

IPM IN SCHOOLS  
Inspection Checklist

<b>At a glance assessment - Key questions indicating an IPM program is in progress</b>	
Do you have an IPM Specialist?	Y N
Do you have an IPM policy?	Y N
Do you have an IPM committee?	Y N
Are you a member of a state IPM coalition?	Y N
Do you apply scheduled pesticide treatments?	Y N
Do you have an inspection schedule?	Y N
Do you have a monitoring program?	Y N
Do you use pest sighting logs?	Y N
Do you distribute the Pest Press?	Y N
Do you provide continuing education regarding pest issues?	Y N

1. **School name & district:**

2. **Audit Participants:**

3. **School site details (names, phone numbers and/or e-mails):**

- Principal: \_\_\_\_\_
- Age of School: \_\_\_\_\_
- Area (ft<sup>2</sup>): \_\_\_\_\_
- Number of students: \_\_\_\_\_
- Director of Operations: \_\_\_\_\_
- IPM Specialist: \_\_\_\_\_
- Building Manager: \_\_\_\_\_
- Grounds Supervisor: \_\_\_\_\_
- Number of custodians: \_\_\_\_\_
- Contractual custodians: \_\_\_\_\_
- Kitchen manager: \_\_\_\_\_
- On-site food preparation: \_\_\_\_\_
- School nurse: \_\_\_\_\_
- Pest Management Company: \_\_\_\_\_

- Waste Management: \_\_\_\_\_
- Perceived pests: \_\_\_\_\_
- Observed pests: \_\_\_\_\_
- On-site food preparation:: \_\_\_\_\_
- Baits: \_\_\_\_\_
- Monitor traps: \_\_\_\_\_
- Pest sighting logs: \_\_\_\_\_
- Training programs: \_\_\_\_\_
- Pest management education for staff/faculty: \_\_\_\_\_
- Information systems: \_\_\_\_\_
- Sanitation: \_\_\_\_\_
- Pest Press: \_\_\_\_\_

**1. Building Exterior**

**Areas to inspect:**

- |  |                                    |  |  |
|--|------------------------------------|--|--|
| <input type="checkbox"/> Windows & screens | <input type="checkbox"/> Dumpsters | <input type="checkbox"/> Trash cans    | <input type="checkbox"/> Food areas & tables |
| <input type="checkbox"/> Trees & shrubbery | <input type="checkbox"/> Turf      | <input type="checkbox"/> Covered areas | <input type="checkbox"/> Eves & walls        |
| <input type="checkbox"/> Lights            | <input type="checkbox"/> Conduits  | <input type="checkbox"/> Cold seems    | <input type="checkbox"/>                     |




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