td>
<td>9)</td>
<td></td>
</tr>
</tbody>
</table>
30. Is the average amount of time indicated appropriate for the level of service described in the written IPM plan and the needs of the facility?  
Yes  No

31. Does the technician make written recommendations to eliminate favorable conditions for pests?  
Yes  No

32. Does the technician repeat recommendations if favorable conditions have not been eliminated?  
Yes  No

33. Do the recommendations indicate an accurate assessment of the conditions at the facility?  
Yes  No

34. If pesticides have been applied, were pests present?  
N/A  Yes  No

35. Did the pest population meet or exceed the action level(s) outlined in the written IPM plan?  
N/A  Yes  No

36. Was the pesticide a “first choice” pesticide as indicated in the pesticide use hierarchy?  
N/A  Yes  No

37. Were all IPM options utilized prior to pesticides being applied?  
N/A  Yes  No

**FACILITY INSPECTION:**

1. Is the facility manager or other designated person familiar with the written plan?  
Yes  No

2. Did the facility manager review and approve the plan prior to implementation?  
Yes  No

3. Is the pest sighting log being used by staff/residents of the facility?  
Yes  No

4. Is someone available at the facility to unlock areas for the PCO when necessary?  
Yes  No

5. Does the facility manager or designated person sign the inspection report?  
Yes  No

6. Have steps been taken to eliminate conditions that are favorable for pest problems?  
Yes  No

7. Have all recommendations been followed?  
Yes  No

8. IPM options that have been rejected and the reasons for their rejection have been indicated in writing  
Yes  No

9. Has the written plan been revised or the program re-implemented where necessary?  
Yes  No

**KITCHEN:**

<table>
<thead>
<tr>
<th>Sanitation</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
</table>

**FOOD STORAGE**

<table>
<thead>
<tr>
<th>Sanitation</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate space allowed for visual inspection &amp; monitor placement</td>
<td>Excellent</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
</tr>
</tbody>
</table>

**EMPLOYEE LOUNGE/CAFETERIA**

<table>
<thead>
<tr>
<th>Sanitation</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
</table>

**OFFICE**

<table>
<thead>
<tr>
<th>Sanitation</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
</table>

**BOILER ROOM**

<table>
<thead>
<tr>
<th>Sanitation</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
</table>

**PERIMETER OF BUILDING/DUMPSTER AREA**

<table>
<thead>
<tr>
<th>Sanitation</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structural Maintenance</td>
<td>Excellent</td>
<td>Good</td>
<td>Fair</td>
<td>Poor</td>
</tr>
</tbody>
</table>

**OTHER:**

<table>
<thead>
<tr>
<th>Sanitation</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
</table>

Comments:

Comments on performance of PCO:

Comments on performance of the participating facility:

**PCO Score __________  Facility Score __________  Passing score = 85% or better**

**PCO Representative Signature: ________________________**

**Facility Manager or Designee Signature/Title: ________________________**

**DEP Inspector: ________________________  Date: ________________________**

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