

Certificate of Completion

IS HEREBY GRANTED TO

John Gilbert



For completing the

OSU School IPM Coordinator Training, West Salem 2018

The Oregon State University School IPM Program.

This training is an OSU-approved training course that satisfies the ORS 634.720 6-hour training requirement for school IPM coordinators.



**Oregon State
University**

Tim Stock

Tim Stock, OSU School IPM Program
Coordinator, OSU

7/26/2018

Date

Pest Vulnerable Areas (PVAs)	Monitor Placement Area
X X 1. Kitchen/cafeteria	Dry storage and pantry, dishwasher area, near external cafeteria doors, near floor drains, within the lower panels of serving counters
X X 2. Staff lounge	Behind vending machines, in counter or drawer, behind microwave, behind or next to refrigerator
X 3. Custodian's storage	Under shelving, near floor sink, near external door (if present)
X 4. Reported hot zones from pest sighting log	Under counters, sinks, near windows
5. Special Education or kindergarten classrooms	Near food preparation area and backpack storage, under sink
6. Home economics, life skills classrooms	Near stove or refrigerator, near washer/dryer, under counter
7. Stage areas	Under stage storage, in equipment room
X 8. Locker areas	Under lockers
9. Concession stands	Under counters, behind or next to equipment
10. Classrooms with animals/plants	Near pet food or plants
11. Cluttered classrooms	Remove clutter, monitor in storage areas, under sinks
12. Bathrooms (optional)	Near external doors, near cracks and crevices, near utility pipes without escutcheon plates
13. Nurses station (optional)	Under desk, under sink, near external door

Annual IPM Inspection Form

(Pests and Pest Conducive Conditions Checklist)

School District Falls City School Dist. #57

School or Site	<u>High School</u>
Date	<u>June 12, 2019</u>
Inspected by	<u>John W. Gilbert</u>

Entryways	Yes	No	Not Sure	N/A
Doors closed when not in use	X			
Doors shut tight and close on their own	X			
Door sweeps installed so no 1/4" gaps	X			
Cracks & crevices around door are sealed	X			

If pests are present in the area, write what kind here Elm Beetles

Notes:

Outside Areas	Yes	No	Not Sure	N/A
Area free from trash, old vehicles, other pest attractants	X			
All trash cans have secure lids	X			
Trash cans cleaned regularly	X			
Site has good drainage and is free from standing water	X			
Bushes, shrubs, trees at least 18" from building		X		
Tree branches not overhanging roof	X			
All dumpsters located away from building	X			
All dumpsters clean	X			
No gaps between windows or screens and frame	X			
Eaves and roofs free from birds, wasps, etc.	X			
Play structures free from wasp harborage areas				X

If pests are present in the area, write what kind here Honey Bees

Notes:

Teachers Lounge	Yes	No	Not Sure	N/A
Room is free of cloth couches and chairs	X			
It's clean behind and under microwave	X			
It's clean under and behind vending machines				1
It's clean inside, under, and behind the refrigerator	X			
All counters clean and free of food bits and such	X			
Floor at every corner is clean and without signs of pests	X			
Under sink is kept clean	X			
Cupboards clean and any food is in sealed containers	X			
Free of unauthorized pesticides	X			
Pest monitors (sticky traps) are present and dated		X		
Pest log is posted		X		

If pests are present in the area, write what kind here N/K

Notes:

Classrooms or Offices	Room #	Yes	No	Not Sure	N/A
Free of unauthorized pesticides					
Free of clutter					
Indoor plants healthy and free of pests					
Desks, closets, and cubbies clean and free of food, clutter					
All food items are stored in sealed plastic containers					
Animal or bird cages are clean in and around the area					
Any pet food is stored in sealed plastic containers					
Sinks are free of dripping or standing water					
Gaps or holes under sinks or counters have been sealed					
Holes or gaps to the outside are sealed					
Outside windows and doors close tight and have no gaps					
Window screens (if any) are in good repair					
Nothing (except short-term) is stored in cardboard boxes					

If pests are present in the area, write what kind here _____

Notes:

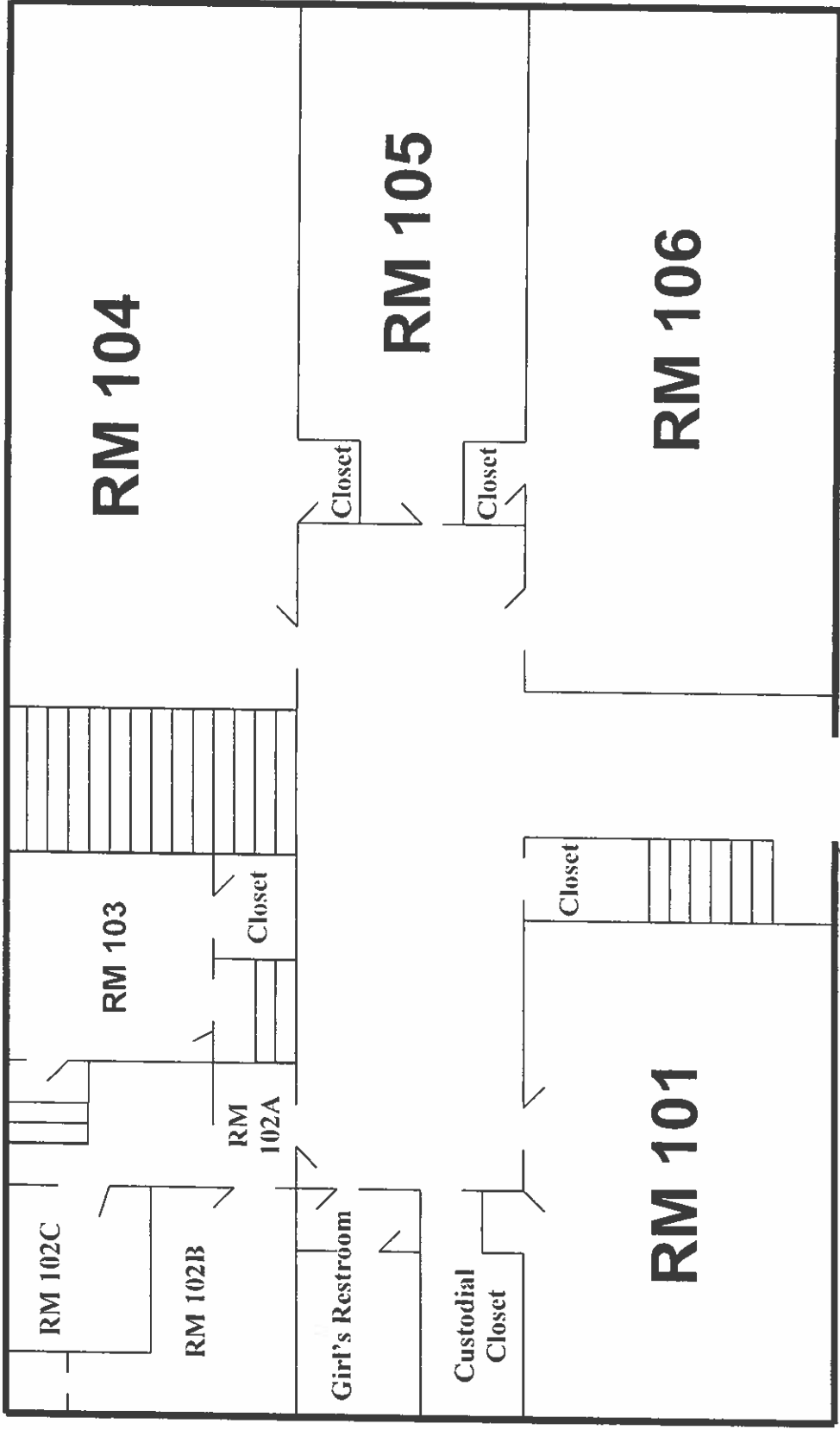
B2a

Kitchen and Food Preparation Area	Yes	No	Not Sure	N/A
Free of unauthorized pesticides	X			
Trash emptied daily	X			
Door sweeps installed so no 1/8" gaps	X			
Floor at every corner is clean and without signs of pests	X			
Area is free of standing water	X			
Floor drains and floor sinks are clean				—
All faucets close properly and have no leaks or drips	X			
Under stoves, sinks, and dishwasher kept clean	X			
No open holes or other access to outside	X			
Any cracks in walls or floors are sealed properly	X			
Windows have screens on them	X			
Vents are free of grease and dirt				—
Storage is kept off the floor on wire rack shelving		X		
Food is put away and stored properly in sealed containers	X			
Cardboard boxes present	X			
No long term storage of anything in cardboard boxes	X			
Pest monitors (sticky traps) are present and dated		X		
Pest log is posted		X		
Breaker boxes free of evidence of pests	X			

If pests are present in the area, write what kind here N/K

Notes:

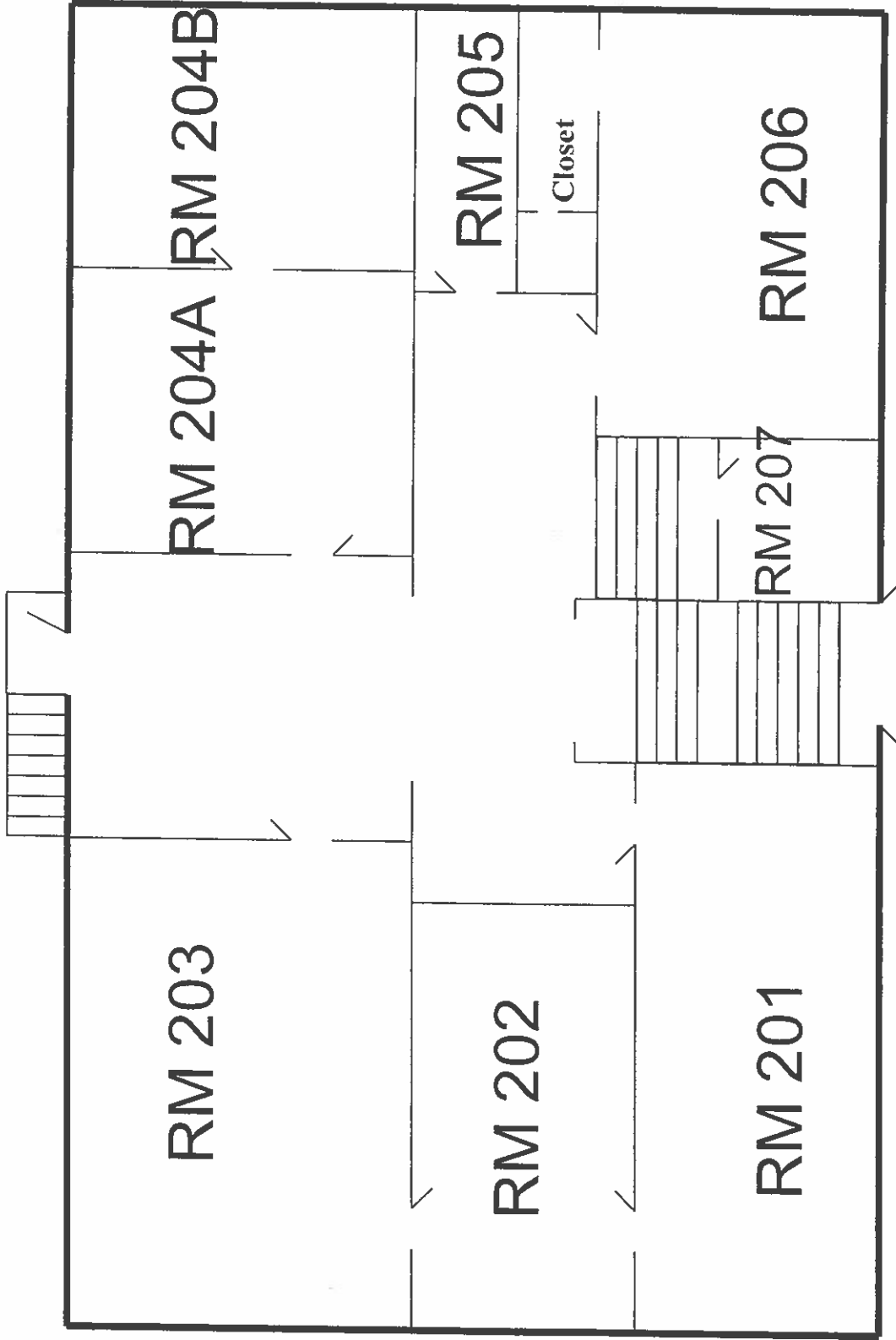
High School



Rev: 12/2015

First Floor
Street Side

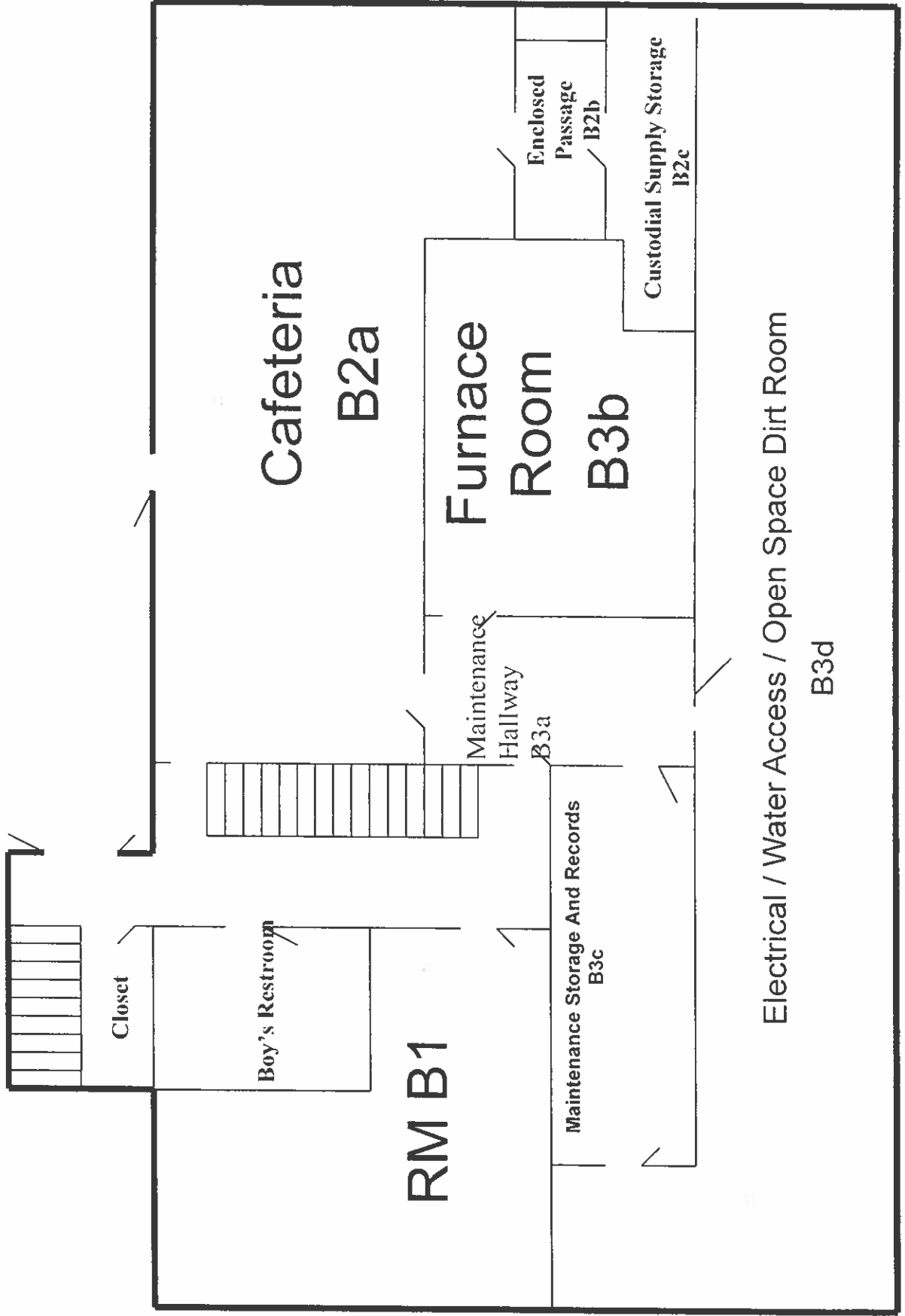
High School



Rev: 12/2015

Second Floor
Street Side

High School



B a s e m e n t

Rev: 1022015

DATA FROM SCHOOL DISTRICT (first part)

Name of School District Falls City School Dist. #57

Pests, pest-conductive conditions, actions taken, Costs (taken from pest logs):

Number of Pest Sightings Reported:

Small ants 3
Bats 0
Cockroaches 0
Spiders 5
Yellow Jackets 2
Other —

Number and Type of Pest Conducive Conditions:

Standing water in Kitchen 0
Window screens missing or torn 0
Gap under external door 0
Other —

Number of Actions Taken:

Sanitation – Cleaned up Area 3
Reduced Clutter 0
Set rodent traps 0
Sealed up hole or crack 0
Fixed screen 0
Installed external door sweep 0
Pesticide Application 0

Breakdown of prevention and management steps taken that proved to be ineffective and led to the decision to make a pesticide application:

Pest Problem and Date(s) N/A

Prevention and Management Steps and Date(s):

cleaned maple syrup off of floor.

Why Prevention and Management Steps Ineffective:

N/A

Pesticide Applied and Date: 0

DATA FROM SCHOOL DISTRICT (second part)

Costs (from Pest Logs):

Sticky traps 30.⁰⁰

Mouse traps 12.⁰⁰

Rat traps 0

Pest Management Professional 0

Pesticides 0

Total: 42.⁰⁰

Costs (from Grounds Records):

Propane Fuel for flame weeders 0

Mole Traps 0

Pest Management Professional 0

Pesticides 0

Total: 0

Date of Application ____ / ____ / ____
Month Day Year

N/A JNA

School _____

PESTICIDE APPLICATION RECORD

This form meets all pesticide record-keeping requirements for schools in Oregon. **Note additional attachments required.**

Applicator

Name	Phone	
License No.	Certificate No.	
Address		
City	State	Zip Code

Pesticide Product Used

Product (Brand) Name	EPA Registration No
Product type (granular, liquid, etc.)	

Attach following documents

Pesticide Label MSDS Copies of all required notices, including dates the notices were given

Date and time for placement and removal of warning signs	Placement:	Removal:
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Application Information

Time began	Time ended		
Temp	Wind Speed & Direction		
Amount of Product Applied			
Total Product Volume or Weight	Total Area of Application(s) (acres, feet, etc.)		
Product Concentration (amount per area; note units)			
Location(s) of application			
Type of Application			
Backpack <input type="checkbox"/>	Bait <input type="checkbox"/>	Boom Sprayer <input type="checkbox"/>	Crack/Crevice <input type="checkbox"/>
Other (describe)			
Did the application prove effective? Explain:			

Annual IPM Inspection Form

(Pests and Pest Conducive Conditions Checklist)

School District Falls City School Dist. #57

School or Site	<u>Lib. / Sci. Bldg.</u>
Date	<u>June 12, 2019</u>
Inspected by	<u>John W. Helbit</u>

Entryways	Yes	No	Not Sure	N/A
Doors closed when not in use	X			
Doors shut tight and close on their own	X			
Door sweeps installed so no 1/4" gaps	X			
Cracks & crevices around door are sealed	X			

If pests are present in the area, write what kind here N/A

Notes:

Outside Areas	Yes	No	Not Sure	N/A
Area free from trash, old vehicles, other pest attractants	X			
All trash cans have secure lids	X			
Trash cans cleaned regularly	X			
Site has good drainage and is free from standing water	X			
Bushes, shrubs, trees at least 18" from building		X		
Tree branches not overhanging roof		X		
All dumpsters located away from building	X			
All dumpsters clean	X			
No gaps between windows or screens and frame	X			
Eaves and roofs free from birds, wasps, etc.	X			
Play structures free from wasp harborage areas				—

If pests are present in the area, write what kind here N/A

Notes:

Other Room: <i>Library</i>	Yes	No	Not Sure	N/A
Free of unauthorized pesticides	X			
Room is free of standing water	X			
Room is free of trash and food	X			
Room is free of storage, especially in cardboard boxes	X			
Any food items are stored in sealed plastic containers				—
Free of clutter	X			
Cracks or holes in floors and walls are sealed properly	X			
Outside windows and doors close tight and have no gaps	X			
Window screens (if any) are in good repair	X			

If pests are present in the area, write what kind here N/A

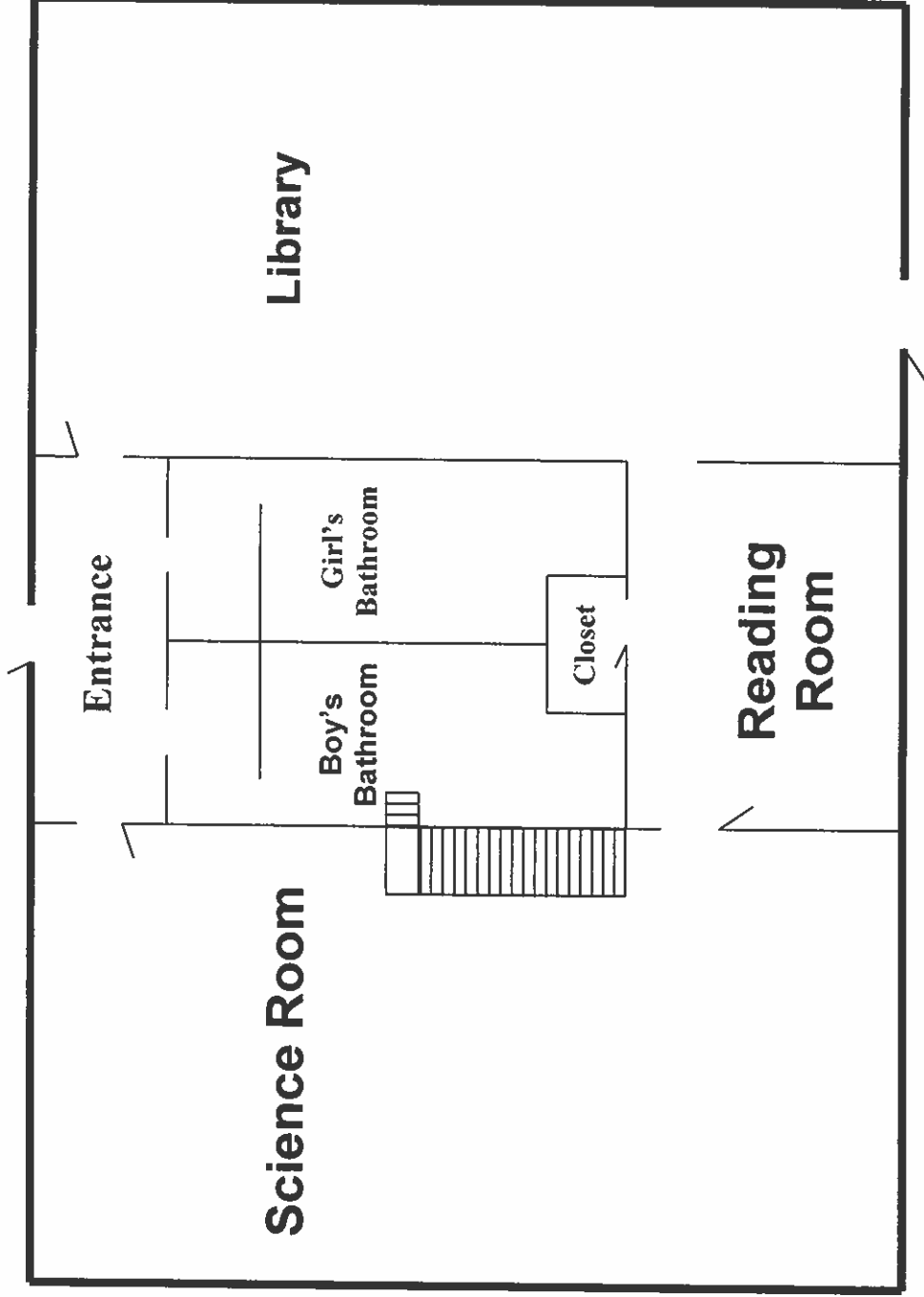
Notes:

Other Room: <i>Science Rm.</i>	Yes	No	Not Sure	N/A
Free of unauthorized pesticides	X			
Room is free of standing water	X			
Room is free of trash and food	X			
Room is free of storage, especially in cardboard boxes	X			
Any food items are stored in sealed plastic containers	X			
Free of clutter	X			
Cracks or holes in floors and walls are sealed properly	X			
Outside windows and doors close tight and have no gaps	X			
Window screens (if any) are in good repair	X			

If pests are present in the area, write what kind here N/A

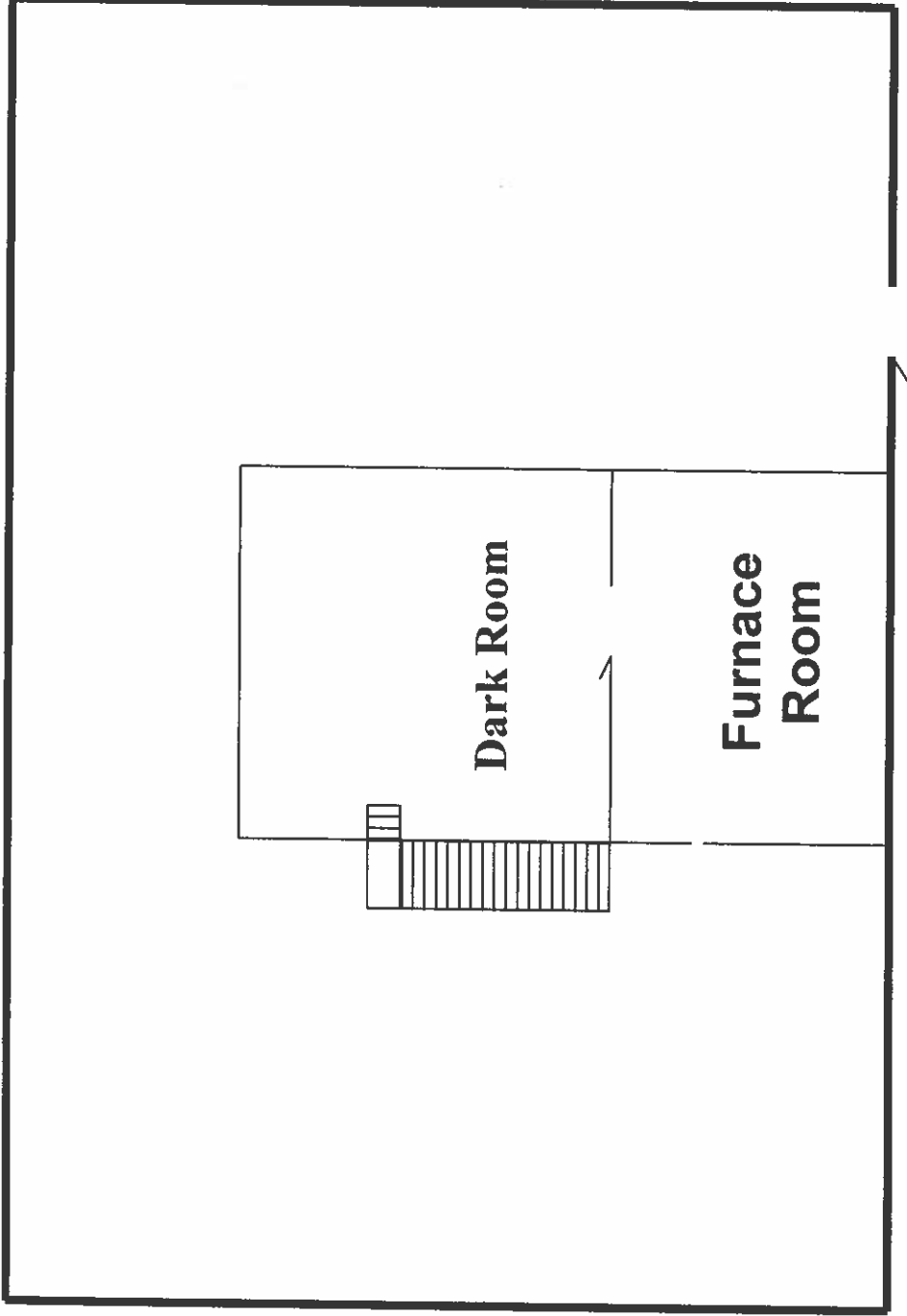
Notes:

Lib. / Sci. Floor Plan



Rev: 10/2008

Lib. / Sci. Floor Plan



Rev: 10/2008

DATA FROM SCHOOL DISTRICT (first part)

Name of School District Falls City School Dist #57

Pests, pest-conductive conditions, actions taken, Costs (taken from pest logs):

Number of Pest Sightings Reported:

Small ants 4
Bats 0
Cockroaches 0
Spiders 3
Yellow Jackets 2
Other —

Number and Type of Pest Conducive Conditions:

Standing water in Kitchen N/A
Window screens missing or torn 0
Gap under external door 0
Other 0

Number of Actions Taken:

Sanitation – Cleaned up Area 2
Reduced Clutter 1
Set rodent traps 0
Sealed up hole or crack 1
Fixed screen 0
Installed external door sweep 0
Pesticide Application 0

Breakdown of prevention and management steps taken that proved to be ineffective and led to the decision to make a pesticide application:

Pest Problem and Date(s) N/A

Prevention and Management Steps and Date(s): N/A

Why Prevention and Management Steps Ineffective:

Pesticide Applied and Date: N/A

DATA FROM SCHOOL DISTRICT (second part)

Costs (from Pest Logs):

Sticky traps 10.⁰⁰

Mouse traps 8.⁰⁰

Rat traps 0

Pest Management Professional 0

Pesticides 18.⁰⁰

Total: ←

Costs (from Grounds Records):

Propane Fuel for flame weeders 0

Mole Traps 0

Pest Management Professional 0

Pesticides 0 N/A

Total: 0

Date of Application _____ / _____ / _____
Month Day Year

N/A

School _____

PESTICIDE APPLICATION RECORD

This form meets all pesticide record-keeping requirements for schools in Oregon. **Note additional attachments required.**

Applicator

Name

Phone

License No.

Certificate No.

Address

City

State

Zip Code

Pesticide Product Used

Product (Brand) Name

EPA Registration No

Product type (granular, liquid, etc.)

Attach following documents

Pesticide Label

MSDS

Copies of all required notices, including dates the notices were given

Date and time for placement and removal of warning signs

Placement:

Removal:

Application Information

Time began

Time ended

Temp

Wind Speed & Direction

Amount of Product Applied

Total Product Volume or Weight

Total Area of Application(s) (acres, feet, etc.)

Product Concentration (amount per area; note units)

Location(s) of application

Type of Application

Backpack

Bait

Boom Sprayer

Crack/Crevice

Other (describe)

Did the application prove effective? Explain:

Annual IPM Inspection Form

(Pests and Pest Conducive Conditions Checklist)

School District Falls City School Dist. #57

School or Site	<u>Gym</u>
Date	<u>June 12, 2019</u>
Inspected by	<u>John W. Alby</u>

Entryways	Yes	No	Not Sure	N/A
Doors closed when not in use	X			
Doors shut tight and close on their own	X			
Door sweeps installed so no 1/4" gaps	X			
Cracks & crevices around door are sealed	X			

If pests are present in the area, write what kind here N/K

Notes:

Outside Areas	Yes	No	Not Sure	N/A
Area free from trash, old vehicles, other pest attractants	X			
All trash cans have secure lids	X			
Trash cans cleaned regularly	X			
Site has good drainage and is free from standing water	X			
Bushes, shrubs, trees at least 18" from building		X		
Tree branches not overhanging roof		X		
All dumpsters located away from building	X			
All dumpsters clean	X			
No gaps between windows or screens and frame	X			
Eaves and roofs free from birds, wasps, etc.	X			
Play structures free from wasp harborage areas	X			

If pests are present in the area, write what kind here N/K

Notes:

Other Room: <i>Team Room</i>	Yes	No	Not Sure	N/A
Free of unauthorized pesticides	X			
Room is free of standing water	X			
Room is free of trash and food	X			
Room is free of storage, especially in cardboard boxes	X			
Any food items are stored in sealed plastic containers				<i>1</i>
Free of clutter	X			
Cracks or holes in floors and walls are sealed properly	X			
Outside windows and doors close tight and have no gaps	X			
Window screens (if any) are in good repair	X			

If pests are present in the area, write what kind here *N/A*

Notes:

Custodial and Custodial Closets	Yes	No	Not Sure	N/A
Area is free of unauthorized pesticides	X			
Mops are clean and hanging up when not in use	X			
Closets are free of trash and food	X			
Custodial closets are in good order and organized	X			
Trash cans and maid carts are emptied daily and clean	X			
Break area is clean and free of food, crumbs and trash				—
Storage areas free of items stored in cardboard boxes	X			
Break area free of cloth covered couches and chairs				—
Custodians are trained in the IPM process	X			
IPM records (including pest logs, monitoring trap data, pest management actions, etc.) are on file	X			

If pests are present in the area, write what kind here N/K

Notes:

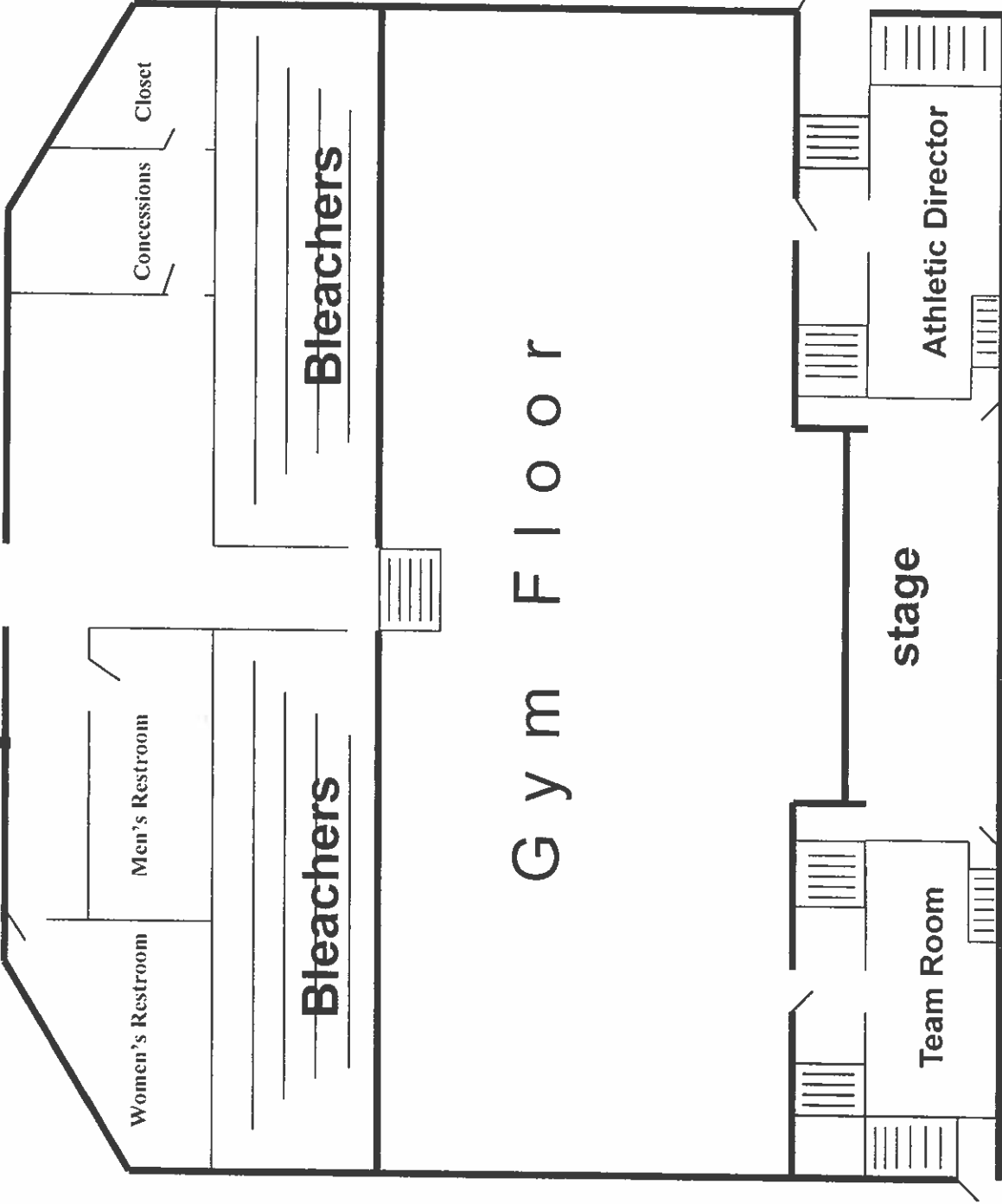
Boiler Rooms and Fan Rooms	Yes	No	Not Sure	N/A
Free of unauthorized pesticides	X			
Room is free of standing water	X			
Room is cleaned regularly	X			
Room is free of trash and food	X			
Room is free of storage, especially in cardboard boxes	X			
Floor drains are clean				—
Plumbing is free of leaks and condensation	X			
Cracks or holes in floors and walls are sealed properly	X			
Outside air intakes are properly screened & free of trash	X			

If pests are present in the area, write what kind here N/K

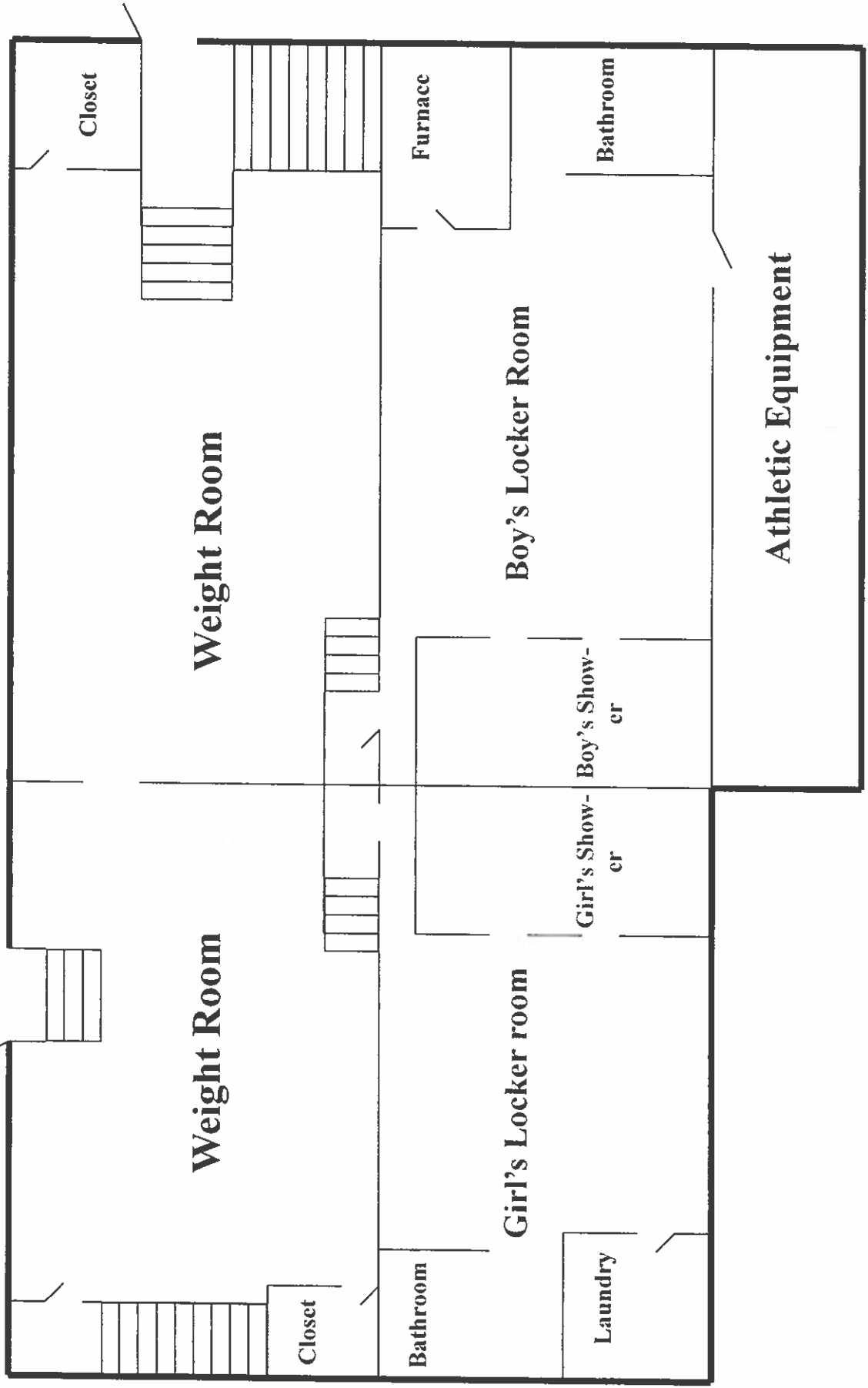
Notes:

Gym III

Top Floor



Gym Bottom Floor



DATA FROM INDIVIDUAL SCHOOL (first part)

Name of School Falls City School Dist. #57

Pests, pest-conducive conditions, actions taken, Costs (taken from pest logs):

Number of Pest Sightings Reported:

Small ants 3
Bats 0
Cockroaches 0
Spiders 4
Yellow Jackets 0
Other Honey Bees

Number and Type of Pest Conducive Conditions:

Standing water in Kitchen 0
Window screens missing or torn 0
Gap under external door 1
Other —

Number of Actions Taken:

Sanitation – Cleaned up Area 0
Reduced Clutter 0
Set rodent traps 0
Sealed up hole or crack 0
Fixed screen 0
Installed external door sweep 0
Pesticide Application 0

Breakdown of prevention and management steps taken that proved to be ineffective and led to the decision to make a pesticide application:

Pest Problem and Date(s) N/A

Prevention and Management Steps and Date(s):

0

Why Prevention and Management Steps Ineffective:

Pesticide Applied and Date: 0 0 N/A

DATA FROM SCHOOL DISTRICT (second part)

Costs (from Pest Logs):

Sticky traps 22.⁰⁰

Mouse traps 12.⁰⁰

Rat traps ~~0~~

Pest Management Professional ~~0~~

Pesticides ~~0~~

Total: 34.⁰⁰

Costs (from Grounds Records):

Propane Fuel for flame weeders ~~0~~

Mole Traps ~~0~~

Pest Management Professional ~~0~~

Pesticides ~~0~~

Total: ~~0~~

Date of Application / /
Month Day Year

N/A [Signature]

School _____

PESTICIDE APPLICATION RECORD

This form meets all pesticide record-keeping requirements for schools in Oregon. **Note additional attachments required.**

Applicator

Name

Phone

License No.

Certificate No.

Address

City

State

Zip Code

Pesticide Product Used

Product (Brand) Name

EPA Registration No

Product type (granular, liquid, etc.)

Attach following documents

Pesticide Label

MSDS

Copies of all required notices, including dates the notices were given

Date and time for placement and removal of warning signs

Placement:

Removal:

Application Information

Time began

Time ended

Temp

Wind Speed & Direction

Amount of Product Applied

Total Product Volume or Weight

Total Area of Application(s) (acres, feet, etc.)

Product Concentration (amount per area; note units)

Location(s) of application

Type of Application

Backpack

Bait

Boom Sprayer

Crack/Crevice

Other (describe)

Did the application prove effective? Explain:

Annual IPM Inspection Form

(Pests and Pest Conducive Conditions Checklist)

School District Falls City School Dist. #57

School or Site	<u>Elem.</u>
Date	<u>June 12, 2019</u>
Inspected by	<u>[Signature]</u>

Entryways	Yes	No	Not Sure	N/A
Doors closed when not in use	X			
Doors shut tight and close on their own	X			
Door sweeps installed so no 1/4" gaps	X			
Cracks & crevices around door are sealed	X			

If pests are present in the area, write what kind here N/A Honey Bee's

Notes:

Outside Areas	Yes	No	Not Sure	N/A
Area free from trash, old vehicles, other pest attractants	X			
All trash cans have secure lids	X			
Trash cans cleaned regularly	X			
Site has good drainage and is free from standing water	X			
Bushes, shrubs, trees at least 18" from building		X		
Tree branches not overhanging roof		X		
All dumpsters located away from building	X			
All dumpsters clean	X			
No gaps between windows or screens and frame	X			
Eaves and roofs free from birds, wasps, etc.	X			
Play structures free from wasp harborage areas	X			

If pests are present in the area, write what kind here N/A

Notes:

Teachers Lounge	Yes	No	Not Sure	N/A
Room is free of cloth couches and chairs	X			
It's clean behind and under microwave	X			
It's clean under and behind vending machines				—
It's clean inside, under, and behind the refrigerator	X			
All counters clean and free of food bits and such	X			
Floor at every corner is clean and without signs of pests	X			
Under sink is kept clean	X			
Cupboards clean and any food is in sealed containers	X			
Free of unauthorized pesticides	X			
Pest monitors (sticky traps) are present and dated		X		
Pest log is posted		X		

If pests are present in the area, write what kind here N/K

Notes:

Classrooms or Offices	Room #	Yes	No	Not Sure	N/A
Free of unauthorized pesticides					
Free of clutter					
Indoor plants healthy and free of pests					
Desks, closets, and cubbies clean and free of food, clutter					
All food items are stored in sealed plastic containers					
Animal or bird cages are clean in and around the area					
Any pet food is stored in sealed plastic containers					
Sinks are free of dripping or standing water					
Gaps or holes under sinks or counters have been sealed					
Holes or gaps to the outside are sealed					
Outside windows and doors close tight and have no gaps					
Window screens (if any) are in good repair					
Nothing (except short-term) is stored in cardboard boxes					

If pests are present in the area, write what kind here _____

Notes:

Kitchen and Food Preparation Area	Yes	No	Not Sure	N/A
Free of unauthorized pesticides	X			
Trash emptied daily	X			
Door sweeps installed so no 1/4" gaps	X			
Floor at every corner is clean and without signs of pests	X			
Area is free of standing water	X			
Floor drains and floor sinks are clean	X			
All faucets close properly and have no leaks or drips	X			
Under stoves, sinks, and dishwasher kept clean	X			
No open holes or other access to outside	X			
Any cracks in walls or floors are sealed properly	X			
Windows have screens on them	X			
Vents are free of grease and dirt	X			
Storage is kept off the floor on wire rack shelving	X			
Food is put away and stored properly in sealed containers	X			
Cardboard boxes present		X		
No long term storage of anything in cardboard boxes	X			
Pest monitors (sticky traps) are present and dated		X		
Pest log is posted		X		
Breaker boxes free of evidence of pests	X			

If pests are present in the area, write what kind here M/K

Notes:

DATA FROM INDIVIDUAL SCHOOL (first part)

Name of School Falls City Elem.

Pests, pest-conductive conditions, actions taken, Costs (taken from pest logs):

Number of Pest Sightings Reported:

Small ants 5
Bats 0
Cockroaches 0
Spiders 6
Yellow Jackets 0
Other —

Number and Type of Pest Conducive Conditions:

Standing water in Kitchen 0
Window screens missing or torn 0
Gap under external door 0
Other —

Number of Actions Taken:

Sanitation – Cleaned up Area 3
Reduced Clutter 1
Set rodent traps 0
Sealed up hole or crack 1
Fixed screen 0
Installed external door sweep 1
Pesticide Application 0

Breakdown of prevention and management steps taken that proved to be ineffective and led to the decision to make a pesticide application:

Pest Problem and Date(s) N/A

Prevention and Management Steps and Date(s):

N/A

Why Prevention and Management Steps Ineffective:

N/A

Pesticide Applied and Date: _____

DATA FROM SCHOOL DISTRICT (second part)

Costs (from Pest Logs):

Sticky traps 16.⁰⁰

Mouse traps 4.⁰⁰

Rat traps 0

Pest Management Professional 0

Pesticides 0

Total: 20.⁰⁰

Costs (from Grounds Records):

Propane Fuel for flame weeders 0

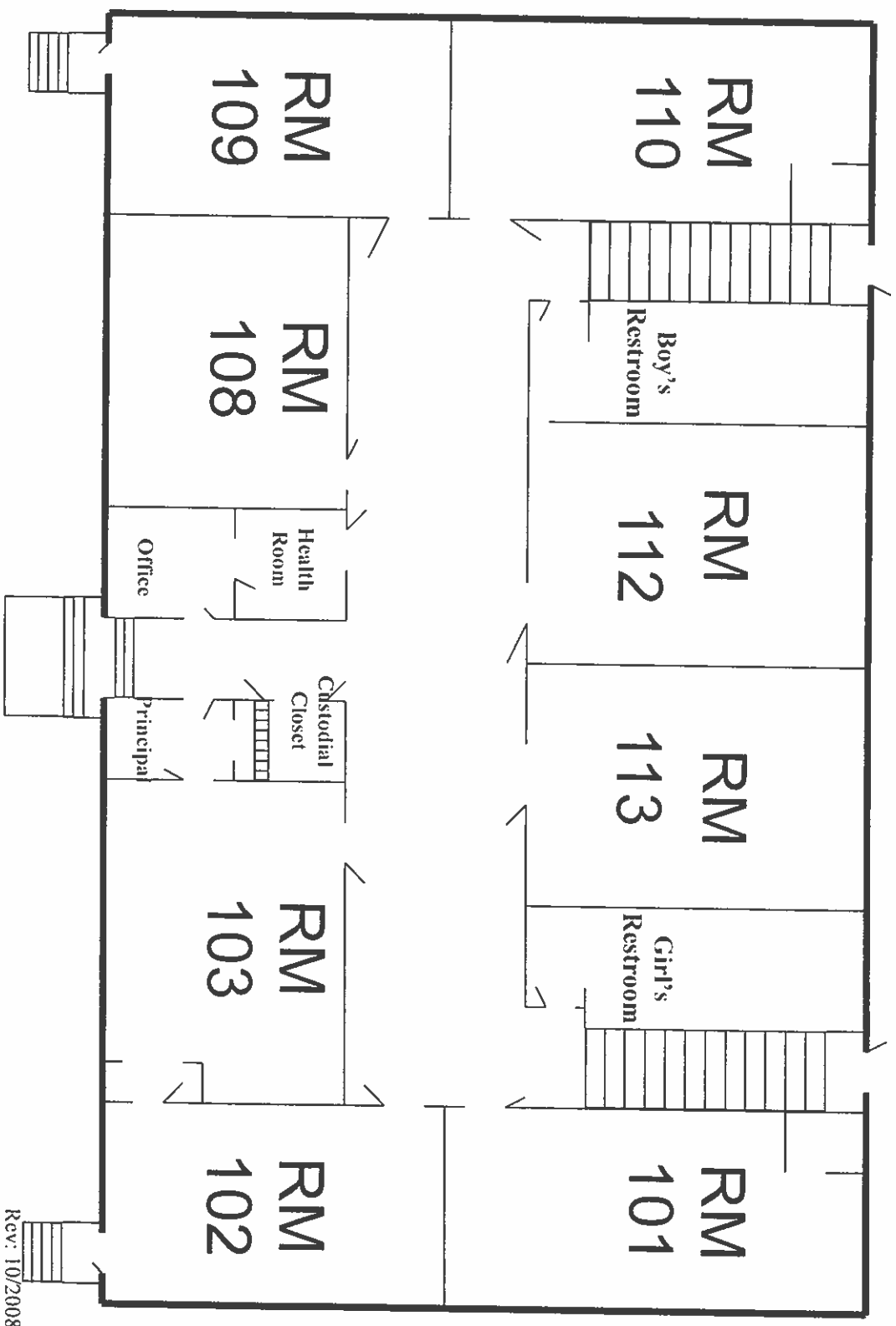
Mole Traps 0

Pest Management Professional 0

Pesticides 0

Total: 0

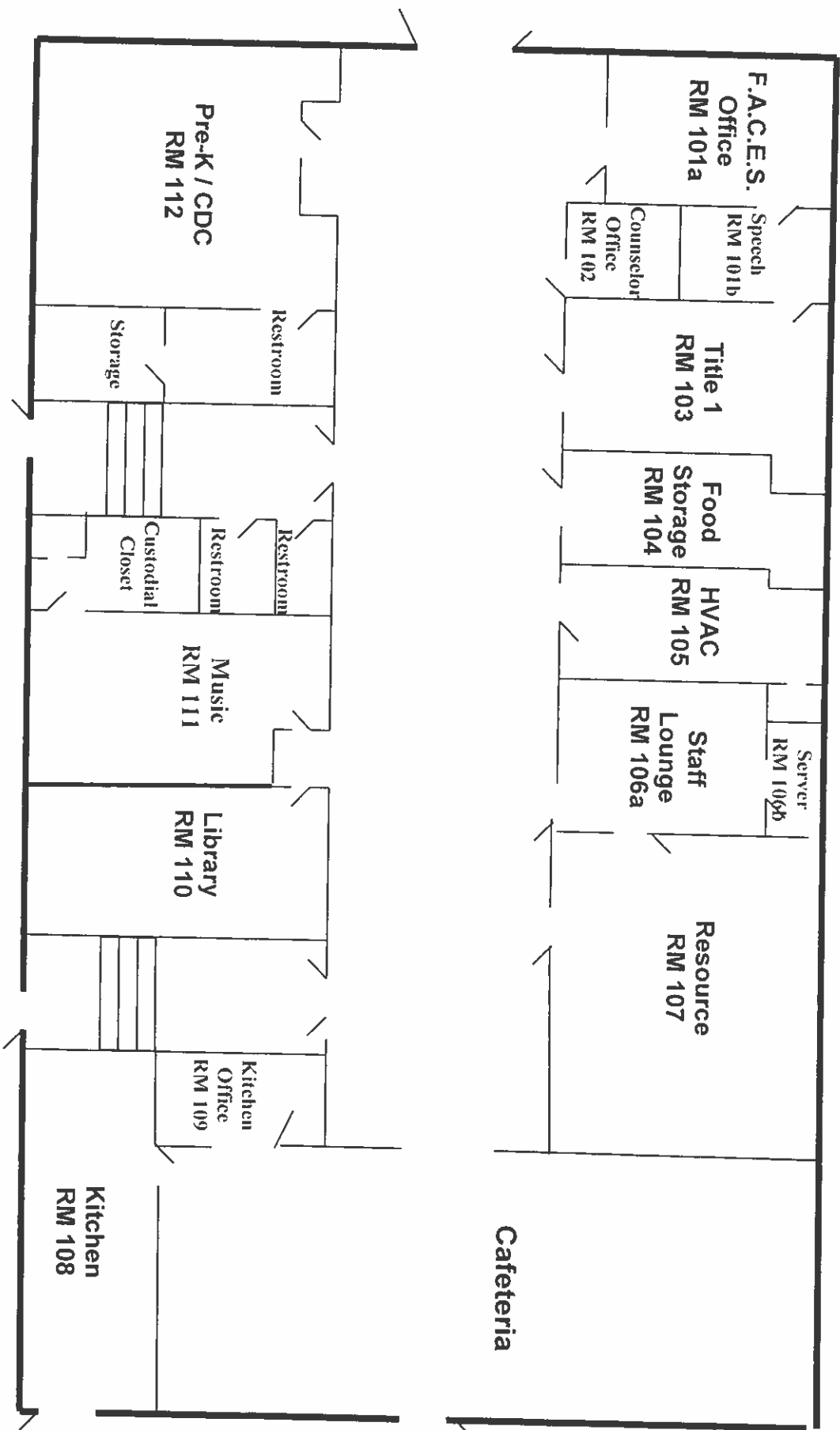
Elementary



Top Floor

Rev: 10/2008

Elementary



Bottom Floor

Date of Application ____ / ____ / ____

N/A

School _____

PESTICIDE APPLICATION RECORD

This form meets all pesticide record-keeping requirement for schools in Oregon. Note additional attachments required.

Applicator

Name	Phone
License No.	Certificate No.
Address	
City	State, Zip

Pesticide Product Used

Product (Brand) Name	EPA Registration No
Product type (granular, liquid, etc.)	

Attach the following documents:

Pesticide Label SDS Copies of all required notices, including dates the notices were given

Date and Time for Placement and Removal of Warning Signs

Placement	Removal
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Application Information

Time began	Time ended		
Temp	Wind Speed & Direction		
Amount of Product Applied			
Total Product Volume or Weight	Total Area of Application(s) (acres, feet, etc.)		
Product Concentration (amount per area; note units)			
Location(s) of application			
Backpack	Bait	Boom Sprayer	Crack/Crevice
Other (describe)			
Did the application prove effective? Explain:			