

IPM IN SCHOOLS
Inspection Checklist

At a glance assessment - Key questions indicating an IPM program is in progress	
Do you have an IPM Specialist?	Y N
Do you have an IPM policy?	Y N
Do you have an IPM committee?	Y N
Are you a member of a state IPM coalition?	Y N
Do you apply scheduled pesticide treatments?	Y N
Do you have an inspection schedule?	Y N
Do you have a monitoring program?	Y N
Do you use pest sighting logs?	Y N
Do you distribute the Pest Press?	Y N
Do you provide continuing education regarding pest issues?	Y N

1. **School name & district:**

2. **Audit Participants:**

3. **School site details (names, phone numbers and/or e-mails):**

- Principal: _____
- Age of School: _____
- Area (ft²): _____
- Number of students: _____
- Director of Operations: _____
- IPM Specialist: _____
- Building Manager: _____
- Grounds Supervisor: _____
- Number of custodians: _____
- Contractual custodians: _____
- Kitchen manager: _____
- On-site food preparation: _____
- School nurse: _____
- Pest Management Company: _____

- Waste Management: _____
- Perceived pests: _____
- Observed pests: _____
- On-site food preparation: _____
- Baits: _____
- Monitor traps: _____
- Pest sighting logs: _____
- Training programs: _____
- Pest management education for staff/faculty: _____
- Information systems: _____
- Sanitation: _____
- Pest Press: _____

1. Building Exterior

Areas to inspect:

- | | | | |
|--|------------------------------------|--|--|
| <input type="checkbox"/> Windows & screens | <input type="checkbox"/> Dumpsters | <input type="checkbox"/> Trash cans | <input type="checkbox"/> Food areas & tables |
| <input type="checkbox"/> Trees & shrubbery | <input type="checkbox"/> Turf | <input type="checkbox"/> Covered areas | <input type="checkbox"/> Eves & walls |
| <input type="checkbox"/> Lights | <input type="checkbox"/> Conduits | <input type="checkbox"/> Cold seems | <input type="checkbox"/> |



i.e., are there gaps between window or screen and frame? Are dumpsters located away from building, closed, and relatively clean? Are trees overhanging building? Are shrubs shoulder-width away from building? Is there evidence of water damage on eaves or walls, or spider webbing? Do lights have webbing or evidence of bird activity around them? Do they flood irrigate& does the water tend pool anywhere?

...Building Exterior

2. Kitchen

Areas to inspect:

Pantry

Dishwashing area

Ceiling tiles

Under counters & appliances

Floor drains & sinks

Backdoor & exterior cafeteria doors

Trash cans

Cookware storage area

Counter tops

Stored food bins

Garbage disposals

Pantry shelving



What to look for: Behind bulletin boards, on window sills, how close is dumpster to back door, efficiency of air-curtains on doors, external door seals, drains have metal baskets, corner clean, are floors steam cleaned or power washed periodically? Pest monitoring log available?

...Kitchen storage specifics



3. Custodian's closet – room # _____

Areas to inspect:

- | | | | |
|--|--|------------------------------------|---|
| <input type="checkbox"/> <u>Mops & brooms clean?</u> | <input type="checkbox"/> <u>Clutter?</u> | <input type="checkbox"/> Sink | <input type="checkbox"/> <u>Pesticides?</u> |
| <input type="checkbox"/> <u>Clutter?</u> | <input type="checkbox"/> Racks used for brooms and mops? | <input type="checkbox"/> Shelving? | <input type="checkbox"/> |



4. Classrooms & nurse's office

name/room # _____

Areas to inspect:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Inside cupboards | <input type="checkbox"/> <u>Under sinks</u> | <input type="checkbox"/> Under & behind furniture | <input type="checkbox"/> Overhead lights |
| <input type="checkbox"/> <u>Teacher's cupboards</u> | <input type="checkbox"/> Drains | <input type="checkbox"/> Corners | <input type="checkbox"/> |

...Classrooms & nurse's office

name/room # _____



5. Teacher's lounge ☠

Areas to inspect:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Under furniture & cushions | <input type="checkbox"/> Sinks | <input type="checkbox"/> Under & behind vending machines | <input type="checkbox"/> Overhead lights |
| <input type="checkbox"/> Cupboards | <input type="checkbox"/> Microwave | <input type="checkbox"/> Oven | <input type="checkbox"/> Refrigerator ☠ |
| <input type="checkbox"/> Counters | <input type="checkbox"/> Biohazard suits needed? | <input type="checkbox"/> | <input type="checkbox"/> |





What to look for: Behind bulletin boards, on window sills, corner clean, what is in the refrigerator/under microwave? Pest monitoring log available? Pest Press posted? Window sills, ceiling tiles.

6. Hallways, main office

name/room # _____

Areas to inspect:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> <u>Corners</u> | <input type="checkbox"/> <u>Overhead lighting</u> | <input type="checkbox"/> Under & behind furniture | <input type="checkbox"/> Exterior doors |
| <input type="checkbox"/> <u>General sanitation</u> | <input type="checkbox"/> Ventilation | <input type="checkbox"/> Windows | <input type="checkbox"/> Ceiling tiles |
| <input type="checkbox"/> <u>Bulletin boards</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

General observations, quotes, etc.
