

Pest Control Inspection Checklist

General Property Information

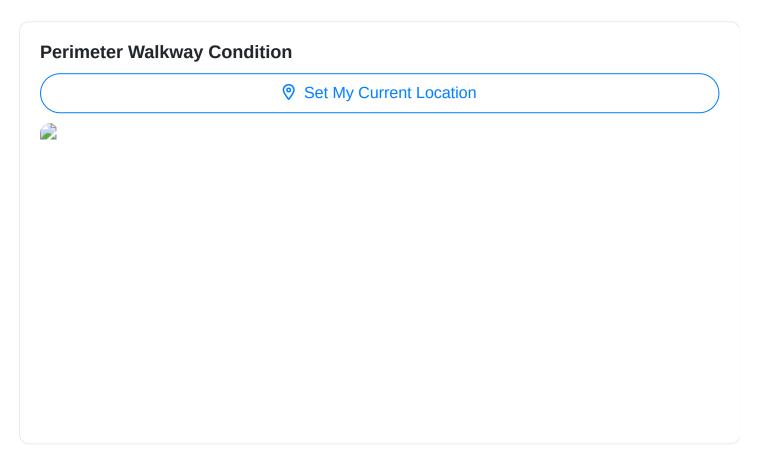
Details about the property being inspected.

Property Name	
Write something	
Property Address	
Write something	
Contact Person	
Write something	
Building Size (sq ft)	
Enter a number	
Date of Last Pest Control Service	
Enter date	

Property Type Residential	
Commercial	
☐ Industrial ☐ Mixed Use	
Previous Pest Issues (if any)	
Write something	

Exterior Inspection

Assessment of the exterior of the building and surrounding grounds.



Evidence of Rodent Droppings Near Entrances? Yes No Unsure
Number of Cracks/Gaps in Foundation Enter a number
Photos of Exterior Damage (cracks, gaps, etc.) L Upload File
Vegetation Overgrowth? Yes No Minor Significant
Notes on Standing Water or Moisture Issues Write something
Evidence of Bird Nesting? Yes No Unsure

Write something		
terior Inspe	ction - Common Areas	
_	allways, stairwells, restrooms, and other shared spaces.	
Evidence of Roden	s Observed?	
Droppings		
Gnaw Marks		
Nests		
Tracks		
Urine Odor		
None Observed		
Evidence of Insects	Observed?	
Cockroaches		
Ants		
Flies		
Spiders		
Beetles		
Termites		
Other (Specify in Lo	ng Text)	
None Observed		
Detailed Observatio	ns (Common Areas)	
Write something		

Condition of Floor Drains Clean and Clear Partially Blocked Blocked Requires Cleaning
Number of Sticky Traps Checked Enter a number
Enter a number
Condition of Lighting Fixtures Intact Cracked/Broken Missing Bulbs Requires Repair
Notes on Odors (e.g., musty, chemical)
Write something
Interior Inspection - Tenant Spaces (if applicable) Inspection of individual tenant spaces (with permission and access).
Tenant Cooperation?
☐ Cooperative☐ Uncooperative☐ Not Accessible

Potential Pest Issues Reported by Tenant? Rodents Insects (specify type) Birds
Other (specify) None Reported
Tenant Description of Pest Concerns (if any)
Write something
Evidence of Rodents? Yes No Unsure
Evidence of Insects? Yes No Unsure
Specific Insect Types Observed (if any) Write something

Number of Insect Traps Found (if any) Enter a number	
Roof & Attic Inspection (if accessible)	
ssessment of roof and attic areas for signs of pest activity.	
Date of Last Roof Inspection (if known)	
Write something	
Roof Material	
Asphalt Shingles	
☐ Metal	
☐ Tile	
Flat/Membrane	
Other (Specify in LONG_TEXT)	
Describe Roof Condition (e.g., damage, leaks, debris)	
Write something	

Evidence of Pest Activity Observed (Check all that apply) Droppings Nests Damage to Wood Runways Live Insects/Rodents None Observed
Approximate Attic Temperature (°F) Enter a number
Ventilation Adequacy Adequate Insufficient Not Applicable
Specific areas of concern in the attic/roof (if any) Write something
Attach photos of roof/attic (Optional) L Upload File

Kitchen/Food Storage Areas

Detailed inspection of areas where food is prepared, stored, or handled.

Presence of Food Debris? Yes No Unsure
Condition of Food Storage Containers? Intact & Sealed Damaged/Cracked Missing Lids
Potential Food Sources Observed (check all that apply) Open Food Packages Standing Water Uncovered Trash Cans Spilled Food None
Temperature of Food Storage Areas (°F) Enter a number
Details of Food Storage Practices (e.g., FIFO, proper labeling) Write something

Condition of Floor Drains Clean & Clear Obstructed Odor Present
Photos of any food storage concerns
□ Upload File □ U
Mechanical/Utility Rooms
Inspection of areas housing equipment such as HVAC units, plumbing, and electrical systems.
Describe condition of HVAC units (cleanliness, debris, etc.)
Write something
Evidence of pests near HVAC units?
Rodents
Insects
☐ Birds ☐ None Observed
Temperature of utility room (degrees Fahrenheit)
Enter a number

Write something	
Evidence of rodent droppings near plumbing?	
Yes No Unsure	
Upload photo of utility room (optional)	
♣ Upload File	
Any unusual odors detected in the utility room?	
Write something	

Pest Identification & Evidence

Record of pests observed and signs of their presence.

Observed Pest Types Ants Cockroaches Rodents (Mice/Rats)
☐ Flies☐ Mosquitoes☐ Bed Bugs☐ Termites☐ Other (Specify in LONG_TEXT)
Other Pest Types (If selected)
Write something
Evidence of Pest Activity (Droppings, Damage, etc.)
Write something
Estimated Pest Population (if visible)
Enter a number
Specific Locations of Pest Activity
Write something

Photos/Video Evidence		
♣ Upload File		
Potential Entry Points		
Write something		
Recommendations & Corrective Actions		
Suggested actions to control and prevent pest infestations.		
Detailed Recommendations for Exterior Sealing		
Write something		
Recommendations for Vegetation Management		
Recommendations for Vegetation Management Write something		
Write something Suggest Treatment Methods (check all that apply)		
Write something Suggest Treatment Methods (check all that apply) Baiting		
Write something Suggest Treatment Methods (check all that apply)		
Write something Suggest Treatment Methods (check all that apply) Baiting Insect Growth Regulators (IGRs)		

Recommended Bait Station Density (per 1000 sq ft)		
Enter a number		
Date for Follow-Up Inspection		
Enter date		
Specific Product Recommendations (e.g., product name, EPA #)		
Write something		
Tenant Communication Plan (How will tenants be notified of treatments/issues?)		
Write something		
Prioritization of Actions (High/Medium/Low) High Medium		

Summary & Conclusion

Overall assessment of the pest control situation and recommendations for ongoing maintenance.

Write something	
	<u> </u>
Severity of Infestation (if any)	
None	
Minor	
Moderate	
Severe	
Summary of Findings and Recommendations	
Write something	
Date of Next Scheduled Inspection	
Enter date	
Estimated Cost of Recommended Corrective Actions (if applicable)	
Enter a number	
Inspector's Signature	
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