

E. Pest Control Program for Buildings

Instructions: For each type of pest being controlled, specify the pest control method used. This Form is to be completed annually. Make additional copies as necessary and complete as Page _ of _ to indicate more than one page if required.

Completed by: _____ Date: _____ Page _____ of _____

Building ID # / Name: _____

Pest	Control Method and Description	Person Responsible									
Birds	Around building exterior <input type="checkbox"/> Deterrent or other devices (specify) _____										
	Inside building <input type="checkbox"/> Deterrent or other devices (specify) _____										
Rodents	Around building exterior (perimeter) <input type="checkbox"/> Bait (specify type) _____ <input type="checkbox"/> Traps (specify type) _____ <input type="checkbox"/> Chemicals (specify below) <table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <tr> <td style="width:40%;">Name of chemical</td> <td style="width:20%;">PCP #</td> <td style="width:40%;">Concentration</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <input type="checkbox"/> Other (specify) _____	Name of chemical	PCP #	Concentration							
	Name of chemical	PCP #	Concentration								
Inside building <input type="checkbox"/> Traps (specify type) _____ <input type="checkbox"/> Other (specify) _____											
Insects	Around building exterior <input type="checkbox"/> Bait (specify type) _____ <input type="checkbox"/> Traps (e.g., glue boards, sticky traps) _____ <input type="checkbox"/> Chemicals (specify below) <table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <tr> <td style="width:40%;">Name of chemical</td> <td style="width:20%;">PCP #</td> <td style="width:40%;">Concentration</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <input type="checkbox"/> Other (specify) _____	Name of chemical	PCP #	Concentration							
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Confirmation/Update Log:

Date						
Signature						