

Pest Inspection Report

Service

Location: _____

Exterior

Sanitation

<i>Pests Present</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Perimeter of building; kept free of vegetation, debris, clutter</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Exterior/structure; in good repair, windows/doors/screens in good repair, holes and cracks repaired and/or caulked</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Dumpster area; neat, contained, not overflowing, doors closed</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Loading dock; free of debris, doors closed</i>

Comments/Actions Needed: _____

Kitchen

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Walls/ceilings; clean, free of grease, mold, etc.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Floors; clean including underneath appliances, free of grease residue, food particles</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Food prep area; sanitary, cleaned daily, no food left out or accessible</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Food processing equipment including ovens, fryers & grills; cleaned frequently, free of food and grease residue, well maintained</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Refrigeration units; clean interiors, proper storage containers, no items stored on top/side</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Dishwashing area; clean, no dirty dishes/utensils left unattended, no leaks/puddles</i>

Comments/Actions Needed: _____

Other

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Trash area; free of debris, trash properly stored, receptacles frequently cleaned</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Storage areas; items elevated off the floor, away from the wall, removed from cartons</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Dining areas; tables/floors clean, free of food debris, condiment/salad bar clean</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Restrooms; sanitary, floors, sinks, counters clean, no leaking faucets, drains, etc.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Classrooms; neat, clutter free, no food stored or left out</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Locker rooms; clutter free, showers/drains cleaned, no leaks/puddles</i>

Comments/Actions Needed: _____

Inspector: _____ Date: _____ Next Scheduled Inspection: _____

Client Signature: _____