## STATE OF CONNECTICUT DEPARTMENT OF ENVIRONMENTAL PROTECTION PESTICIDE MANAGEMENT PROGRAM

PCO:	FACILITY:			
Is this a state facility? Yes No	this a state facility? Yes No Has a copy of the appropriate model IPM plan(s) been provided?			
WRITTEN IPM PLAN: (Collect C	Сору)			
1. The name, address, cor	Yes	No		
2. The name, address, business registration number of the service provider is indicated			No	
3. The name(s) and certific	cation number(s) of the certified supervisor(s) and certified operator(s) that will perform	the services at the	e facility a	
indicated	Yes	No		
4. A schedule of service is	4. A schedule of service is outlined			
5. Key areas to be monitor	5. Key areas to be monitored are identified and the method of monitoring is described			
6. There is a description of	Yes	No		
7. There is a description of	Yes	No		
8. The objectives of the program and the IPM options to be implemented are included in the plan			No	
9. Action/threshold level for key pests is identified			No	
10. A pesticide use hierarchy has been developed accordingly			No	
11. An IPM program quality appraisal schedule is indicated			No	
12. Has the written plan been revised or the program re-implemented where necessary			No	
IPM PROGRAM RECORDS: (C	Collect copies for 3-6 months of service)			
13. Does the format of the	pesticide application/inspection reports used provide for a method to communicate re	commendations to	the facility	
		Yes	No	
14. Are the inspection reports accurate and complete?			No	
15. The service schedule that is described in the written plan has been maintained.			No	
16. There is a map or graph indicating the placement of monitoring devices traps and/or bait stations?			No	
17. The map or graph is revised when necessary			No	
18. Is there a Pest Sighting Log?			No	
19. Pesticide label information and MSDS for pesticides listed in the use hierarchy are on file?			No	
20. Is the existing record k	Yes	No		
IPM PROGRAM IMPLEMENTA	TION:			
21. Does the technician ch	neck the pest sighting log each time service is provided?	Yes	No	
22. Appropriate key areas	22. Appropriate key areas are monitored routinely?			
If not, describe:				
23. Does the technician re	23. Does the technician request access to locked areas where regular monitoring is necessary?			
24. Does the technician re	24. Does the technician refer to the graph of monitor placements when conducting monitoring inspections?			
25. Are the monitoring dev	25. Are the monitoring devices that are used appropriate for the program being implemented?			
26. Is the quantity of devices used appropriate for the area(s) being monitored?			No	
27. Are the devices placed properly?			No	
28. Are the monitoring dev	Yes	No		
29. Does the technician m	Yes	No		
List the time in/out and ser	rvice dates for service calls performed within the past three months:			
	Time In/Out Comice Date Time In/Out Comice Date	Time	I /Ot	

4)

5)

6)

7)

8)

30. Is the average amount of time indicated appropriate for the level of s	service described in	the written IP	M plan and the	needs of t	he facility?
				Yes	No
31. Does the technician make written recommendations to eliminate favorable conditions for pests?					
32. Does the technician repeat recommendations if favorable conditions have not been eliminated?					
33. Do the recommendations indicate an accurate assessment of the conditions at the facility?					
34. If pesticides have been applied, were pests present?  N/A					
35. Did the pest population meet or exceed the action level(s) outlined in the written IPM plan?  N/A					No
36. Was the pesticide a "first choice" pesticide as indicated in the pesticide use hierarchy? N/A					No
37. Were all IPM options utilized prior to pesticides being applied?					
FACILITY INSPECTION:					
1. Is the facility manager or other designated person familiar with the written plan?					
2. Did the facility manager review and approve the plan prior to implementation?					
3. Is the pest sighting log being used by staff/residents of the facility?					
4. Is someone available at the facility to unlock areas for the PCO when necessary?					
5. Does the facility manager or designated person sign the inspection re	eport?			Yes	No
6. Have steps been taken to eliminate conditions that are favorable for pest problems?					
7. Have all recommendations been followed?				Yes	No
If no, why?					
8. IPM options that have been rejected and the reasons for their rejection have been indicated in writing					
9. Has the written plan been revised or the program re-implemented wh	ere necessary?			Yes	No
KITCHEN:					_
Sanitation	Excellent	Good 🗆	Fair 🗆	Poor	
FOOD STORAGE					
Sanitation  Adequate space allowed for visual inspection & monitor placement	Excellent	Good [			
Adequate space allowed for visual inspection & monitor placement	Excellent	Good	Fair [	Poor	
EMPLOYEE LOUNGE/CAFETERIA					
Sanitation	Excellent	Good	Fair [	Poor	
OFFICE					
Sanitation	Excellent	Good	Fair [	Poor	
BOILER ROOM					
Sanitation	Excellent	Good	Fair [	Poor	
PERIMETER OF BUILDING/DUMPSTER AREA					
Sanitation	Excellent	Good	Fair [	Poor	
Structural Maintenance	Excellent	Good	Fair [	Poor	
OTHER:					
Sanitation	Excellent	Good	Fair [	Poor	
Comments:					
Comments.					
Comments on performance of PCO:					
Comments on performance of the participating facility:					
PCO Score Facility Score		Passing scor	e = 85% or bet	ter	
		· ·			
PCO Representative Signature:					
Facility Manager or Designee Signature/Title:					
DEP Inspector: Date:					