

Greenhouse Pest Management Inspection Checklist

Inspection Details

Date:

Inspector Name:

Greenhouse Location:

Checklist

Inspection Item	Yes	No	Comments
Presence of visible pests on plants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Evidence of pest damage (chewed leaves, spots, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Sticky traps checked and replaced if necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Sanitation measures in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Proper disposal of plant debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Entry points checked for gaps or openings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Screening/physical barriers intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Records of recent pest issues updated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Pesticide application records updated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Additional Notes & Observations