

# Pest Control Checklist

Facility Name / Location

Date of Inspection

Inspector's Name

## INSTRUCTIONS:

This checklist is designed to evaluate compliance with pest control measures in your facility. Carefully review each item and mark the corresponding checkbox to indicate compliance or note any observations and areas that require attention. Use the "Notes/Observations" section to provide additional details, necessary improvements, and any required follow-up.

## PEST CONTROL PROGRAM

Pest Control Plan: Verify that the facility has a written pest control plan in place.

Yes

No

NA

Pest Control Provider: Check if the facility contracts with a licensed and reputable pest control provider.

Yes

No

NA

Schedule of Service: Ensure that pest control services are scheduled regularly.

Yes

No

NA

Observations / Notes /  
Corrective actions, if any:

## PEST MONITORING

Monitoring Devices: Verify that pest monitoring devices (e.g., traps, baits) are strategically placed.

Yes

No

NA

Inspection Records: Check if pest inspection records are maintained and up to date.

Yes

No

NA

Pest Activity Reports: Ensure that reports on pest activity are reviewed and acted upon.

Yes

No

NA

Observations / Notes /  
Corrective actions, if any:

## EXCLUSION MEASURES

Facility Entry Points: Check if potential pest entry points are sealed or adequately protected.

Yes

No

NA

Screens and Doors: Verify that doors and windows have screens and are properly maintained.

Yes

No

NA

Air Curtains: Ensure that air curtains are functional at all designated entrances.

Yes

No

NA

Observations / Notes /  
Corrective actions, if any:

## STORAGE AND WASTE MANAGEMENT

Storage Practices: Check that stored products are kept off the floor and away from walls.  Yes  No  NA

Waste Disposal: Verify that waste is properly contained and disposed of regularly.  Yes  No  NA

Waste Storage: Ensure that waste storage areas are clean and sealed to prevent pest access.  Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## SANITATION

Cleaning Procedures: Verify that cleaning procedures include pest-prone areas.  Yes  No  NA

Food Residue Removal: Check if food residue is promptly and thoroughly cleaned to deter pests.  Yes  No  NA

Standing Water: Ensure that standing water is eliminated to prevent pest breeding.  Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## EMPLOYEE TRAINING

Pest Awareness Training: Check that employees receive training on identifying and reporting pest issues.  Yes  No  NA

Reporting Procedures: Ensure that employees know how to report potential pest problems.  Yes  No  NA

Record of Training: Verify that training records are maintained and up to date.  Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## CHEMICAL USE

Pesticide Application: Verify that pesticides are used safely and according to label instructions.  Yes  No  NA

Restricted Areas: Check if areas treated with pesticides are appropriately marked and restricted.  Yes  No  NA

Pesticide Storage: Ensure that pesticides are stored securely and separate from food items.  Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## DOCUMENTATION

Pest Control Records: Verify that all pest control activities and inspections are documented.

Yes  No  NA

Corrective Actions: Check if corrective actions for identified pest issues are documented and implemented.

Yes  No  NA

Trend Analysis: Ensure that pest control records are periodically analyzed for trends.

Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## NOTES / OBSERVATIONS

[Insert any additional notes or Pest Control checklist observations made during the inspection]

## STATEMENT OF INSPECTION

I hereby certify that I have conducted the above Pest Control checklist and that the facility has been assessed for compliance with pest control measures. Any identified issues have been documented, and necessary improvements have been recommended.

Inspector's Name :

Date :

Signature :

## APPROVED BY

Name :

Date :

Signature :