

# PEST CONTROL LOG

MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

## NOTES

- There should be at least 4 inspections per month, averaging once a week.
- All items indicated as “NO” must be documented on **Page 2** and/or an attached document.
- Pest Control logs must be kept for 1 year.
- Inspection should be conducted in all areas of facility, including rooms where food is not stored.

INSPECTION	1		2		3		4	
	DATE OF INSPECTION		_____		_____		_____	
<b>BUILDING</b>								
6-inch space between product and wall?	YES	NO	YES	NO	YES	NO	YES	NO
Floors and wall in good repair	YES	NO	YES	NO	YES	NO	YES	NO
<b>INFESTATION EVIDENCE</b>								
No chew marks on boxes?	YES	NO	YES	NO	YES	NO	YES	NO
No holes and gnaw marks?	YES	NO	YES	NO	YES	NO	YES	NO
No animal droppings/urine?	YES	NO	YES	NO	YES	NO	YES	NO
No animal tracks or trails?	YES	NO	YES	NO	YES	NO	YES	NO
No heavy musky odor?	YES	NO	YES	NO	YES	NO	YES	NO
No evidence of bird roosting or nesting?	YES	NO	YES	NO	YES	NO	YES	NO
No animal sightings?	YES	NO	YES	NO	YES	NO	YES	NO
White strip area is clean? <i>(if applicable)</i>	YES	NO	YES	NO	YES	NO	YES	NO

### FOOD LIFELINE TIP

If you find signs of infestation, see the Grocery Rescue Manual for rules on product disposal.  
If you need a new copy, please reach out to the Grocery Rescue team.

## IF USING BAIT BOXES AND/OR TRAPS

<b>BAIT BOXES</b>								
Still in set location/position?	YES	NO	YES	NO	YES	NO	YES	NO
No activity in/around box?	YES	NO	YES	NO	YES	NO	YES	NO
Bait condition still intact?	YES	NO	YES	NO	YES	NO	YES	NO
Device is clean and ready for use?	YES	NO	YES	NO	YES	NO	YES	NO
<b>TRAPS (MULTI-CATCH AND SNAP)</b>								
Still in set location/position?	YES	NO	YES	NO	YES	NO	YES	NO
No rodents in trap?	YES	NO	YES	NO	YES	NO	YES	NO
No damaged to trap or not wound?	YES	NO	YES	NO	YES	NO	YES	NO
Device is clean and ready for use?	YES	NO	YES	NO	YES	NO	YES	NO
Inspection date on trap?	YES	NO	YES	NO	YES	NO	YES	NO

INSPECTION 1 INCIDENT(S)

Report By \_\_\_\_\_ Date \_\_\_\_\_ Location(s) \_\_\_\_\_

Describe the incident and what actions were taken

INSPECTION 2 INCIDENT(S)

Report By \_\_\_\_\_ Date \_\_\_\_\_ Location(s) \_\_\_\_\_

Describe the incident and what actions were taken

INSPECTION 3 INCIDENT(S)

Report By \_\_\_\_\_ Date \_\_\_\_\_ Location(s) \_\_\_\_\_

Describe the incident and what actions were taken

INSPECTION 4 INCIDENT(S)

Report By \_\_\_\_\_ Date \_\_\_\_\_ Location(s) \_\_\_\_\_

Describe the incident and what actions were taken