

Certificate of Completion

is hereby granted to:

John Gilbert

For completing the

**OSU School IPM Coordinator Training,
Albany 2017**

Conducted by

The Oregon State University School IPM Program, housed at the Integrated Plant Protection Center, Oregon State University. This training is an OSU-approved training course that satisfies the ORS 634.720 6-hour training requirement for school IPM coordinators.



8/30/2017

Date of Completion

Tim Stock

Tim Stock, OSU School IPM Program
Coordinator, IPPC, OSU



MONITORING TRAP CHECK AND REPLACEMENT RECORD

Falls City School District # 57

2017-2018

School

John W. Albut Facilities Manager J.W. Cond.

Your name & employment position

Room	Trap number or location	Trap check date	Type and number of pest(s) found (e.g., 5 small ants)	Trap replaced?
HS	classroom next to Kitchen	9-13-17 12-22-17	0 / 8 Lady bugs	NO
HS	Staff Rm.	1	3 Lady bugs	NO
HS	warming Kitchen	1	2 mice/spider-1	YES
Elem	Staff Lounge	1	0	NO
Elem	under lockers downstairs	1	2 Carpenter ants 1 wolf spider	NO
Elem	Staff Restroom women	1	1 spider	NO
Elem	stage off of Cafeteria window	1	2 spiders/elmbeetles (4)	NO
Lib/Sci	Science Rm storage cabinets	1	Lady bugs (3) elm beetles (4)	NO
Lib/Sci	Lib/near plants	1	3 Flies/2 elmbeetles	NO
Gym	AD Office under foil box	1	2 spiders	NO
Gym	bleachers/under	1	0	NO
* HS	warming Kitchen	1-17-18	1 mouse	yes
* HS	warming Kitchen	3-15-18	0	NO

Pest Vulnerable Areas (PVAs)	Monitor Placement Area
1. Kitchen/cafeteria	Dry storage and pantry, dishwasher area, near external cafeteria doors, near floor drains, within the lower panels of serving counters
2. Staff lounge	Behind vending machines, in counter or drawer, behind microwave, behind or next to refrigerator
3. Custodian's storage	Under shelving, near floor sink, near external door (if present)
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
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

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>July 21, 2018</u>
Inspected by	<u>John W. Tillet</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				—

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

Notes:

Custodial and Custodial Closets <i>Main Floor</i>	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	X			
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 All Records in  Facilities Manager Office

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:

Classrooms or Offices	Room #	Top Floor	Yes	No	Not Sure	N/A
Free of unauthorized pesticides			X			
Free of clutter			X			
Indoor plants healthy and free of pests						
Desks, closets, and cubbies clean and free of food, clutter			X			
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			X			
Gaps or holes under sinks or counters have been sealed			X			
Holes or gaps to the outside are sealed			X			
Outside windows and doors close tight and have no gaps			X			
Window screens (if any) are in good repair			X			
Nothing (except short-term) is stored in cardboard boxes			X			

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

N/K

Notes:

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

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

Food, unwashed dishes + spoons
office desk Mrs. Perkowski

Notes:

Other Room:	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			

B1 Lower classroom

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

DATA FROM INDIVIDUAL SCHOOL (second part)

Costs (from Pest Logs)

Sticky traps	<u>22</u>
Mouse traps	<u>8.00</u>
Rat traps	<u>0</u>
Pest Management Professional	<u>0</u>
Pesticides	<u>0</u>
Total:	\$ <u>30.00</u>

Costs (from Grounds Records):

Propane Fuel for flame weeders	<u>0</u>
Mole traps	<u>0</u>
Pest Management Professional	<u>0</u>
Pesticides	<u>0</u>
Total:	\$ <u>0</u>

DATA FROM SCHOOL DISTRICT (first part)

Name of School District Falls City School Dist. #57

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

Number of Pest Sightings Reported:

Small ants	<u>20</u>
Bats	<u>0</u>
Cockroaches	<u>0</u>
Spiders	<u>3</u>
Yellow Jackets	<u>4</u>
Other	<u>—</u>

Number and Type of Pest Conducive Conditions:

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

Number of Actions Taken:

Sanitation – Cleaned up area	<u>10</u>
Reduced Clutter	<u>10</u>
Set rodent traps	<u>—</u>
Sealed up hole or crack	<u>—</u>
Fixed screen	<u>—</u>
Installed external door sweep	<u>—</u>
Pesticide Application	<u>—</u>

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: N/A

Pesticide Applied and Date(s): 0

N/A [Signature]

Date of Application _____

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

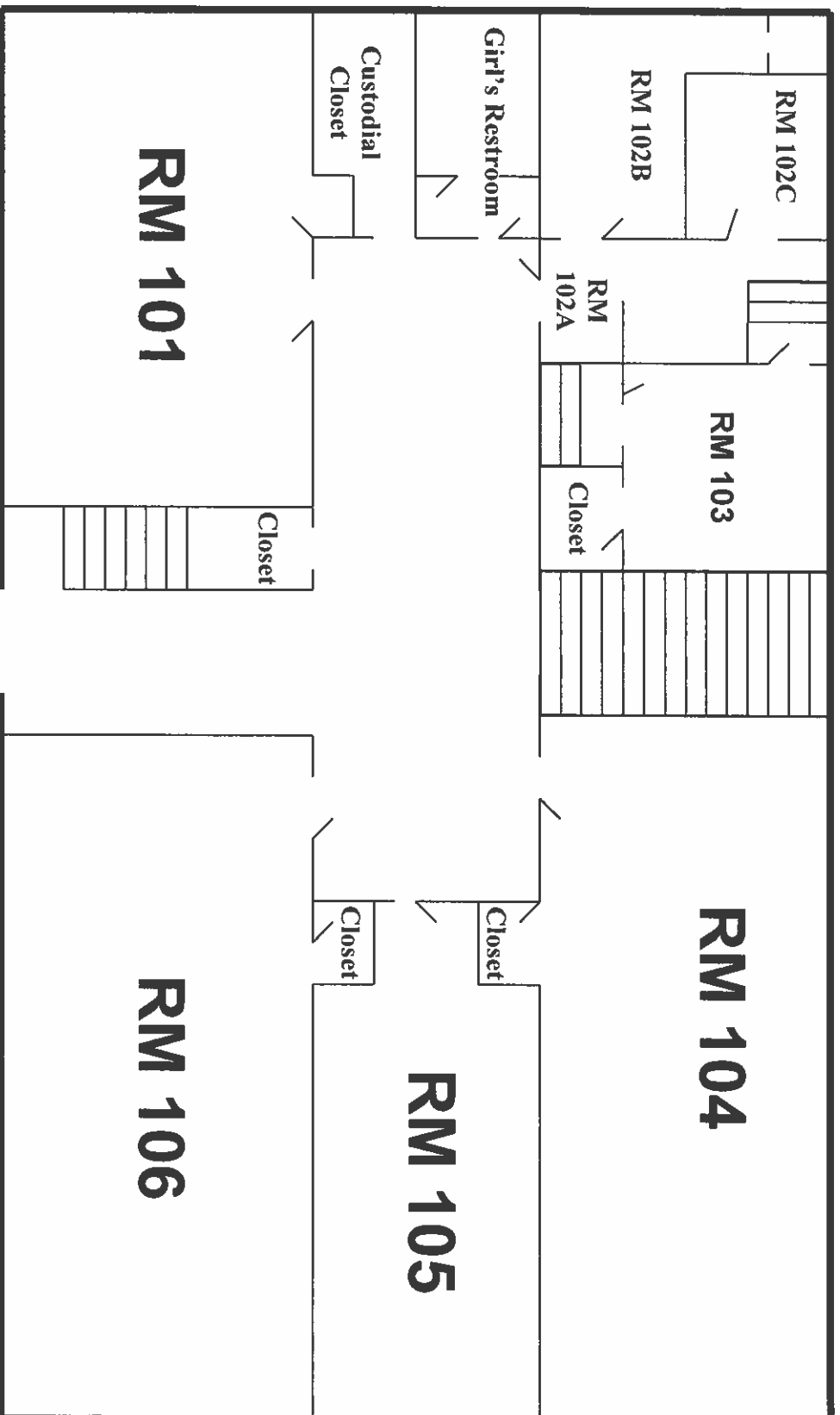
Date and Time for Placement and Removal of Warning Signs

Placement	Removal
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Application Information

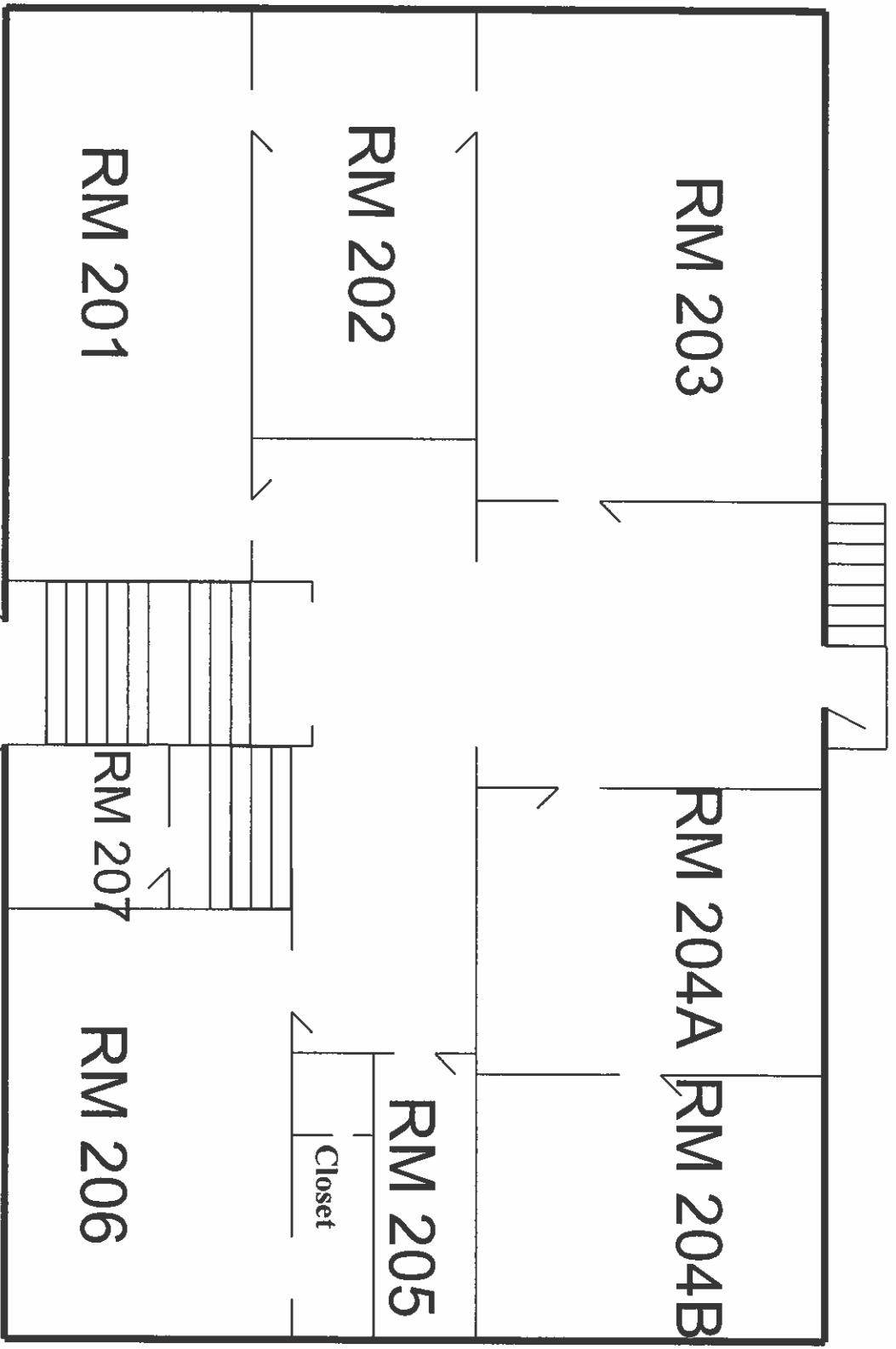
Time began	Time ended		
Temp	Wind Speed & Direction		
Amount of Product Applied			
Total Product Volume or Weight	Total Area of Application(s) (acres, feet, etc.)		
Product Concentration (amount per area; note units)			
Location(s) of application			
Backpack	Bait	Boom Sprayer	Crack/Crevice
Other (describe)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

High School



First Floor
Street Side

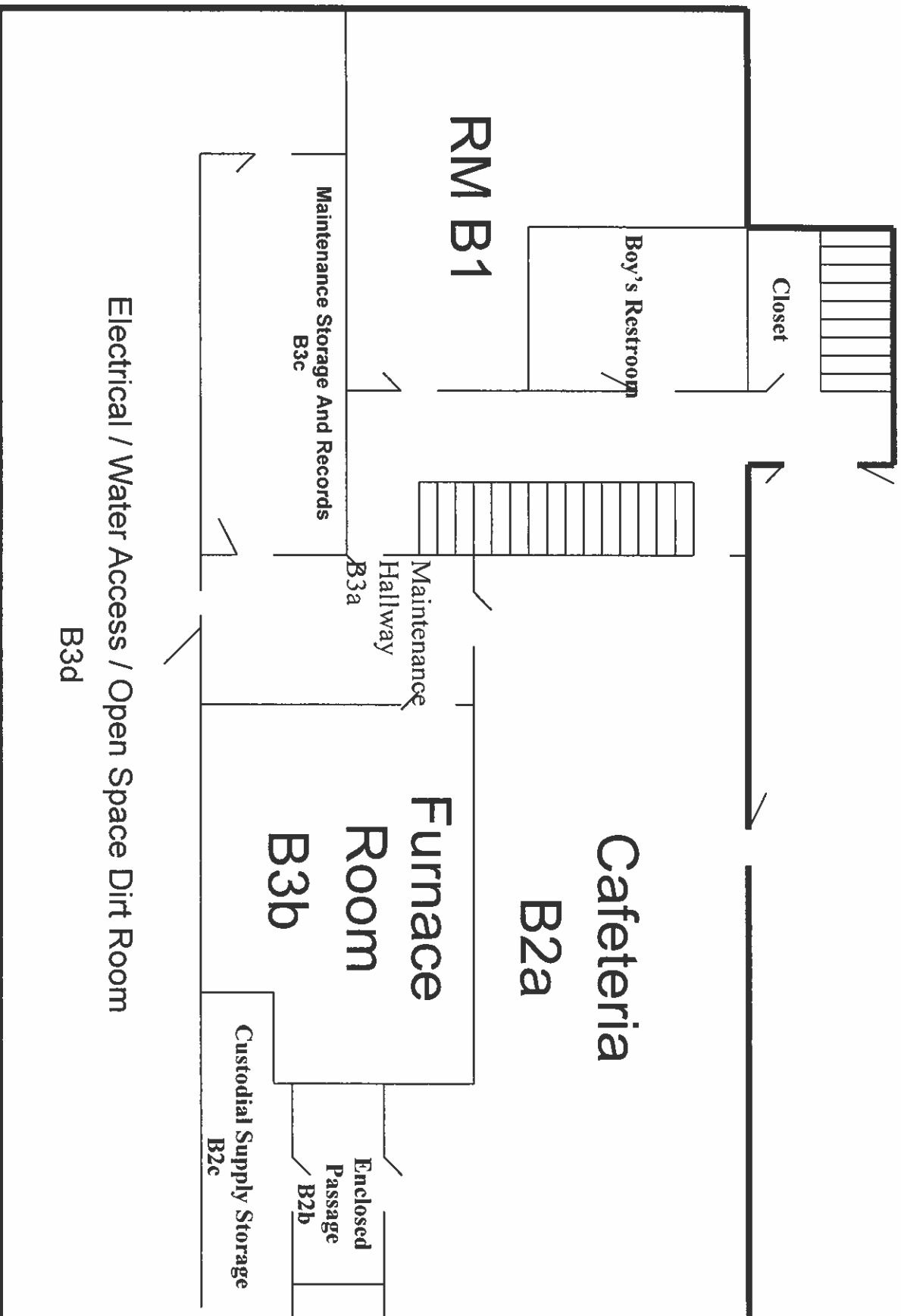
High School I



Second Floor
Street Side

Rev: 12/2015

High School



B a s e m e n t

Rev: 1022015

Annual IPM Inspection Form

(Pests and Pest Conducive Conditions Checklist)

School District Falls City Sch. Dist. #57

School or Site <u>Elementary</u>	
Date <u>June 21, 2018</u>	
Inspected by <u>John W. Albert</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			
Crack and crevices around door are sealed	X			

If pests are present in the area, write what kind here 0

Notes:

Food Storage

Classrooms or Offices	Room #	Yes	No	Not Sure	N/A
	104				
Free of unauthorized pesticides		X			
Free of clutter		X			
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		X			
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		X			
Outside windows and doors close tight and have no gaps		X			
Window screens (if any) are in good repair					—
Nothing (except short-term) is stored in cardboard boxes		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
	105/106 107				
Free of unauthorized pesticides		X			
Free of clutter		X			
Indoor plants healthy and free of pests					—
Desks, closets, and cubbies clean and free of food, clutter		X			
All food items are stored in sealed plastic containers		X			
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		X			
Gaps or holes under sinks or counters have been sealed		X			
Holes or gaps to the outside are sealed		X			
Outside windows and doors close tight and have no gaps		X			
Window screens (if any) are in good repair		X			
Nothing (except short-term) is stored in cardboard boxes		X			

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

Notes:

Custodial and Custodial Closets <i>Upper/Lower</i>	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 area 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 None / Known

Notes:

Boiler Rooms and Fan Rooms <i>upper/lower</i>	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	X			
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 and free of trash	X			

If pests are present in the area, write what kind here *None/known*
 Notes:

Teacher's Lounge	Yes	No	Not Sure	N/A
106 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

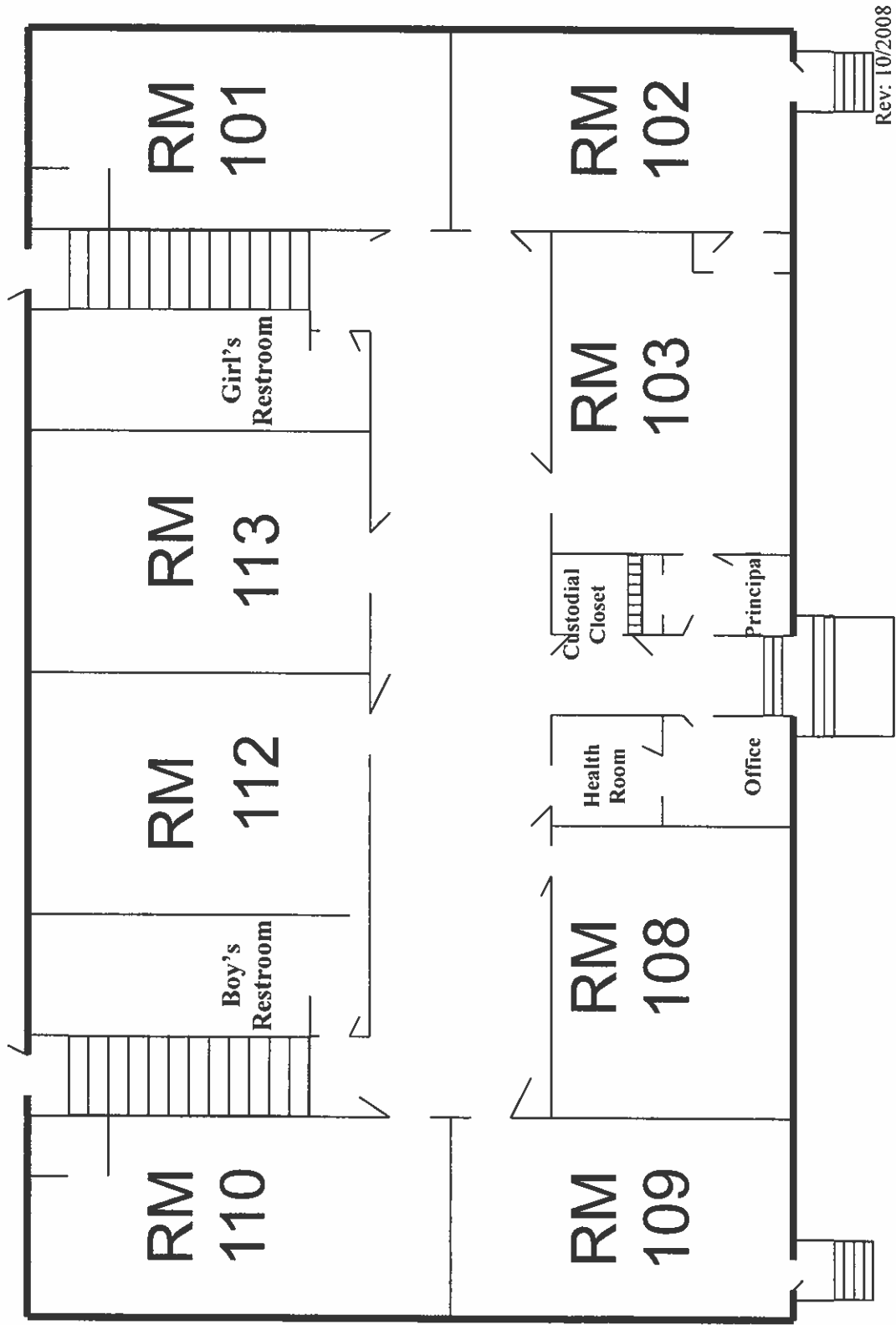
Notes:

N/K

Kitchen and Food Preparation Area <i>Rm. 108</i>	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			

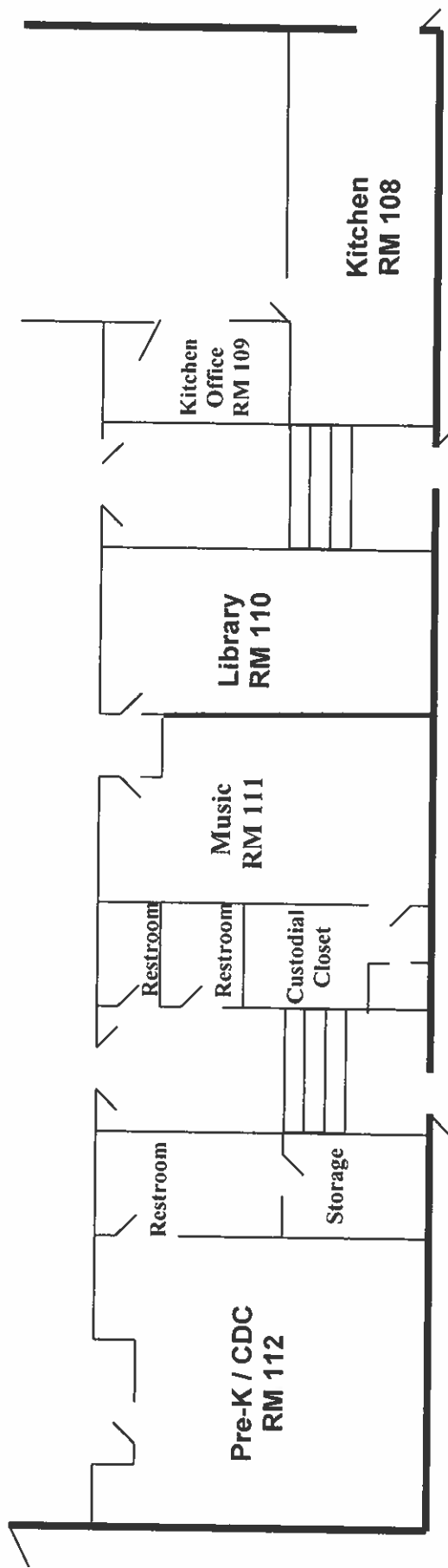
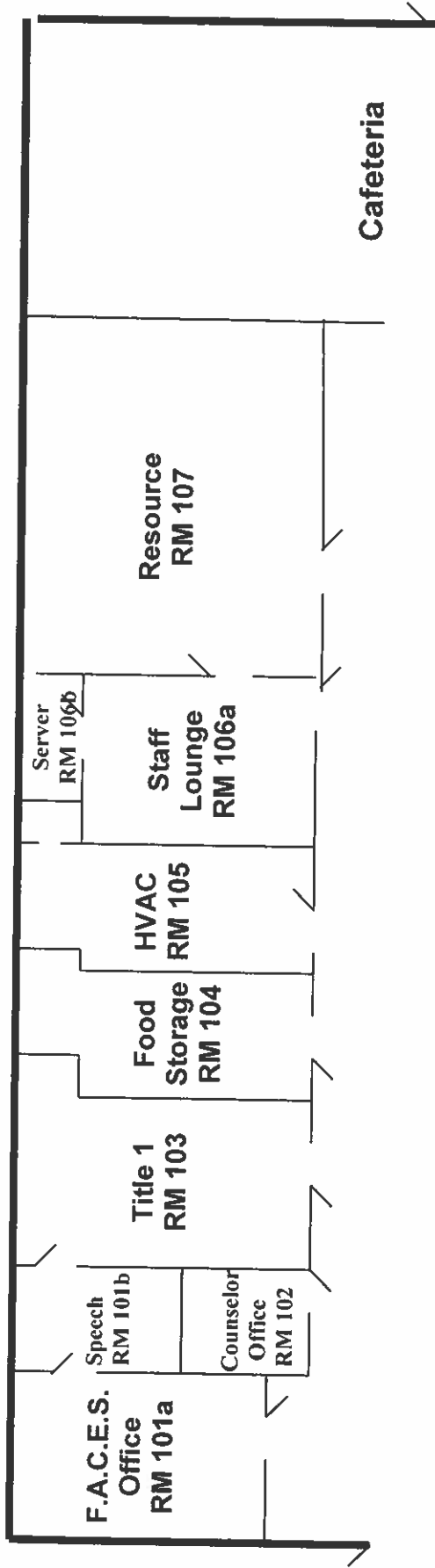
If pests are present in the area, write what kind here None / Known
 Notes:

Elementary



Top Floor

Elementary



Bottom Floor

DATA FROM INDIVIDUAL SCHOOL (second part)

Costs (from Pest Logs)

Sticky traps	<u>20.00</u>
Mouse traps	<u>20.00</u>
Rat traps	<u>0</u>
Pest Management Professional	<u>0</u>
Pesticides	<u>0</u>
Total:	\$ <u>40.00</u>

Costs (from Grounds Records):

Propane Fuel for flame weeders	<u>0</u>
Mole traps	<u>0</u>
Pest Management Professional	<u>0</u>
Pesticides	<u>0</u>
Total:	\$ <u>0</u>

DATA FROM SCHOOL DISTRICT (first part)

Name of School District Falls City, SD. #57

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

Number of Pest Sightings Reported:

Small ants	<u>20</u>
Bats	<u>0</u>
Cockroaches	<u>0</u>
Spiders	<u>8</u>
Yellow Jackets	<u>4</u>
Other	<u>0</u>

Number and Type of Pest Conducive Conditions:

Standing water in Kitchen	<u>0</u>
Window screens missing or torn	<u>0</u>
Gap under external door	<u>0</u>
Other	<u>0</u>

Number of Actions Taken:

Sanitation – Cleaned up area	<u>5</u>
Reduced Clutter	<u>2</u>
Set rodent traps	<u>6</u>
Sealed up hole or crack	<u>0</u>
Fixed screen	<u>0</u>
Installed external door sweep	<u>1</u>
Pesticide Application	<u>0</u>

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(s): 0/N/A

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:			

Annual IPM Inspection Form

(Pests and Pest Conducive Conditions Checklist)

School District Falls City School Dist., #57

School or Site	Lib/Sci. Bldg.
Date	June 21, 2018
Inspected by	J. H. Hilbert

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			
Crack and crevices around door are sealed	X			

If pests are present in the area, write what kind here None / Known

Notes:

Classrooms or Offices	Room #	Yes	No	Not Sure	N/A
Free of unauthorized pesticides	Science Room	X			
Free of clutter		X			
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		X			
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		X			
Gaps or holes under sinks or counters have been sealed			X		
Holes or gaps to the outside are sealed		X			
Outside windows and doors close tight and have no gaps		X			
Window screens (if any) are in good repair		X			
Nothing (except short-term) is stored in cardboard boxes		X			

If pests are present in the area, write what kind here None/known

Notes:

Classrooms or Offices	Room #	Yes	No	Not Sure	N/A
Free of unauthorized pesticides	Lib/office	X			
Free of clutter		X			
Indoor plants healthy and free of pests		X			
Desks, closets, and cubbies clean and free of food, clutter		X			
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		X			
Gaps or holes under sinks or counters have been sealed			X		
Holes or gaps to the outside are sealed		X			
Outside windows and doors close tight and have no gaps		X			
Window screens (if any) are in good repair		X			
Nothing (except short-term) is stored in cardboard boxes		X			

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

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 *None / Known*
 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 area 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 None / Known

Notes:

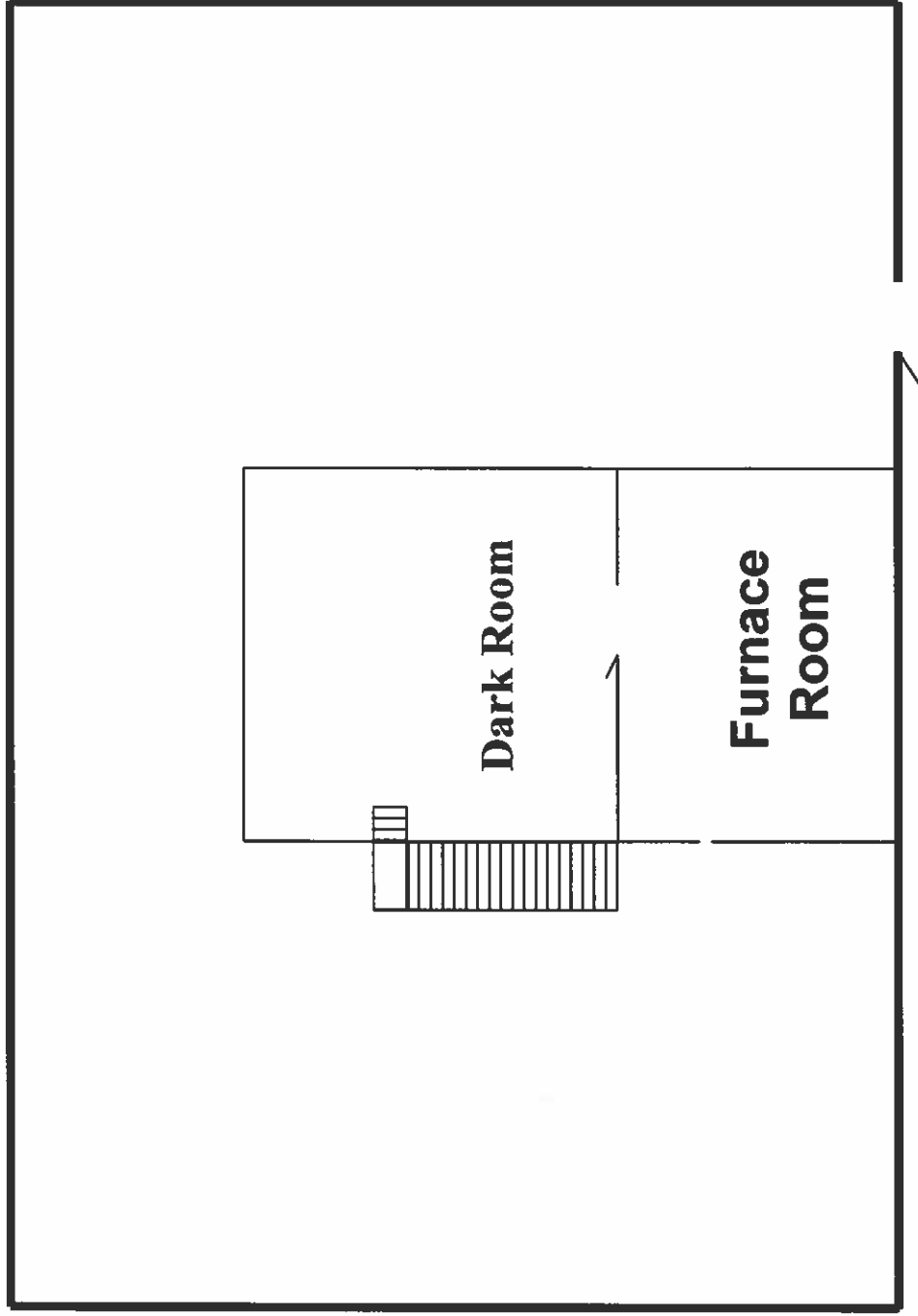
Boiler Rooms and Fan Rooms	Yes	No	Not Sure	N/A
Free of unauthorized pesticides	X			
Room is free of standing water	X			
Room is cleaned regularly	X			
Room is free of trash and food	X			
Room is free of storage, especially in cardboard boxes	X			
Floor drains are clean	X			
Plumbing is free of leaks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

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

N/A

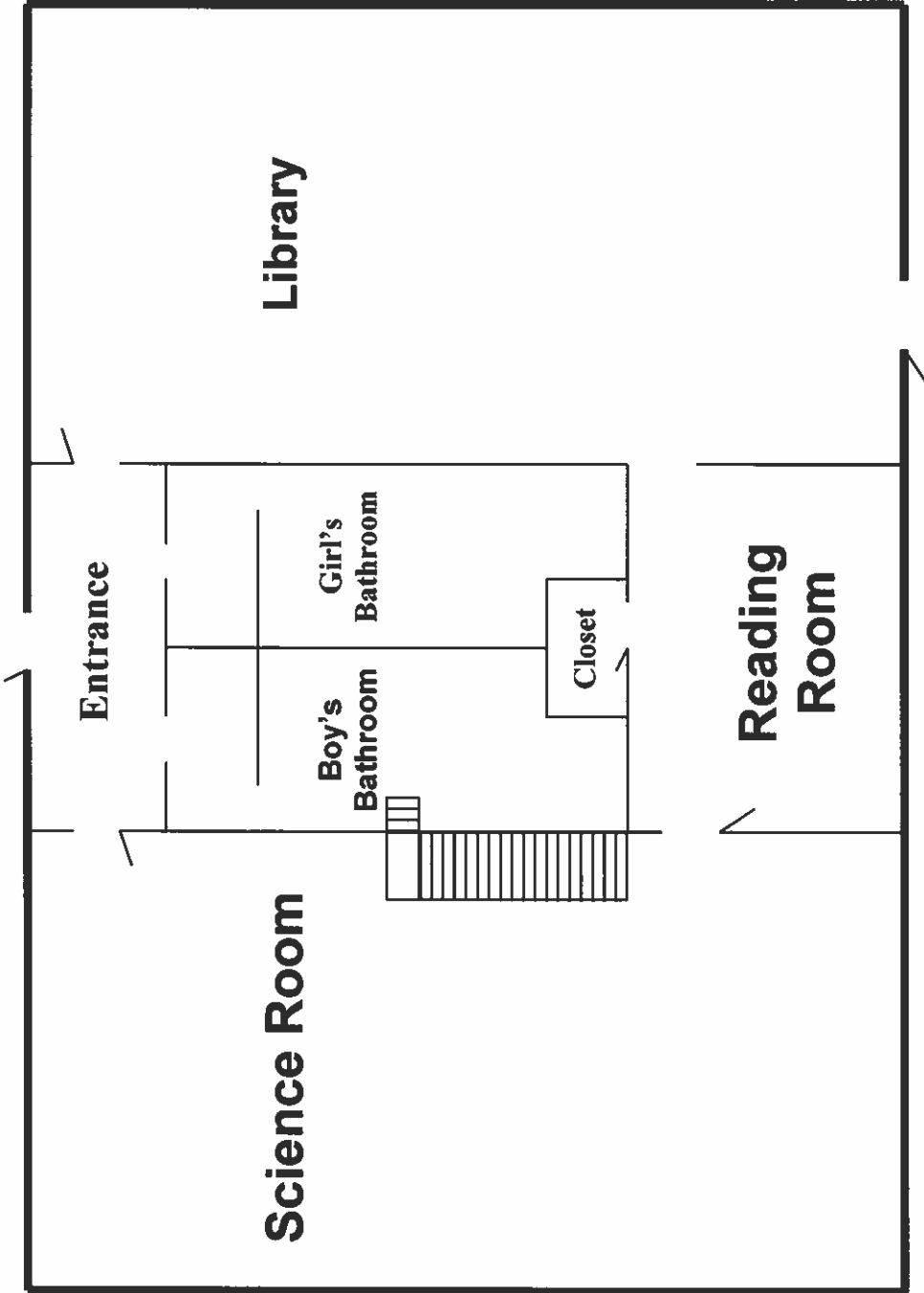
Notes:

Lib. / Sci. Floor Plan



Rev: 10/2008

Lib. / Sci. Floor Plan



Rev: 10/2008

DATA FROM INDIVIDUAL SCHOOL (second part)

Costs (from Pest Logs)

Sticky traps	<u>12.00</u>
Mouse traps	<u>0.00</u>
Rat traps	<u>0</u>
Pest Management Professional	<u>0</u>
Pesticides	<u>0</u>
Total:	\$ <u>18.00</u>

Costs (from Grounds Records):

Propane Fuel for flame weeders	<u>0</u>
Mole traps	<u>0</u>
Pest Management Professional	<u>0</u>
Pesticides	<u>0</u>
Total:	\$ <u>0</u>

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	<u>3</u>
Bats	<u>0</u>
Cockroaches	<u>6</u>
Spiders	<u>3</u>
Yellow Jackets	<u>2</u>
Other	<u>0</u>

Number and Type of Pest Conducive Conditions:

Standing water in Kitchen	<u>0</u>
Window screens missing or torn	<u>0</u>
Gap under external door	<u>1</u>
Other	<u>0</u>

Number of Actions Taken:

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

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: N/A

Pesticide Applied and Date(s): 0

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
-----------	---------

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:			

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 21, 2018</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			
Crack and crevices around door are sealed	X			

If pests are present in the area, write what kind here None / Known
 Notes:

Other Room: <i>Athlet. Equip. Room Boys Locker 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				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				—

If pests are present in the area, write what kind here *None / Known*

Notes:

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

If pests are present in the area, write what kind here None / known

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	X			
Storage area 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 None / Known

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	X			
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 and free of trash	X			

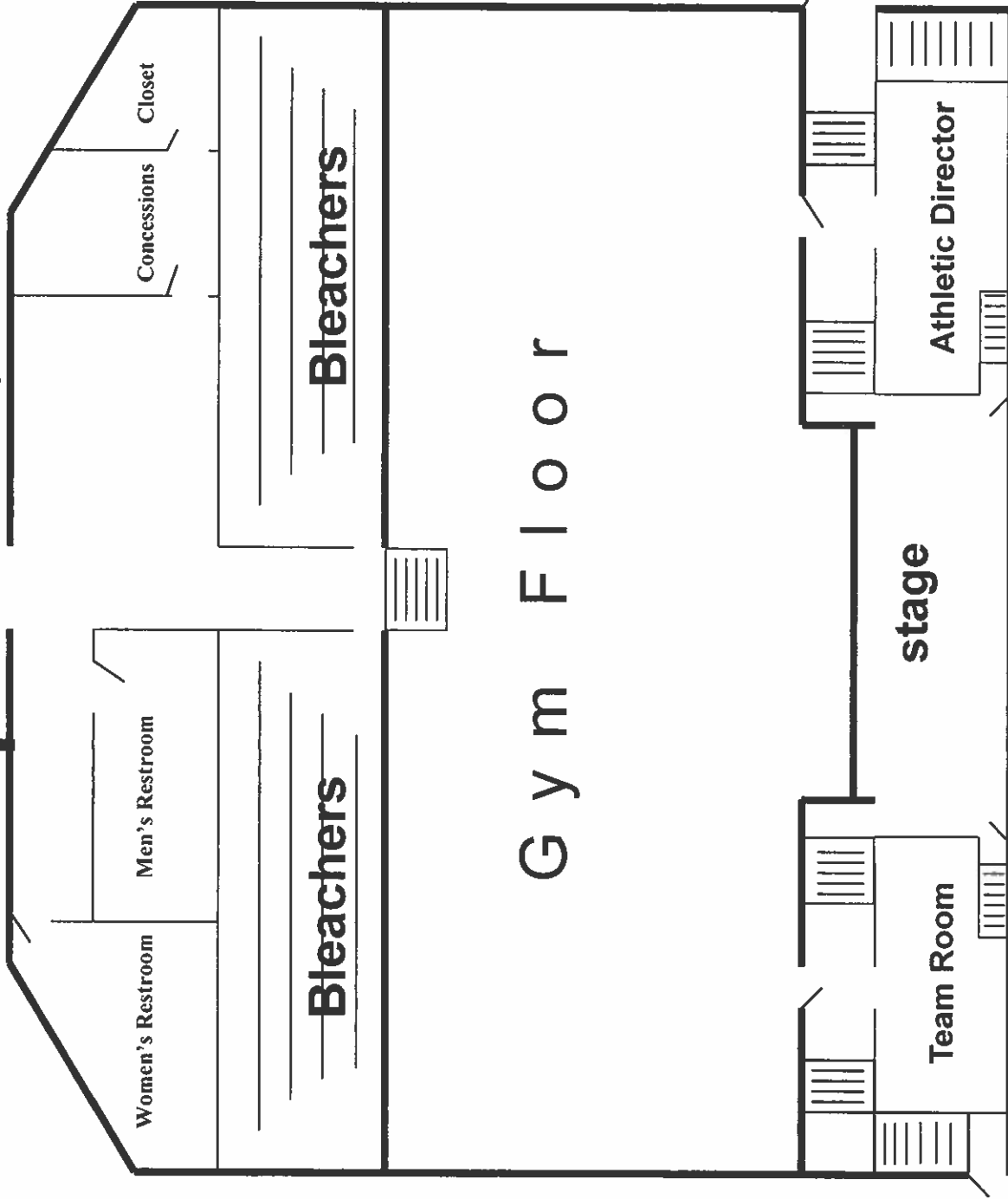
If pests are present in the area, write what kind here

None / Known

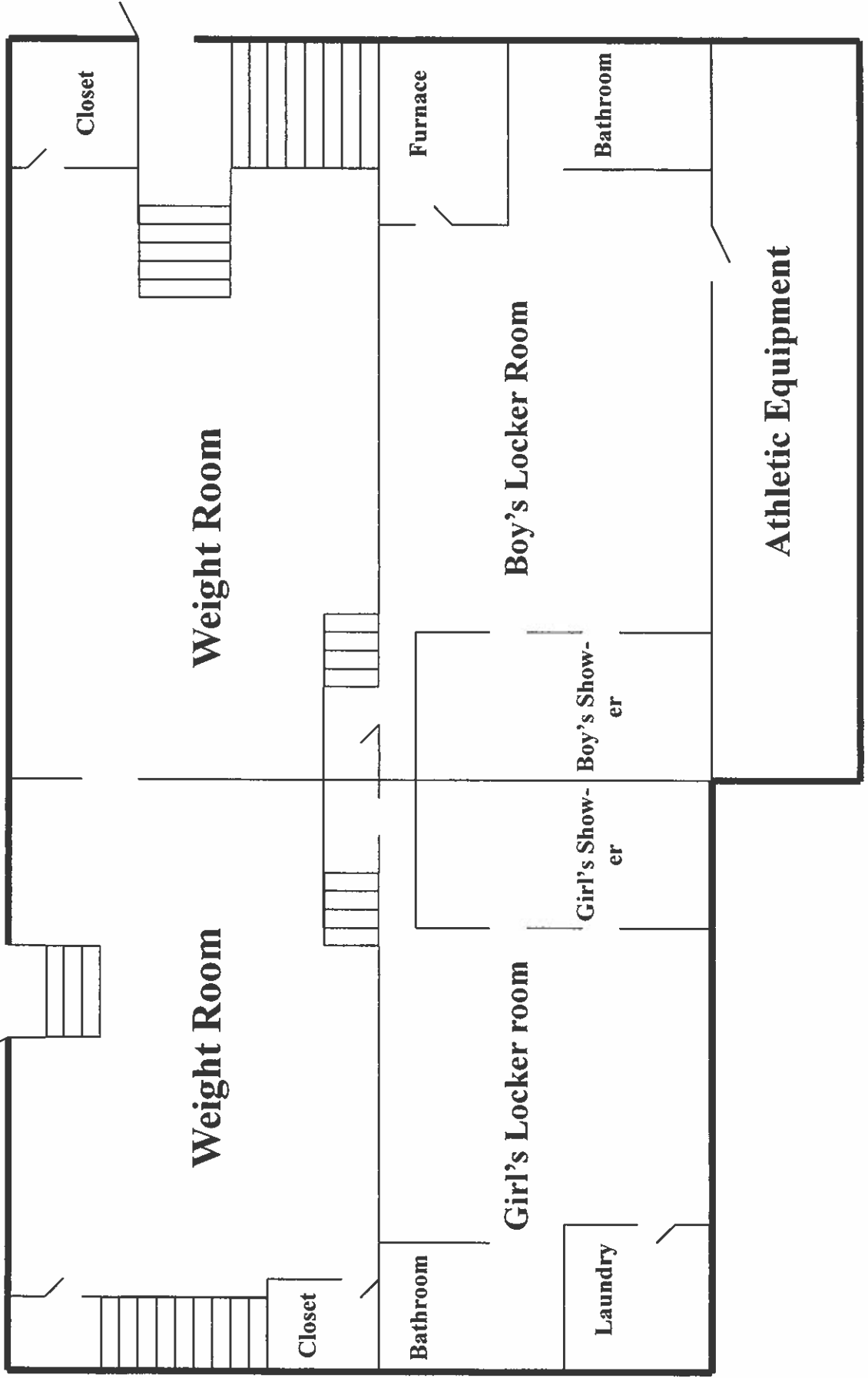
Notes:

Gym III

Top Floor



Gym Bottom Floor



DATA FROM INDIVIDUAL SCHOOL (second part)

Costs (from Pest Logs)

Sticky traps	<u>18.00</u>
Mouse traps	<u>12.00</u>
Rat traps	<u>0</u>
Pest Management Professional	<u>0</u>
Pesticides	<u>0</u>
Total:	\$ <u>30.00</u>

Costs (from Grounds Records):

Propane Fuel for flame weeders	<u>0</u>
Mole traps	<u>0</u>
Pest Management Professional	<u>0</u>
Pesticides	<u>0</u>
Total:	\$ <u>0</u>

DATA FROM SCHOOL DISTRICT (first part)

Name of School District Falls City Sch. Dist #57

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

Number of Pest Sightings Reported:

Small ants	<u>3</u>
Bats	<u>0</u>
Cockroaches	<u>0</u>
Spiders	<u>3</u>
Yellow Jackets	<u>3</u>
Other	<u>0</u>

Number and Type of Pest Conducive Conditions:

Standing water in Kitchen	<u>0</u>
Window screens missing or torn	<u>0</u>
Gap under external door	<u>1</u>
Other	<u>0</u>

Number of Actions Taken:

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

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: N/A

Pesticide Applied and Date(s): 0

MA

Date of Application ____ / ____ / ____

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:

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Date and Time for Placement and Removal of Warning Signs

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Did the application prove effective? Explain:			