

In-House Pest Control and Food Safety Check: Weekly Log

Please log your in-house pest control inspections weekly and maintain log in your records for a minimum of 1 year.

Be sure to be checking for <u>all signs</u> of <u>any</u> pests and noting anything seen even ants. Most common pests being Indian Meal Moth, Rodents, Roaches and birds. You may not use any poison around the food. If you have evidence of a pest please contact your Partnerships Coordinator **immediately**.

AGENCY NAME:	Week 1	Week 2	Week 3	Week 4	Week 5
MONTH, YEAR:	Date of Inspection:				
	Agency Rep. Name & Initial				
					When the month only has four weeks leave Week 5 blank
Outdoors					
Pest Monitors positioned as mapped and in correct orientation. If none write N/A					
Check trees/shrubs not touching building. Yes or No and initials					
Signs of pest activity/harborage Yes or No and initials					
Trash area clean. Lids on trashcans and dumpsters closed. Yes or No and initials					
Indoor					
Pest Monitors positioned as mapped and in correct orientation. If none write N/A					
Check doors seal/sweeps – any daylight seen? Yes or No and initials					
Do doors auto close? If not – are they closed? Yes or No and initials					
Is all Food position off the floor and away from the walls by at least 6 inches? <i>Yes or No and initials</i>					
Is there any evidence of pests or leaks/dirtiness by the food? Check in and around pallets. <i>If none write N/A</i>					
If evidence of pests location of evidence, date and time: <i>If none write N/A</i>					

If evidence of pests when was it clean up, date and time: <i>If none write N/A</i>			
What is the evidence? (ants, flies, roaches, droppings, silverfish, holes in cardboard, etc): <i>If none write N/A</i>			
Is the food being rotated so that food towards the back is being brought to the front frequently and checked for expiration dates as well as pests? <i>Yes or No and initials</i>			
Does the food packages all look intact at a once over? Yes or No and initials			
Is all of your hazardous materials and chemicals (Cleaning supplies, paint, etc) away from the food at all time? Yes or No and initials			
Outdoor shed food storage			
Does your agency store any food in sheds outside? <i>Yes or No and initials.</i> If so complete the following. If no you can skip.			
Pest Monitors positioned as mapped and in correct orientation. If none write N/A			
Check doors seal/sweeps – any daylight seen? Yes or No and initials			
Do doors auto close? If not – are they closed? Yes or No and initials			
Is all Food position off the floor and away from the walls by at least 6 inches? <i>Yes or No and initials</i>			
Is there any evidence of pests or leaks/dirtiness by the food? Check in and around pallets. <i>If none write N/A</i>			
If evidence of pests location of evidence, date and time: <i>If none write N/A</i>			
If evidence of pests when was it clean up, date and time: <i>If none write N/A</i>			
What is the evidence? (ants, flies, roaches, droppings, silverfish, holes in cardboard, etc): <i>If none write N/A</i>			
Is the food being rotated so that food towards the back is being brought to the front frequently and checked for expiration dates as well as pests? <i>Yes or No and initials</i>			
Does the food packages all look intact at a once over? Yes or No and initials			
Is the weather impacting the food. Heat can cause problems in plastic packaging, etc. <i>Yes or No and initials</i>			

**NOTES: Pest Monitors positioned as mapped and in correct orientation means "Pest monitors can be bait boxes and/or glue traps. If used the agency should know where all have been placed and check them for activity and that they haven't been moved."

FSD does not recommend the use of Raid, Bleach or Ammonia at all. All hazardous materials and cleaning supplies should always be kept away from the food. When you clean there should be no food out and around for contamination. If you can lock up your chemicals this is the best practice. Poison should never be used around food.

Bait boxes and glue traps should be used as a last priority and always in conjunction with doing a throughout investigation and monitoring for pests.

EXAMPLE:

SENCYNAME: Feeding San Diego	Week 1	Week 2	Week 3	Week 4	Week 5
Brittany Lucas	Date of Inspection: 3 1 Agency Rep. Name & Initial BL	Date of Inspection: 3 8 Agency Rep. Name & Initial BL	Date of Inspection: 3/15 Agency Rep. Name & Initial BL	Date of 3 22 Inspection: 22 Agency Rep. Name & Initial BL	Date of Inspection: 3/29 Agency Rep. Name & Initial BL
Outdoors					
Pest Monitors positioned as mapped and in correct orientation. If none write N/A	N/A				-BL
Check trees/shrubs not touching building. Yes or No and initials	No/BL	NO/BL	NOIBL	NO/BL	NOBL
Signs of pest activity/harborage Yes or No and initials	No/BL	NO/BL	NO /BL	NOIBL	NO/BL
Trash area clean. Lids on trashcans and dumpsters closed. Yes or No and initials	Yes/BL	Y/BL	YIBL	Y/BL	Y/BL
Indoor					
Pest Monitors positioned as mapped and in correct orientation. If none write N/A	NIA -				BL
Check doors seal/sweeps – any daylight seen? Yes or No and	NOBL	N/BL	N/BL	N/BC	N/BL
Do doors auto close? If not – are they closed? Yes or No and initials	Yes/BL	YIBI	YIBL	Y/Bi	YIBL