

IPM IN SCHOOLS
Inspection Checklist

1. **School name & district:**

2. **Audit Participants:**

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

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: _____

