

WO # _____

PINELLAS COUNTY SCHOOL BOARD
INTEGRATED PEST MANAGEMENT FORM/STRUCTURAL
PEST CONTROL DEPARTMENT 547-7219

FACILITY: _____	TIME IN: _____ AM _____ PM	DATE: _____
REGULAR SERVICE _____ CALL IN _____ FOLLOW UP _____	TIME OUT: _____ AM _____ PM	

FOOD SERVICE LOG CHECKED _____ NO PROBLEMS REPORTED _____

AREA	INSP.	LOG ITEM	ROACHES			ANTS			RODENTS		SANIT.*	BB	FL
			STATIONS	GELS	GRAN/DUST	STATIONS	GELS	GRAN/DUST	SPRING	GLUE			
KITCHEN													
CAFETERIA													
DRY STORAGE													
PERIMETER													
COMMENTS/ ADDITIONAL WORK													

PLANT OPERATIONS LOG CHECKED _____ NO PROBLEMS REPORTED _____

B _____ R _____													
B _____ R _____													
B _____ R _____													
B _____ R _____													
B _____ R _____													
B _____ R _____													
COMMENTS/ ADDITIONAL WORK												BB = Baitbox	
												FL = Flylight	

TECHNICIAN(S): _____ FACILITY: _____