



# IPM Site Plan Form for the 10 Service Visits

**Instructions:** Use this form to document your 10 IPM service visits for at least 3 customer sites before you schedule an office visit with the EcoWise Inspector. Use a separate form for each customer site.

Date of Initial Inspection \_\_\_\_\_ Certified IPM Practitioner completing form \_\_\_\_\_

Pest Control Co. \_\_\_\_\_ Customer Site \_\_\_\_\_

Commercial  Residential  Other \_\_\_\_\_

## 1. Inspection

Customer interviewed for history of pest problem(s) & information recorded

Site inspected and pest(s) identified: Target Pest(s): \_\_\_\_\_

Conducive conditions recorded  Discussed findings with customer

Discussed tolerance levels with customer. Rate customer's tolerance level for each pest: \_\_\_\_\_

2. Initial Treatment to directly suppress pest: \_\_\_\_\_

3. Prevention Recommendations: Mark appropriate choices on Reverse side of this form.

## 4. Treatment Record

Date	Treatment Site <small>(use codes on reverse)</small>	Treatment Method <small>(use codes on reverse)</small>	Equipment Used <small>(use codes on reverse)</small>	Product		Check if not on Program List	Quantity (# of devices or amt. of concentrate— specify measure: oz., lbs. pt., qt. gal.)
				PRODUCT NAME	EPA/CA Reg. #		
						<input type="checkbox"/>	
<input type="checkbox"/> Follow-up: Date _____ Actions taken:							
						<input type="checkbox"/>	
<input type="checkbox"/> Follow-up: Date _____ Actions taken:							
						<input type="checkbox"/>	
<input type="checkbox"/> Follow-up: Date _____ Actions taken:							
<input type="checkbox"/> Follow-up: Date _____ Actions taken:							

5. Information about pest/treatment communicated to/left with customer: \_\_\_\_\_

6. Describe method of evaluating and monitoring the success of the IPM plan & customer satisfaction \_\_\_\_\_

7. Please attach site maps and/or diagrams of this property.

OVER ➡



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**Prevention** (Choose appropriate prevention techniques and mark party responsible for implementation)

CUST	PCO	1. TO LIMIT FOOD	CUST	PCO	2. TO LIMIT HABITAT/HARBORAGE	CUST	PCO	3. TO LIMIT ACCESS
<input type="checkbox"/>	<input type="checkbox"/>	a. Improve general cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	a. Move wood piles away from structure	<input type="checkbox"/>	<input type="checkbox"/>	a. Seal holes in structure outside
<input type="checkbox"/>	<input type="checkbox"/>	b. Vacuum and/or mop floors	<input type="checkbox"/>	<input type="checkbox"/>	b. Remove brush and/or rock piles	<input type="checkbox"/>	<input type="checkbox"/>	b. Seal holes in structure inside
<input type="checkbox"/>	<input type="checkbox"/>	c. Store food (incl. pet & bird food) in pest-proof containers or in refrig	<input type="checkbox"/>	<input type="checkbox"/>	c. Eliminate areas of excessive moisture	<input type="checkbox"/>	<input type="checkbox"/>	c. Trim tree and shrub branches 3' to 6' away from structure—leave a clean border around foundation
<input type="checkbox"/>	<input type="checkbox"/>	d. Remove or seal up garbage at night.	<input type="checkbox"/>	<input type="checkbox"/>	d. Fix plumbing and irrigation leaks	<input type="checkbox"/>	<input type="checkbox"/>	d. Weatherstrip doors and/or windows
<input type="checkbox"/>	<input type="checkbox"/>	e. Clean garbage cans/garbage area	<input type="checkbox"/>	<input type="checkbox"/>	e. Seal up cracks and crevices	<input type="checkbox"/>	<input type="checkbox"/>	e. Add screens
<input type="checkbox"/>	<input type="checkbox"/>	f. Clean recyclables before storing	<input type="checkbox"/>	<input type="checkbox"/>	f. Bring order to storage areas	<input type="checkbox"/>	<input type="checkbox"/>	f. Repair screens
<input type="checkbox"/>	<input type="checkbox"/>	g. Clean recycling area	<input type="checkbox"/>	<input type="checkbox"/>	g. Eliminate clutter, esp. near sinks, stoves & refrigerators	<input type="checkbox"/>	<input type="checkbox"/>	g. Add door sweeps or otherwise fix gaps under doors
<input type="checkbox"/>	<input type="checkbox"/>	h. Keep tight-fitting lids on garbage cans and dumpsters when not in use and at night	<input type="checkbox"/>	<input type="checkbox"/>	h. Eliminate long expanses of dense, ground cover	<input type="checkbox"/>	<input type="checkbox"/>	h. Add kickplates
<input type="checkbox"/>	<input type="checkbox"/>	i. Remove and clean pet dishes after pets eat	<input type="checkbox"/>	<input type="checkbox"/>	i. Trim tree and shrub branches 3' to 6' away from structure—leave a clean border around foundation	<input type="checkbox"/>	<input type="checkbox"/>	i. Seal HVAC units
<input type="checkbox"/>	<input type="checkbox"/>	j. Treat, trim or remove vegetation with honeydew producing insects (aphids, scales, mealybugs)	<input type="checkbox"/>	<input type="checkbox"/>	j. Remove standing water	<input type="checkbox"/>	<input type="checkbox"/>	j. Cover air vents with 1/4" hardware cloth
<input type="checkbox"/>	<input type="checkbox"/>	k. Remove pet droppings outside	<input type="checkbox"/>	<input type="checkbox"/>	k. Remove debris from gutters	<input type="checkbox"/>	<input type="checkbox"/>	x. Other _____
<input type="checkbox"/>	<input type="checkbox"/>	l. Clean up fallen fruit and nuts outside	<input type="checkbox"/>	<input type="checkbox"/>	l. Remove debris from roof	<input type="checkbox"/>	<input type="checkbox"/>	y. Other _____
<input type="checkbox"/>	<input type="checkbox"/>	m. Clean up spilled bird seed outside	<input type="checkbox"/>	<input type="checkbox"/>	x. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	z. Other _____
<input type="checkbox"/>	<input type="checkbox"/>	x. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	y. Other _____			
<input type="checkbox"/>	<input type="checkbox"/>	y. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	z. Other _____			
<input type="checkbox"/>	<input type="checkbox"/>	z. Other _____	<input type="checkbox"/>	<input type="checkbox"/>				

SITE = Site where treatment applied	METHOD = Treatment method used	EQUIPMENT = Equip. used for chemical appl.
<b>RESIDENTIAL</b> 1. Kitchen 2. Living Room 3. Bathrooms 4. Bedrooms 5. Dining room 6. Den 7. Utility room 8. Basement/crawl space 9. Outside 10. Attic 11. Roof/gutters IDENTIFY OTHER AREAS NOT LISTED 12. _____ 13. _____ 14. _____	<b>NON-CHEMICAL</b> 50. Inspection only 51. General cleaning 52. Vacuuming 53. Steam cleaning 54. Pest exclusion work 55. Insect sticky trap placement 56. Snap trap placement 57. Multiple-catch trap placement 58. Glue board placement 59. Live trap placement 60. Rodent monitoring block/non-toxic tracking powder placement 61. Other _____ 62. Other _____ 63. Other _____	200. Insect bait station 201. Hand duster 202. Power duster 203. Insect bait applicator 204. Aerosol can 205. Paint brush application 206. Compressed sprayer 207. ULV machine 208. Rodent bait station 209. Other _____ 210. Other _____ 211. Other _____ 212. Other _____
<b>COMMERCIAL</b> 20. Product areas 21. Rest rooms 22. Storage 23. Offices 24. Classrooms 25. Meeting rooms 26. Areas occupied by people 27. Food consumption areas 28. Food prep areas 29. Recreation 30. Dumpster 31. Exterior 32. Basement or crawl space IDENTIFY OTHER AREAS NOT LISTED 33. _____ 34. _____ 35. _____	<b>CHEMICAL</b> 70. Insect bait placement 71. Void treatment 72. Treatment to other inaccessible area 73. Treatment to area humans would not normally contact 74. Spot treatment <u>outdoors</u> (2ft. sq. max.) 75. Rodenticide placement 76. Other _____ 77. Other _____ 78. Other _____ 79. Other _____ 100. Method not allowed in the <i>Standards</i> and requiring Notice of Deviation. Describe: _____ _____	300. Power sprayer