



Quarterly Risk Assessment

Customer:		Account #:	
Contact Name:		Inspected By:	
Address:		License#:	
		Date Inspected:	
Logbook reviewed, in good condition	Y / N	Sighting log in place and signed by specialist	Y / N
Annual Risk Assessment current and in Logbook	Y / N	Sighting log being used by customer	Y / N
Pest Prevention Program and Scope Service current.	Y / N	Service Reports (past 12 months)	Y / N
All Pest Control licenses current (Business/Tech)	Y / N	Trend reporting in place and up to date	Y / N
GMP Certificate current and in Logbook	Y / N	Approved Pesticide List current and dated (less than 1 year)	Y / N
Insurance Certificate current	Y / N	Access to current SDS and Labels available and outlined	Y / N
Map current/dated (less than 1 year) and accurate	Y / N	Pesticide Usage log in place and up to date	Y / N
Is a cockroach program in place/being followed?	Y / N	Is the interior free of cobwebs?	Y / N
Are sufficient IDT monitors in place?	Y / N	Is exterior rodent monitoring program in place/being followed?	Y / N
Are IDT monitors dated and current?	Y / N	Are exterior stations numbered and labeled properly?	Y / N
Is account free of cockroach activity?	Y / N	Is interior rodent monitoring program in place/being followed?	Y / N
Is there a SPP program in place?	Y / N	Are interior stations numbered and labeled properly?	Y / N
Are there sufficient SPP monitors?	Y / N	Is account free of rodents?	Y / N
Do SPP monitors contain proper lures?	Y / N	Is the facility free of birds on interior and exterior?	Y / N
Is account free of SPP?	Y / N	Exterior fly control effective (residual/baiting/parasites)?	Y / N
Is there a Flying insect program in place?	Y / N	Is the dumpster area clean and dumpster sealed?	Y / N
Are there sufficient ILT's?	Y / N	Are doors and windows closed?	Y / N
Are ILTs correctly placed?	Y / N	Is the facility free of exterior concerns (conditions/avenues/sources)?	Y / N
Are ILTs dated and current?	Y / N	Is the Scope of Work being followed?	Y / N
Are bulbs less than 1 year old and dated?	Y / N	Does the Pest Prevention Program provide adequate coverage	Y / N
Is account free of flying insects?	Y / N	Does the account meet audit requirements?	Y / N
Are air curtains in place and functional	Y / N		
Corrective actions required are:			
Program improvement recommendations are:			

Additional comments including observation/recommendation and corrective action to improve the Pest Prevention Program:

Customer Signature _____