

Pest and Vector Control Inspection Form

Facility/Area

Location

Inspection Date

Inspector Name

Time

Weather Conditions

Type of Infestation

Level of Infestation

Observed Issues

☐ Droppings ☐ Damage ☐ Carcasses ☐ Nests ☐ Live Pests ☐ Other

Possible Entry Points

Harborage Areas

Sanitation Issues

Actions Taken/Recommended

Follow-up Required

Follow-up Date

Inspector's Remarks

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