# Certificate of Completion

is hereby granted to:

### John Gilbert

For completing the

### OSU School IPM Coordinator Training, Hills ro 2016

Conducted by

Center, Oregon State University. This training is an OSU-approved training course that satisfies the The Oregon State University School IPM Program, housed at the Integrated Plant Protection ORS 634.720 6-hour training requirement for school IPM coordinators.











Tim Stock, OSU School IPM Program Coordinator, IPPC, OSU

### MONITORING TRAP CHECK AND REPLACEMENT RECORD

| Falls          | City             | Sch.  | Dist.      | #57     | 2016-2017 |
|----------------|------------------|-------|------------|---------|-----------|
| School Voho    | V. Ocls          | bert. | Facilities | Manager | FPM Cord  |
| Your name & em | ployment positio | n     |            | 1       |           |

| Room            | Trap number or location  | Trap check<br>date | Type and number of pest(s) found (e.g., 5 small ants) | Trap<br>replaced? |
|-----------------|--|--------------------|---|-------------------|
| Lib/Sci.        | Cust, Judger<br>peofer   | 9-14-16            | Potatoe bug speder<br>spider 2                        | no                |
| Lib Sci         | Entry/corner   | 1                  | Spider 2  | no                |
| Lib/Ser         | Bays Restreen<br>Left stall  | 1                  | Chebdy long leg spiller                               | 10                |
| Gym             | Team Run under SMK   | /                  | 3 carperter outs                                      | no                |
| 6 <sub>ym</sub> | Concression should   | 1                  | Btatoe bug (3)  | 10                |
| Gym             | Girls Locker Run   |                    | corpenser onto (7)                                    | 10                |
| Elem            | Stoff Ron  | /                  | -0-   | No                |
| Elem            | turoce Run   | /                  | spoders (4)   | no                |
| Elem            | Sick Ron<br>under bed  | 1                  | 0   | 10                |
| HS              | Shed Pux   | /                  | 0   | no                |
| HS              | Entry behald cortone   |                    | elem peatle (3)<br>spoter (2)<br>contipede (1)        | NU                |
| 45              | Soled Pur<br>judo dass<br>Entry<br>behard gordine of<br>Kithen/under<br>woman over |                    | contipede (1)   | no                |
| 100             |  |                    |   | -                 |
|                 |  |                    |   |                   |
|                 |  |                    |   |                   |
|                 |  |                    |   | 341               |

| D-4V-1  |  |
|---|--|
| Pest Vulnerable Areas (PVAs)                    | Monitor Placement Area   |
| 1. Kitchen/cafeteria                            | Dry storage and pantry, dishwasher area, near external cafeteria doors, near floor drains, within the lower panels of serving counters |
| 2. Staff lounge                                 | Behind vending machines, in counter or drawer, behind microwave, behind or next to refrigerator  |
| 3. Custodian's storage                          | Under shelving, near floor sink, near external door (if present)   |
| 4. Reported hot zones from pest sighting log    | Under counters, sinks, near windows  |
| 5. Special Education or kindergarten classrooms | Near food preparation area and backpack storage.<br>under sink   |
| 6. Home economics, life skills classrooms       | Near stove or refrigerator, near washer/dryer, under counter   |
| 7. Stage areas                                  | Under stage storage, in equipment room   |
| 8. Locker areas                                 | Under lockers  |
| 9. Concession stands                            | Under counters, behind or next to equipment  |
| 10. Classrooms with animals/plants              | Near pet food or plants  |
| 11. Cluttered classrooms                        | Remove clutter, monitor in storage areas, under sinks  |
| 12. Bathrooms (optional)                        | Near external doors, near cracks and crevices, near utility pipes without escutcheon plates  |
| 13. Nurses station (optional)                   | Under desk, under sink, near external door   |

A

A

14. Entry 15. Team Rom. 16. Furnaire Rom

### **Annual IPM Inspection Form**

(Pests and Pest Conducive Conditions Checklist)

| School District | Falls City School Dist. #57 |
|-----------------|-----------------------------|
| School or Site  | Hoch School                 |
| Date            | Take 15, 2017               |
| Inspected by    | John W. Selbud              |
|                 |                             |

| Entryways                                | Yes | No | Not Sure | N/A |
|--|-----|----|----------|-----|
| Doors closed when not in use             | X   | 71 |          |     |
| Doors shut tight and close on their own  | Y   |    |          |     |
| Door sweeps installed so no ¼" gaps      | 1   |    |          |     |
| Cracks & crevices around door are sealed | 1   |    |          |     |

If pests are present in the area, write what kind here <u>Elm Beatles</u>

Notes:

| Outside Areas  | Yes | No | Not Sure | N/A |
|--|-----|----|----------|-----|
| Area free from trash, old vehicles, other pest attractants | X   |    |          |     |
| All trash cans have secure lids                            | X   |    |          |     |
| Trash cans cleaned regularly                               | X   |    |          |     |
| Site has good drainage and is free from standing water     | X   |    |          |     |
| Bushes, shrubs, trees at least 18" from building           | 1   | 1  |          |     |
| Tree branches not overhanging roof                         |     | X  |          |     |
| All dumpsters located away from building                   | X   |    |          |     |
| All dumpsters clean  | X   |    |          |     |
| No gaps between windows or screens and frame               | X   |    |          |     |
| Eves and roofs free from birds, wasps, etc.                |     | X  |          |     |
| Play structures free from wasp harborage areas             |     |    |          |     |

| If pests are present in the area, write what kind here | H | oney | Be | e s |
|--|---|------|----|-----|
|  |   |      |    |     |

| Classrooms or Offices Room # 14 Flores                      | Yes | No | Not Sure | N/A |
|---|-----|----|----------|-----|
| Free of unauthorized pesticides                             | X   |    |          |     |
| Free of clutter   | X   |    |          |     |
| Indoor plants healthy and free of pests                     |     |    |          |     |
| Desks, closets, and cubbies clean and free of food, clutter | X   |    |          |     |
| All food items are stored in sealed plastic containers      |     |    |          |     |
| Animal or bird cages are clean in and around the area       |     |    |          | -   |
| Any pet food is stored in sealed plastic containers         |     |    |          |     |
| Sinks are free of dripping or standing water                | X   |    |          |     |
| Gaps or holes under sinks or counters have been sealed      | X   |    |          |     |
| Holes or gaps to the outside are sealed                     | +   |    |          |     |
| Outside windows and doors close tight and have no gaps      | X   |    |          |     |
| Window screens (if any) are in good repair                  | X   |    | 1        |     |
| Nothing (except short-term) is stored in cardboard boxes    | X   |    |          |     |

If pests are present in the area, write what kind here

Notes:

| Classrooms or Offices Room # (Cor .                         | Yes | No     | Not Sure | N/A          |
|---|-----|--------|----------|--------------|
| Free of unauthorized pesticides                             |     |        |          |              |
| Free of clutter   | 1   |        |          |              |
| Indoor plants healthy and free of pests                     | X   |        |          |              |
| Desks, closets, and cubbies clean and free of food, clutter | X   | 1 1011 |          |              |
| All food items are stored in sealed plastic containers      | X   |        |          | 200002110002 |
| Animal or bird cages are clean in and around the area       |     |        |          | -            |
| Any pet food is stored in sealed plastic containers         |     |        |          |              |
| Sinks are free of dripping or standing water                | 2   |        |          |              |
| Gaps or holes under sinks or counters have been sealed      | X   |        |          |              |
| Holes or gaps to the outside are sealed                     | X   |        |          |              |
| Outside windows and doors close tight and have no gaps      | X   |        |          |              |
| Window screens (if any) are in good repair                  | X   |        |          |              |
| Nothing (except short-term) is stored in cardboard boxes    | X   |        | 1        | 1            |

If pests are present in the area, write what kind here

| Teachers Lounge Rm /02 6                                  | Yes | No   | Not Sure | N/A |
|---|-----|------|----------|-----|
| Room is free of cloth couches and chairs                  | IX  | 130  |          |     |
| It's clean behind and under microwave                     | X   |      |          |     |
| It's clean under and behind vending machines              | 1   |      | 1        |     |
| It's clean inside, under, and behind the refrigerator     | X   |      |          |     |
| All counters clean and free of food bits and such         | 12  |      |          |     |
| Floor at every corner is clean and without signs of pests | IX  |      |          |     |
| Under sink is kept clean                                  | 17  | 1507 |          |     |
| Cupboards clean and any food is in sealed containers      | X   |      |          |     |
| Free of unauthorized pesticides                           | X   |      |          |     |
| Pest monitors (sticky traps) are present and dated        |     | X    |          |     |
| Pest log is posted  |     | X    |          | -   |

If pests are present in the area, write what kind here \_

Notes:

Classrooms or Offices Room # Yes No Not Sure N/A Free of unauthorized pesticides Free of clutter Indoor plants healthy and free of pests Desks, closets, and cubbies clean and free of food, clutter All food items are stored in sealed plastic containers Animal or bird cages are clean in and around the area Any pet food is stored in sealed plastic containers Sinks are free of dripping or standing water Gaps or holes under sinks or counters have been sealed Holes or gaps to the outside are sealed Outside windows and doors close tight and have no gaps Window screens (if any) are in good repair Nothing (except short-term) is stored in cardboard boxes

If pests are present in the area, write what kind here

| Yes   | No   | Not Sure   | N/A             |
|-------|------|--|-----------------|
| X     |      |  | 2 - 1 52 11     |
| 1     |      |  |                 |
| 1     | 1000 |  |                 |
| X     |      |  |                 |
| X     |      |  |                 |
| X     |      |  |                 |
|       | X    | - Land of the land |                 |
|       |      |  |                 |
| Y     |      |  | -               |
|       |      |  |                 |
| 1,000 | Y    |  |                 |
|       | X    | Tes No   | Tes No Not sure |

Notes:

| Yes | No              | Not Sure | N/A             |
|-----|-----------------|----------|-----------------|
| X   |                 |          |                 |
| 1   |                 |          | -               |
| X   |                 |          |                 |
| X   |                 |          |                 |
| 1   |                 | 1        |                 |
|     |                 |          |                 |
| X   |                 |          |                 |
| 2   |                 | 1        |                 |
| X   |                 |          |                 |
|     | Yes  X  X  X  X | Yes No   | Yes No Not Sure |

| If pests are present in t | he area, write | what kind here |
|---------------------------|----------------|----------------|
|---------------------------|----------------|----------------|

| Kitchen and Food Preparation Area 82                      | Yes | No | Not Sure | N/A |
|---|-----|----|----------|-----|
| Free of unauthorized pesticides                           | X   |    |          |     |
| Trash emptied daily                                       | X   |    |          |     |
| Door sweeps installed so no ¼" gaps                       | X   |    |          |     |
| Floor at every corner is clean and without signs of pests | X   |    |          | 1   |
| Area is free of standing water                            | X   |    |          |     |
| Floor drains and floor sinks are clean                    |     |    |          |     |
| All faucets close properly and have no leaks or drips     | X   |    |          |     |
| Under stoves, sinks, and dishwasher kept clean            | X   |    |          |     |
| No open holes or other access to outside                  | X   |    |          |     |
| Any cracks in walls or floors are sealed properly         | 18  |    |          |     |
| Windows have screens on them                              | 18  |    |          |     |
| Vents are free of grease and dirt                         |     |    | 1        | _   |
| Storage is kept off the floor on wire rack shelving       | X   |    |          |     |
| Food is put away and stored properly in sealed containers | X   |    |          |     |
| Cardboard boxes present                                   | X   |    |          |     |
| No long term storage of anything in cardboard boxes       |     | X  |          |     |
| Pest monitors (sticky traps) are present and dated        |     | X  |          |     |
| Pest log is posted  |     | X  |          |     |
| Breaker boxes free of evidence of pests                   | X   | 1  |          |     |

| Yes | No  | Not Sure | N/A             |
|-----|-----|----------|-----------------|
| X   |     |          |                 |
| X   |     |          |                 |
|     |     |          |                 |
| X   |     |          |                 |
|     |     |          |                 |
|     |     |          |                 |
|     |     |          |                 |
|     |     |          |                 |
| X   |     |          | 10              |
| X   |     |          |                 |
| X   |     |          |                 |
| X   |     |          |                 |
|     |     |          |                 |
|     | Yes | Yes No   | Yes No Not Sure |

| ests are present in the area, write what kind here | ٨ |
|--|---|
| ests are present in the area, write what kind here | I |

Notes:

Classrooms of Offices Yes No **Not Sure** N/A Free of unauthorized pesticides Free of clutter Indoor plants healthy and free of pests Desks, closets, and cubbies clean and free of food, clutter All food items are stored in sealed plastic containers Animal or bird cages are clean in and around the area Any pet food is stored in sealed plastic containers Sinks are free of dripping or standing water Gaps or holes under sinks or counters have been sealed Holes or gaps to the outside are sealed Outside windows and doors close tight and have no gaps Window screens (if any) are in good repair Nothing (except short-term) is stored in cardboard boxes

| If pests are present in the area, write what kind here | 1 | - |
|--|---|---|
|  |   | Т |

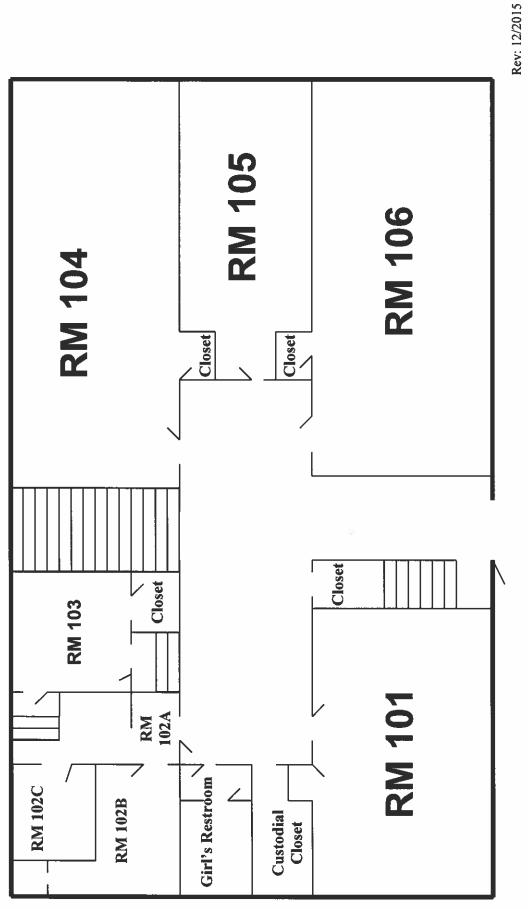
### DATA FROM INDIVIDUAL SCHOOL (second part)

| Costs (from Pest Logs):        |
|--------------------------------|
| Sticky traps # 55.00           |
| Mouse traps                    |
| Rat traps                      |
| Pest Management Professional   |
| Pesticides                     |
| Total: \$ 55.00                |
|                                |
| Costs (from Grounds Records):  |
| Propane Fuel for flame weeders |
| Mole Traps                     |
| Pest Management Professional   |
| Pesticides C                   |
| Total:                         |

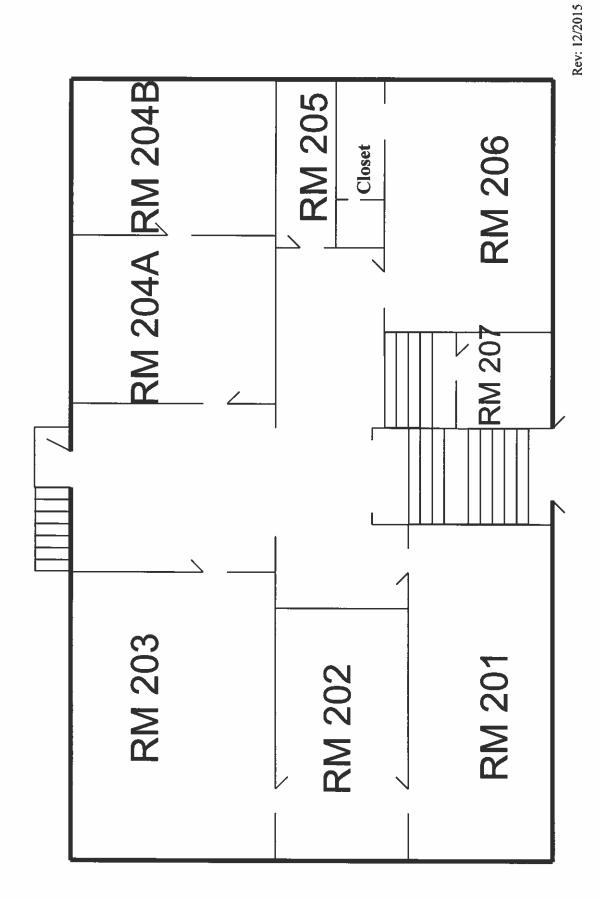
### DATA FROM SCHOOL DISTRICT (first part)

| Name of School District falls (Fty Sch. District 5)   |
|---|
| Pests, pest-conducive conditions, actions taken, Costs (taken from pest logs):  |
| Number of Pest Sightings Reported:  Small ants  |
| Number and Type of Pest Conducive Conditions: Standing water in Kitchen Window screens missing or torn Gap under external door Other  |
| Number of Actions Taken: Sanitation – Cleaned up Area Reduced Clutter Set rodent traps Sealed up hole or crack Fixed screen Installed external door sweep Pesticide Application |
| Breakdown of prevention and management steps taken that proved to be ineffective and led to the decision to make a pesticide application:                                       |
| Pest Problem and Date(s)  |
| Prevention and Management Steps and Date(s):  |
| Why Prevention and Management Steps Ineffective:  |
| Pesticide Applied and Date:   |

| chool   |  |   |
|---|--|---|
| PEST  | ICIDE APPLICATION RE                     | CORD                                      |
| This form meets all pesticide record-keeping re                         | quirements for schools in Oregon. Not    | e additional attachments required.        |
|   | Applicator                               |   |
| Name  | Phone                                    |   |
| License No.   | Certificate No.                          |   |
| Address   |  |   |
| City  | State                                    | Zip Code                                  |
|   | Destrict D CL 1997                       |   |
| Product (Brand) Name  | Pesticide Product Used  EPA Registration | No  |
| Product type (granular, liquid, etc.)                                   | I/ / Tregistation                        | NO  |
| Pesticide Label MSDS  Date and time for placement and removal of wa     | 1/4                                      | s, including dates the notices were given |
|   | Application Information                  |   |
| Time began  | Time ended                               | · · · · · · · · · · · · · · · · · · ·     |
| Temp  | Wind Speed & Di                          | rection                                   |
| Amount of Product Applied   |  |   |
| Total Product Volume or Weight  | Total Area of App                        | olication(s) (acres, feet, etc.)          |
|   |  |   |
| Product Concentration (amount per area, note                            | units)                                   |   |
| Product Concentration (amount per area, note Location(s) of application | units)                                   |   |
| Location(s) of application  Type of Application                         | units)                                   |   |
| Location(s) of application  | units)  Boom Sprayer                     | Crack/Crevice                             |
| Location(s) of application  Type of Application                         |  | Crack/Crevice                             |

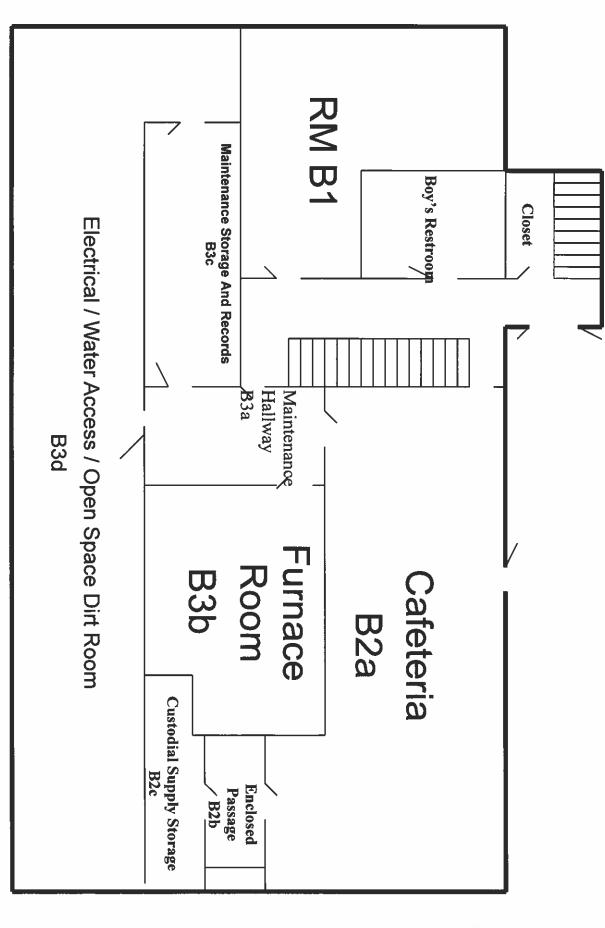


First Floor Street Side



Second Floor Street Side

### High School



Basement treet Side

1

Rev: 1022015

### **Annual IPM Inspection Form**

### (Pests and Pest Conducive Conditions Checklist)

| chool District | alls Coty School Wist, TS 1 |
|----------------|-----------------------------|
| School or Site | Elem                        |
| Date           | June 15 2017                |
| Inspected by   | 1.1 2 101+                  |

| Entryways                                | Yes | No | Not Sure | N/A |
|--|-----|----|----------|-----|
| Doors closed when not in use             | 1   |    |          |     |
| Doors shut tight and close on their own  | +   |    |          |     |
| Door sweeps installed so no ¼" gaps      | 17  |    |          |     |
| Cracks & crevices around door are sealed | 1   |    | 1        |     |

If pests are present in the area, write what kind here \_\_\_\_\_

Notes:

| Qutside Areas  | Yes | No | Not Sure | N/A |
|--|-----|----|----------|-----|
| Area free from trash, old vehicles, other pest attractants | 1   |    |          | -   |
| All trash cans have secure lids                            | 1   |    |          |     |
| Trash cans cleaned regularly                               | X   |    |          |     |
| Site has good drainage and is free from standing water     | X   |    |          |     |
| Bushes, shrubs, trees at least 18" from building           |     | X  |          |     |
| Tree branches not overhanging roof                         | X   | ,  |          |     |
| All dumpsters located away from building                   | +   |    |          |     |
| All dumpsters clean  | X   |    |          | 1   |
| No gaps between windows or screens and frame               | X   |    |          | 1   |
| Eves and roofs free from birds, wasps, etc.                |     | X  |          |     |
| Play structures free from wasp harborage areas             | X   |    |          |     |

| If pests are present in the area, write what kind here | yella. | Tockets |
|--|--------|---------|
|--|--------|---------|

| Classrooms of Offices Room # 1                              | Yes | No | Not Sure | N/A |
|---|-----|----|----------|-----|
| Free of unauthorized pesticides /04                         | X   |    |          |     |
| Free of clutter   | +   |    |          |     |
| Indoor plants healthy and free of pests                     |     |    |          |     |
| Desks, closets, and cubbies clean and free of food, clutter |     |    |          |     |
| All food items are stored in sealed plastic containers      | X   |    |          |     |
| Animal or bird cages are clean in and around the area       |     | -  |          |     |
| Any pet food is stored in sealed plastic containers         |     |    |          |     |
| Sinks are free of dripping or standing water                |     |    |          |     |
| Gaps or holes under sinks or counters have been sealed      |     |    |          |     |
| Holes or gaps to the outside are sealed                     | 1   |    |          |     |
| Outside windows and doors close tight and have no gaps      | X   |    |          |     |
| Window screens (if any) are in good repair                  |     |    | 1        |     |
| Nothing (except short-term) is stored in cardboard boxes    | 1   |    |          |     |

If pests are present in the area, write what kind here

Notes:

| Classrooms of Offices Room #                                | Yes | No | Not Sure | N/A |
|---|-----|----|----------|-----|
| Free of unauthorized pesticides                             |     |    |          |     |
| Free of clutter   |     |    |          |     |
| Indoor plants healthy and free of pests                     |     |    |          |     |
| Desks, closets, and cubbies clean and free of food, clutter |     |    |          |     |
| All food items are stored in sealed plastic containers      |     |    |          |     |
| Animal or bird cages are clean in and around the area       |     |    |          |     |
| Any pet food is stored in sealed plastic containers         |     |    |          |     |
| Sinks are free of dripping or standing water                |     |    |          |     |
| Gaps or holes under sinks or counters have been sealed      |     |    |          |     |
| Holes or gaps to the outside are sealed                     |     |    |          |     |
| Outside windows and doors close tight and have no gaps      |     |    |          |     |
| Window screens (if any) are in good repair                  |     |    |          |     |
| Nothing (except short-term) is stored in cardboard boxes    |     |    |          |     |
|   |     |    |          |     |

| f pests are present in the area, write what kind here |  |
|---|--|
|---|--|

upper

| **  | +     |                                 |                                     |
|-----|-------|---------------------------------|-------------------------------------|
| +++ | +     |                                 |                                     |
| +   | +     |                                 |                                     |
| X   | +     |                                 |                                     |
|     | +     |                                 |                                     |
|     |       |                                 |                                     |
|     |       | 1                               | ŀ                                   |
|     |       |                                 |                                     |
| X   |       |                                 |                                     |
| X   |       |                                 |                                     |
| 7   |       |                                 |                                     |
| X   |       |                                 |                                     |
| X   |       |                                 |                                     |
| X   |       |                                 |                                     |
|     | メナナナナ | x<br>x<br>x<br>x<br>x<br>x<br>x | \tag{\tag{\tag{\tag{\tag{\tag{\tag{ |

If pests are present in the area, write what kind here \_

Notes:

Room 105

| Classrooms of Offices Room# 107                             | Yes | No | Not Sure | N/A |
|---|-----|----|----------|-----|
| Free of unauthorized pesticides                             | X   |    |          |     |
| Free of clutter   | 7   |    |          |     |
| Indoor plants healthy and free of pests                     |     |    |          |     |
| Desks, closets, and cubbies clean and free of food, clutter | X   |    |          |     |
| All food items are stored in sealed plastic containers      | +   |    |          |     |
| Animal or bird cages are clean in and around the area       | `   |    |          |     |
| Any pet food is stored in sealed plastic containers         |     |    |          |     |
| Sinks are free of dripping or standing water                |     |    |          |     |
| Gaps or holes under sinks or counters have been sealed      | X   |    |          |     |
| Holes or gaps to the outside are sealed                     | +   |    | _        |     |
| Outside windows and doors close tight and have no gaps      | X   |    |          |     |
| Window screens (if any) are in good repair                  | X   |    |          |     |
| Nothing (except short-term) is stored in cardboard boxes    | 1   |    |          |     |
|   | 1   |    |          |     |

| f | pests are | present in | the area. | write | what | kind | here |   |
|---|-----------|------------|-----------|-------|------|------|------|---|
|   |           | 1          |           |       |      |      |      | - |

| Custodial and Custodial Closets Lower  | Yes | No | Not Sure | N/A     |
|--|-----|----|----------|---------|
| Area is free of unauthorized pesticides  | X   |    |          |         |
| Mops are clean and hanging up when not in use  | X   |    |          |         |
| Closets are free of trash and food   | X   |    |          |         |
| Custodial closets are in good order and organized  | X   |    |          | S (12%) |
| Trash cans and maid carts are emptied daily and clean  | X   |    |          |         |
| Break area is clean and free of food, crumbs and trash   | X   |    |          |         |
| Storage areas free of items stored in cardboard boxes  |     | X  |          |         |
| Break area free of cloth covered couches and chairs  |     |    |          |         |
| Custodians are trained in the IPM process  | 1   |    |          |         |
| IPM records (including pest logs, monitoring trap data, pest management actions, etc.) are on file | X   |    |          |         |

If pests are present in the area, write what kind here

Notes:

| Boiler Rooms and Fan Rooms Lover                          | Yes | No | Not Sure | N/A |
|---|-----|----|----------|-----|
| Free of unauthorized pesticides                           | X   |    |          |     |
| Room is free of standing water                            | 1   |    |          |     |
| Room is cleaned regularly                                 | +   |    |          |     |
| Room is free of trash and food                            | 1   |    |          |     |
| Room is free of storage, especially in cardboard boxes    | T   |    |          |     |
| Floor drains are clean                                    | +   |    |          |     |
| Plumbing is free of leaks and condensation                | 1   |    |          |     |
| Cracks or holes in floors and walls are sealed properly   | V   |    |          |     |
| Outside air intakes are properly screened & free of trash | X   |    |          |     |

If pests are present in the area, write what kind here

| Teachers Lounge / 06 a                                    | Yes | No  | Not Sure | N/A |
|---|-----|-----|----------|-----|
| Room is free of cloth couches and chairs                  | X   | -0- |          |     |
| It's clean behind and under microwave                     | 1   |     |          |     |
| It's clean under and behind vending machines              |     |     |          |     |
| It's clean inside, under, and behind the refrigerator     | 1   |     |          |     |
| All counters clean and free of food bits and such         | 8   |     |          |     |
| Floor at every corner is clean and without signs of pests | 1   |     |          |     |
| Under sink is kept clean                                  |     | ~   |          |     |
| Cupboards clean and any food is in sealed containers      | 1   |     | 1        |     |
| Free of unauthorized pesticides                           | 1   |     |          |     |
| Pest monitors (sticky traps) are present and dated        |     | +   |          |     |
| Pest log is posted  |     | +   |          |     |

If pests are present in the area, write what kind here

Notes:

| Classrooms of Offices Room # Lover                          | Yes | No | Not Sure | N/A  |
|---|-----|----|----------|------|
| Free of unauthorized pesticides                             | +   |    |          |      |
| Free of clutter   | X   |    |          |      |
| Indoor plants healthy and free of pests                     |     | -  |          | - Vi |
| Desks, closets, and cubbies clean and free of food, clutter | X   |    |          |      |
| All food items are stored in sealed plastic containers      | +   |    |          |      |
| Animal or bird cages are clean in and around the area       |     |    |          |      |
| Any pet food is stored in sealed plastic containers         |     |    |          |      |
| Sinks are free of dripping or standing water                | X   |    |          |      |
| Gaps or holes under sinks or counters have been sealed      | X   |    |          |      |
| Holes or gaps to the outside are sealed                     | X   |    | 1        |      |
| Outside windows and doors close tight and have no gaps      | X   |    | 1        |      |
| Window screens (if any) are in good repair                  | X   |    |          |      |
| Nothing (except short-term) is stored in cardboard boxes    | X   |    |          | 1    |

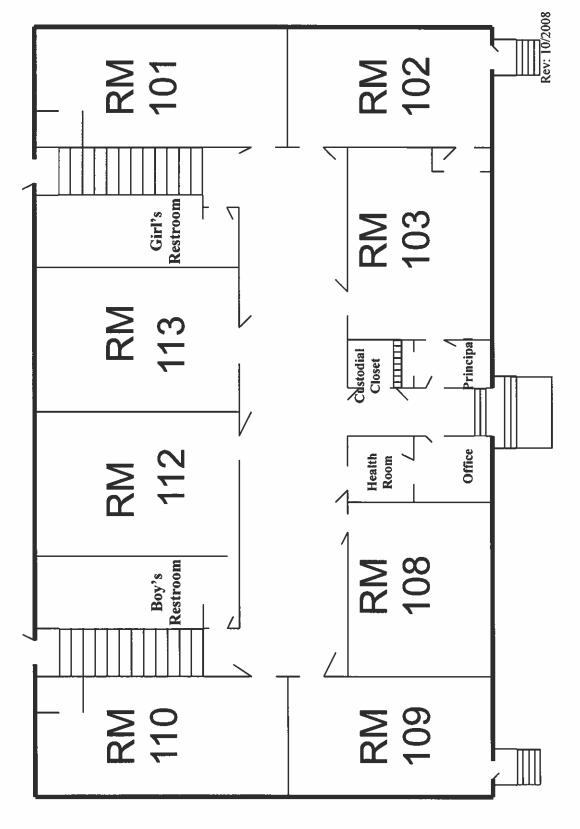
If pests are present in the area, write what kind here \_

Kitchen toffice

| Kitchen and Food Preparation Area                         | Yes | No | Not Sure | N/A |
|---|-----|----|----------|-----|
| Free of unauthorized pesticides                           | K   |    |          |     |
| Trash emptied daily                                       | t   |    | 1        |     |
| Door sweeps installed so no ¼" gaps                       |     |    |          |     |
| Floor at every corner is clean and without signs of pests |     |    |          |     |
| Area is free of standing water                            |     |    |          |     |
| Floor drains and floor sinks are clean                    |     |    |          |     |
| All faucets close properly and have no leaks or drips     |     | X  |          |     |
| Under stoves, sinks, and dishwasher kept clean            |     |    | 1        |     |
| No open holes or other access to outside                  | X   |    |          |     |
| Any cracks in walls or floors are sealed properly         | X   |    |          |     |
| Windows have screens on them                              | X   | 1  |          |     |
| Vents are free of grease and dirt                         | X   |    |          |     |
| Storage is kept off the floor on wire rack shelving       | X   |    |          |     |
| Food is put away and stored properly in sealed containers | X   |    |          |     |
| Cardboard boxes present                                   | X   |    |          |     |
| No long term storage of anything in cardboard boxes       |     | X  |          |     |
| Pest monitors (sticky traps) are present and dated        |     | X  |          |     |
| Pest log is posted  |     | IX |          |     |
| Breaker boxes free of evidence of pests                   | X   |    |          |     |
|   |     |    | 2        |     |

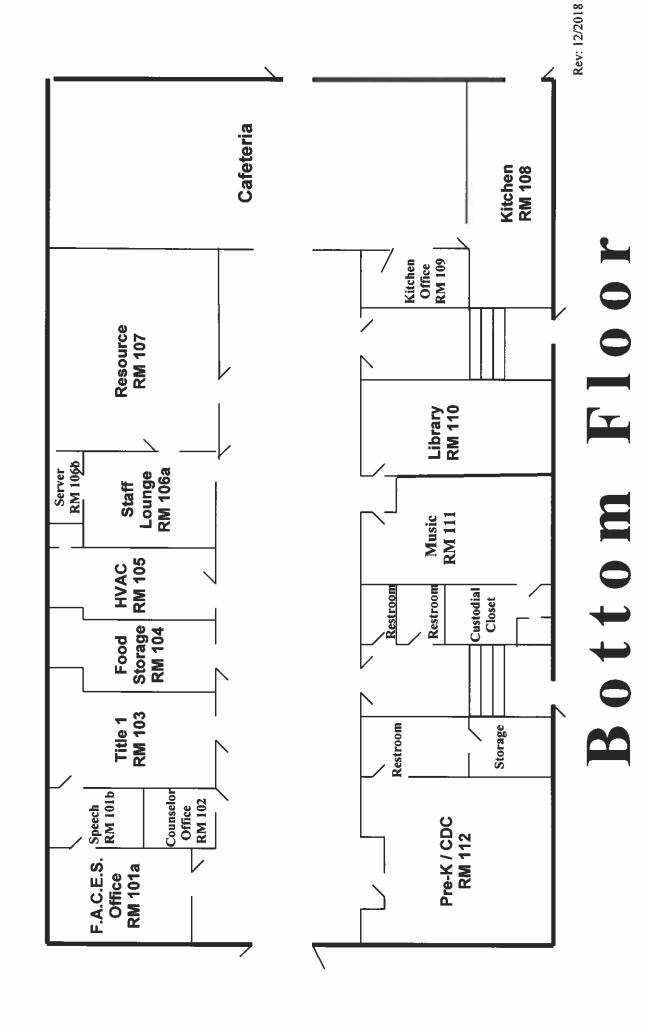
If pests are present in the area, write what kind here

### Elementary



Top Floor

## Elementary



### DATA FROM INDIVIDUAL SCHOOL (second part)

| Costs (from Pest Logs):        |
|--------------------------------|
| Sticky traps # 55-20           |
| Mouse traps                    |
| Rat traps                      |
| Pest Management Professional   |
| Pesticides                     |
| Total: \$ 55.20                |
| Costs (from Grounds Records):  |
| Propane Fuel for flame weeders |
| Mole Traps                     |
| Pest Management Professional   |
| Pesticides C                   |
| Total:                         |

### DATA FROM SCHOOL DISTRICT (first part)

| Name of School District Falk City School Dist. #57  |
|---|
| Pests, pest-conducive conditions, actions taken, Costs (taken from pest logs)   |
| Number of Pest Sightings Reported:  Small ants  |
| Number and Type of Pest Conducive Conditions:  Standing water in Kitchen  Window screens missing or torn  Gap under external door  Other  |
| Number of Actions Taken:  Sanitation – Cleaned up Area 6  Reduced Clutter 2  Set rodent traps 9  Sealed up hole or crack / Fixed screen 9  Installed external door sweep 9  Pesticide Application 9 |
| Breakdown of prevention and management steps taken that proved to be ineffective and led to the decision to make a pesticide application:  Pest Problem and Date(s)                                 |
| Prevention and Management Steps and Date(s):  |
| Why Prevention and Management Steps Ineffective:  |
| Pesticide Applied and Date:   |

| Date of Application / Day Year                        | r   |
|---|---|
| School  |   |
| PESTICID  | DE APPLICATION RECORD   |
| This form meets all pesticide record-keeping requirem | nents for schools in Oregon. Note additional attachments required.    |
|   | Applicator  |
| Name  | Phone   |
| License No.   | Certificate No.   |
| Address   |   |
| City  | State Zip Code  |
|   |   |
|   | Pesticide Product Used  |
| Product (Brand) Name                                  | EPA Registration No   |
| Product type (granular, liquid, etc.)                 | <del>*************************************</del>                      |
| Attach following documents  Pesticide Label MSDS      | Copies of a prequired notices, including dates the notices were given |
|   | / A   |
| Date and time for placement and removal of warning s  | signs Placement Removal:  |
|   | Amuliantia a Informatia   |
|   | Application Information   |
| Time began  | Time ended  |
| Temp  | Wind Speed & Direction  |
| Amount of Product Applied                             |   |
| Total Product Volume or Weight                        | Total Area of Application(s) (acres, feet, etc.)                      |
| Product Concentration (amount per area; note units)   |   |
| Location(s) of application                            |   |
| Type of Application                                   |   |
| Backpack Bait   | Boom Sprayer Crack/Crevice  |
| Cabon (describe)                                      |   |
| Other (describe)                                      |   |
| Did the application prove effective? Explain:         |   |
|   |   |

### **Annual IPM Inspection Form**

(Pests and Pest Conducive Conditions Checklist)

School District Falls Coty School Dist, #57

School or Site Lib / Sex. Bldg

| Date         | June | 15 | 2017    |
|--------------|------|----|---------|
| Inspected by | John | W. | Gelbert |

| Entryways                                | Yes | No | Not Sure | N/A |
|--|-----|----|----------|-----|
| Doors closed when not in use             | X   |    |          |     |
| Doors shut tight and close on their own  | +   |    |          |     |
| Door sweeps installed so no ¼" gaps      | 1   |    |          |     |
| Cracks & crevices around door are sealed | 1   |    |          |     |

Notes:

| Outside Areas  | Yes | No | Not Sure | N/A |
|--|-----|----|----------|-----|
| Area free from trash, old vehicles, other pest attractants | +   |    |          |     |
| All trash cans have secure lids                            | X   |    |          |     |
| Trash cans cleaned regularly                               | 7   |    |          |     |
| Site has good drainage and is free from standing water     | +   |    |          |     |
| Bushes, shrubs, trees at least 18" from building           |     | +  |          |     |
| Tree branches not overhanging roof                         |     | 1  |          |     |
| All dumpsters located away from building                   | +   | 1  |          |     |
| All dumpsters clean  | 1   |    |          |     |
| No gaps between windows or screens and frame               | 1   |    |          |     |
| Eves and roofs free from birds, wasps, etc.                | 1+  |    |          |     |
| Play structures free from wasp harborage areas             |     |    |          | -   |

| If pests are present in the area, write what kind here $\_$ |
|---|
|---|

Science Rm.

| Classrooms or Offices Room #                                | Yes | No         | Not Sure | N/A |
|---|-----|------------|----------|-----|
| Free of unauthorized pesticides                             | +   |            |          |     |
| Free of clutter   | +   |            |          |     |
| Indoor plants healthy and free of pests                     |     |            |          |     |
| Desks, closets, and cubbies clean and free of food, clutter |     |            |          |     |
| All food items are stored in sealed plastic containers      |     |            |          |     |
| Animal or bird cages are clean in and around the area       |     |            |          |     |
| Any pet food is stored in sealed plastic containers         |     |            |          |     |
| Sinks are free of dripping or standing water                | X   |            |          |     |
| Gaps or holes under sinks or counters have been sealed      |     | 1          |          |     |
| Holes or gaps to the outside are sealed                     | X   |            | Í        |     |
| Outside windows and doors close tight and have no gaps      | +   | 12 13 13 E |          |     |
| Window screens (if any) are in good repair                  | +   |            |          |     |
| Nothing (except short-term) is stored in cardboard boxes    | +   |            |          |     |

|   | - |          |
|---|---|----------|
| f pests are present in the area, write what kind here 🥏 🦯   | - | <i>t</i> |
| process of a process of the process | _ |          |

Notes:

Library

| Yes | No   | Not Sure | N/A             |
|-----|------|----------|-----------------|
| X   | 3.77 |          |                 |
| 7   |      |          |                 |
| X   |      |          |                 |
| +   |      |          |                 |
|     |      |          |                 |
|     |      |          |                 |
|     |      |          |                 |
| X   |      |          |                 |
|     | +    |          |                 |
| 1   |      |          |                 |
| 1   |      |          |                 |
| +   |      |          |                 |
| 4   |      |          |                 |
|     | Yes  | Yes No   | Yes No Not Sure |

| f pests are present in the area, write wha | t kind here |
|--|-------------|
|--|-------------|

| Yes | No   | Not Sure | N/A             |
|-----|------|----------|-----------------|
| X   | -    |          |                 |
| +   |      |          |                 |
| +   |      |          |                 |
|     | 1    |          |                 |
|     | 1    |          |                 |
| X   | 2 33 |          |                 |
| +   |      |          |                 |
| X   | V-1  |          |                 |
| +   |      | 1770     |                 |
|     | Yes  | Yes No   | Yes No Not Sure |

If pests are present in the area, write what kind here

Notes:

| Other Room: Library                                     | Yes | No   | Not Sure | N/A |
|---|-----|------|----------|-----|
| Free of unauthorized pesticides                         | X   |      |          |     |
| Room is free of standing water                          | 1   |      |          |     |
| Room is free of trash and food                          | X   |      |          |     |
| Room is free of storage, especially in cardboard boxes  | 7   |      | <u> </u> |     |
| Any food items are stored in sealed plastic containers  |     | -20- | 1        |     |
| Free of clutter   | 1   |      | -        |     |
| Cracks or holes in floors and walls are sealed properly | 7   |      | 1        |     |
| Outside windows and doors close tight and have no gaps  | 1   |      | 1        |     |
| Window screens (if any) are in good repair              | +   |      | 1        |     |

| Custodial and Custodial Closets  | Yes  | No | Not Sure | N/A |
|--|------|----|----------|-----|
| Area is free of unauthorized pesticides  | X    |    |          |     |
| Mops are clean and hanging up when not in use  | 17   |    |          |     |
| Closets are free of trash and food   | 1 in |    |          |     |
| Custodial closets are in good order and organized  | X    |    |          |     |
| Trash cans and maid carts are emptied daily and clean  | X    |    |          |     |
| Break area is clean and free of food, crumbs and trash   | X    |    |          |     |
| Storage areas free of items stored in cardboard boxes  |      | X  |          |     |
| Break area free of cloth covered couches and chairs  | X    |    |          |     |
| Custodians are trained in the IPM process  | 1    |    |          |     |
| IPM records (including pest logs, monitoring trap data, pest management actions, etc.) are on file |      |    |          |     |

| If pests are present in the area, write what kind here | / | // | K |  |
|--|---|----|---|--|
|  |   | 7  | 1 |  |

| Boiler Rooms and Fan Rooms                                |   | No | Not Sure | N/A |
|---|---|----|----------|-----|
| Free of unauthorized pesticides                           | X |    |          |     |
| Room is free of standing water                            | 1 |    |          |     |
| Room is cleaned regularly                                 | + |    |          |     |
| Room is free of trash and food                            | X |    |          |     |
| Room is free of storage, especially in cardboard boxes    | 1 |    |          |     |
| Floor drains are clean                                    | 1 |    |          |     |
| Plumbing is free of leaks and condensation                | 1 |    |          |     |
| Cracks or holes in floors and walls are sealed properly   | 1 |    |          | 1   |
| Outside air intakes are properly screened & free of trash | X |    |          |     |
| outside an intakes are properly screened & free of trasti |   |    |          |     |

| If pests are present in the area, write what kind here | N | / | K |  |
|--|---|---|---|--|
| Notes:   | / | , |   |  |

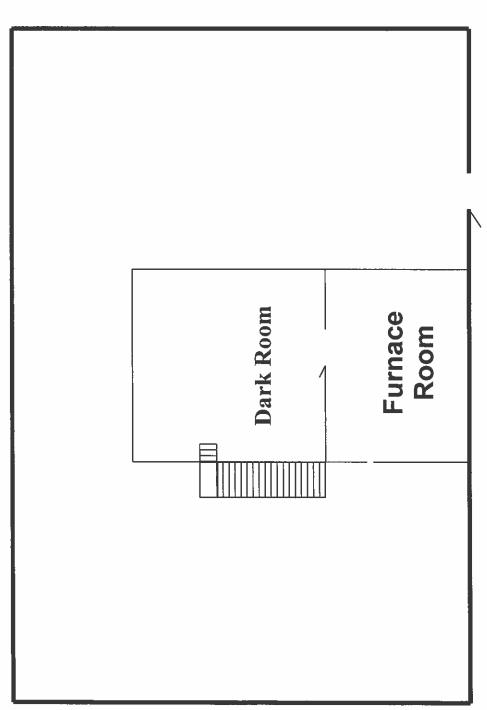
| Other Room:   | Yes | No | Not Sure | N/A |
|---|-----|----|----------|-----|
| Free of unauthorized pesticides                         | X   |    |          |     |
| Room is free of standing water                          | 7   |    |          |     |
| Room is free of trash and food                          | X   | 9  |          |     |
| Room is free of storage, especially in cardboard boxes  |     |    |          |     |
| Any food items are stored in sealed plastic containers  | 7   | -  |          |     |
| Free of clutter   | 1   |    |          |     |
| Cracks or holes in floors and walls are sealed properly | 1   |    |          |     |
| Outside windows and doors close tight and have no gaps  | 7   |    |          |     |
| Window screens (if any) are in good repair              | 7   |    | 1        |     |
| ,                 | -4  |    |          |     |

| If pests are present in the area, | , write what kind here |
|-----------------------------------|------------------------|
|-----------------------------------|------------------------|

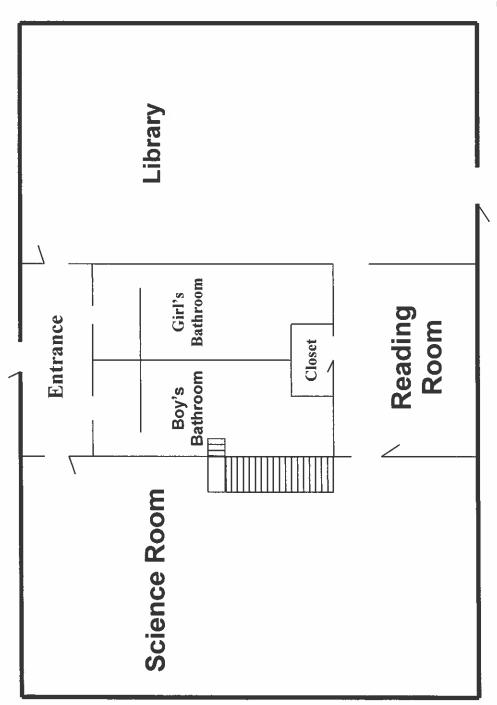
Notes:

| Other Room:   | Yes | No | Not Sure | N/A |
|---|-----|----|----------|-----|
| Free of unauthorized pesticides                         |     |    |          | ,,, |
| Room is free of standing water                          |     |    |          |     |
| Room is free of trash and food                          |     |    |          | -   |
| Room is free of storage, especially in cardboard boxes  |     |    | 1        |     |
| Any food items are stored in sealed plastic containers  |     |    |          |     |
| Free of clutter   | -   |    |          |     |
| Cracks or holes in floors and walls are sealed properly |     |    | -        |     |
| Outside windows and doors close tight and have no gaps  |     |    | 1        |     |
| Window screens (if any) are in good repair              | ·   | 1  | 1        |     |
| , ,, = = good (cpull                                    |     |    |          |     |

| lt p | ests are present in the a | ea, write what kind | here |  |
|------|---------------------------|---------------------|------|--|
|      |                           |                     |      |  |



Rev: 10/2008



Rev: 10/2008

### DATA FROM INDIVIDUAL SCHOOL (second part)

| Costs (from Pest Logs):        |
|--------------------------------|
| Sticky traps # 55.             |
| Mouse traps                    |
| Rat traps                      |
| Pest Management Professional   |
| Pesticides                     |
| Total: \$ 55. 00               |
|                                |
| Costs (from Grounds Records):  |
| Propane Fuel for flame weeders |
| Mole Traps                     |
| Pest Management Professional   |
| Pesticides                     |
| Total:                         |

### DATA FROM SCHOOL DISTRICT (first part)

| Name of School District Falls Coty Sch. Dist. # 57   |
|--|
| Pests, pest-conducive conditions, actions taken, Costs (taken from pest logs):   |
| Number of Pest Sightings Reported:  Small ants Bats Cockroaches Spiders Yellow Jackets Other   |
| Number and Type of Pest Conducive Conditions: Standing water in Kitchen Window screens missing or torn Gap under external door Other   |
| Number of Actions Taken:  Sanitation – Cleaned up Area  Reduced Clutter  Set rodent traps  Sealed up hole or crack  Fixed screen  Installed external door sweep  Pesticide Application |
| Breakdown of prevention and management steps taken that proved to be ineffective and led to the decision to make a pesticide application:  |
| Pest Problem and Date(s)   |
| Prevention and Management Steps and Date(s):   |
| Why Prevention and Management Steps Ineffective:   |
| Pesticide Applied and Date:  |

| PESTICIDE APPLICATION RECORD  This form meets all pesticide record-keeping requirements for schools in Oregon. Note additional attachments required.  Applicator  Name Phone  License No. Certificate No. Address  City State Pesticide Product Used  Product (Brand) Name Product (Brand) | Date of Application / |                      |                    |                     |   |
|--|---|----------------------|--------------------|---------------------|---|
| This form meets all pesticide record-keeping requirements for schools in Oregon. Note additional attachments required.  Applicator  Name   | School  |                      |                    |                     |   |
| Applicator Name Phone  License No. Certificate No.  Address  City State Zip Code  Pesticide Product Used  Product (Brand) Name EPA Registration No  Product type (granular, liquid, etc.)  Attach following documents Pesticide Label MSDS Cories of all required notices, including dates the notices were given   Date and time for placement and removal of warning signs Placement: Removal:  Application Information  Time began Time ended  Temp Wind Speed & Direction  Amount of Product Applied  Total Product Volume or Weight Total Area of Application(s) (acres, feet, etc.)  Product Concentration (amount per area, note units)  Location(s) of application  Type of Application  Backpack Bait Boom Sprayer Crack/Crevice Cother (describe)  | PESTICIDE APP   | LICATION RE          | CORD               |                     |   |
| Name Phone  License No. Certificate No.  Address  City State Zip Code  Pesticide Product Used  Product (Brand) Name EPA Registration No  Product type (granular, liquid, etc.)  Attach following documents Pesticide Label MSDS Codies of all required notices, including dates the notices were given  Date and time for placement and removal of warning signs  Application Information  Time began Time ended  Temp Wind Speed & Direction  Amount of Product Applied  Total Product Volume or Weight Total Area of Application(s) (acres, feet, etc.)  Product Concentration (amount per area; note units)  Location(s) of application  Type of Application  Backpack Balt Boom Sprayer Crack/Crevice  Other (describe)  | This form meets all pesticide record-keeping requirements for so  | chools in Oregon. No | té additional ati  | tachments required. |   |
| License No.  Address  City  State  Pesticide Product Used  Product (Brand) Name  Product type (granular, liquid, etc.)  Attach following documents  Pesticide Label  MSDS  Codies of all required notices, including dates the notices were given  Date and time for placement and removal of warning signs  Placement:  Removal:  Application Information  Time began  Time ended  Temp  Wind Speed & Direction  Amount of Product Applied  Total Product Volume or Weight  Total Area of Application(s) (acres, feet, etc.)  Product Concentration (amount per area; note units)  Location(s) of application  Type of Application  Backpack  Balt  Boom Sprayer  Crack/Crevice  Other (describe)   | Ар  | plicator             |                    |                     |   |
| Pesticide Product Used  Product (Brand) Name  Product type (granular, liquid, etc.)  Attach following documents  Pesticide Label MSDS Copies of all required notices, including dates the notices were given  Date and time for placement and removal of warning signs  Placement: Removal:  Application Information  Time began Time ended  Temp Wind Speed & Direction  Amount of Product Applied  Total Product Volume or Weight Total Area of Application(s) (acres, feet, etc.)  Product Concentration (amount per area, note units)  Location(s) of application  Type of Application  Backpack Bait Boom Sprayer Crack/Crevice  Other (describe)   | Name  | Phone                |                    |                     |   |
| Pesticide Product Used  Product (Brand) Name EPA Registration No  Product type (granular, liquid, etc.)  Attach following documents Pesticide Label MSDS Coyles of all required notices, including dates the notices were given Placement and removal of warning signs Placement: Removal:  Application Information  Time began Time ended  Temp Wind Speed & Direction  Amount of Product Applied  Total Product Volume or Weight Total Area of Application(s) (acres, feet, etc.)  Product Concentration (amount per area, note units)  Location(s) of application  Backpack Bait Boom Sprayer Crack/Crevice  Other (describe)   | License No.   | Certificate No.      |                    |                     |   |
| Product (Brand) Name   | Address   | [2                   |                    |                     |   |
| Product type (granular, liquid, etc.)  Attach following documents Pesticide Label MSDS Codies of all required notices, including dates the notices were given Date and time for placement and removal of warning signs Placement: Removal:  Application Information  Time began Time ended  Temp Wind Speed & Direction  Amount of Product Applied  Total Product Volume or Weight Total Area of Application(s) (acres, feet, etc.)  Product Concentration (amount per area; note units)  Location(s) of application  Type of Application  Backpack Bait Boom Sprayer Crack/Crevice  Other (describe)  | City  | State                |                    | Zip Code            |   |
| Product type (granular, liquid, etc.)  Attach following documents Pesticide Label  | Pesticide   | Product Used         |                    |                     | _ |
| Attach following documents  Pesticide Label  |   |                      | No                 |                     |   |
| Pesticide Label MSDS Copies of all required notices, including dates the notices were given  Date and time for placement and removal of warning signs Placement: Removal:  Application Information  Time began Time ended  Temp Wind Speed & Direction  Amount of Product Applied  Total Product Volume or Weight Total Area of Application(s) (acres, feet, etc.)  Product Concentration (amount per area; note units)  Location(s) of application  Type of Application  Backpack Bait Boom Sprayer Crack/Crevice  Other (describe)   | Product type (granular, liquid, etc.)   | /                    |                    |                     |   |
| Time began Time ended  Temp Wind Speed & Direction  Amount of Product Applied  Total Product Volume or Weight Total Area of Application(s) (acres, feet, etc.)  Product Concentration (amount per area; note units)  Location(s) of application  Type of Application  Backpack Bait Boom Sprayer Crack/Crevice  Other (describe)   | Date and time for placement and removal of warning signs  | Placement:           |                    | Removal:            |   |
| Temp Wind Speed & Direction  Amount of Product Applied  Total Product Volume or Weight Total Area of Application(s) (acres, feet, etc.)  Product Concentration (amount per area; note units)  Location(s) of application  Type of Application  Backpack Bait Boom Sprayer Crack/Crevice  Other (describe)  |   |                      |                    |                     |   |
| Amount of Product Applied  Total Product Volume or Weight  Total Area of Application(s) (acres, feet, etc.)  Product Concentration (amount per area; note units)  Location(s) of application  Type of Application  Backpack  Bait  Boom Sprayer  Crack/Crevice  Other (describe)   |   |                      |                    |                     |   |
| Total Product Volume or Weight  Product Concentration (amount per area; note units)  Location(s) of application  Type of Application  Backpack  Bait  Boom Sprayer  Crack/Crevice  Other (describe)  | 7-70-00   | Wind Speed & D       | Pirection          |                     |   |
| Product Concentration (amount per area; note units)  Location(s) of application  Type of Application  Backpack Bait Boom Sprayer Crack/Crevice  Other (describe)   | 41  |                      |                    |                     |   |
| Location(s) of application  Type of Application  Backpack Bait Boom Sprayer Crack/Crevice  Other (describe)  | Total Product Volume or Weight  | Total Area of Ar     | plication(s) (acre | es, feet, etc.)     |   |
| Type of Application  Backpack Bait Boom Sprayer Crack/Crevice  Other (describe)  | Product Concentration (amount per area; note units)   |                      |                    |                     |   |
| Backpack Bait Boom Sprayer Crack/Crevice  Other (describe)   | Location(s) of application  |                      |                    |                     | - |
|  |   | Boom Sprayer         |                    | Crack/Crevice       |   |
| Did the application prove effective? Explain:  | Other (describe)  |                      |                    |                     |   |
|  | Did the application prove effective? Explain:   |                      |                    |                     |   |

### **Annual IPM Inspection Form**

### (Pests and Pest Conducive Conditions Checklist)

| School District_ | Falls | City | School | Dist. | #57 |
|------------------|-------|------|--------|-------|-----|
|                  |       |      |        |       |     |

| School or Site | Gym  |     |    |    |  |
|----------------|------|-----|----|----|--|
| Date           | June | 15  | 20 | 17 |  |
| Inspected by   |      | 2.2 |    |    |  |

| Entryways                                | Yes | No   | Not Sure | N/A |
|--|-----|------|----------|-----|
| Doors closed when not in use             | X   |      |          |     |
| Doors shut tight and close on their own  | +   | 7.00 |          |     |
| Door sweeps installed so no ½" gaps      | 1   | -    |          |     |
| Cracks & crevices around door are sealed | 1   |      | 1        |     |

| Н | pests are present in the area, write what kind here | 3 | 0 |  |
|---|---|---|---|--|
|   | ,             |   |   |  |

Notes:

| Outside Areas  | Yes | No | Not Sure | N/A |
|--|-----|----|----------|-----|
| Area free from trash, old vehicles, other pest attractants | X   |    |          |     |
| All trash cans have secure lids                            | 7   |    |          |     |
| Trash cans cleaned regularly                               | X   |    |          | 7   |
| Site has good drainage and is free from standing water     | 1   |    |          |     |
| Bushes, shrubs, trees at least 18" from building           | X   |    |          |     |
| Tree branches not overhanging roof                         | X   |    |          |     |
| All dumpsters located away from building                   | 1   |    |          |     |
| All dumpsters clean  | X   |    |          |     |
| No gaps between windows or screens and frame               | X   |    |          |     |
| Eves and roofs free from birds, wasps, etc.                | 1   |    |          |     |
| Play structures free from wasp harborage areas             | X   |    |          |     |

| If pests are present in the area, write what kind here $\_\_$ | 2 | <br> |
|---|---|------|
|   |   |      |

Athletic Equipmet

| Other Room: Bus Cocker Ron                              | Yes | No | Not Sure | N/A |
|---|-----|----|----------|-----|
| Free of unauthorized pesticides                         |     |    |          |     |
| Room is free of standing water                          | 4   |    | İ        |     |
| Room is free of trash and food                          | +   |    |          |     |
| Room is free of storage, especially in cardboard boxes  | 1   |    |          |     |
| Any food items are stored in sealed plastic containers  |     |    |          |     |
| Free of clutter   | X   |    |          |     |
| Cracks or holes in floors and walls are sealed properly | X   |    |          |     |
| Outside windows and doors close tight and have no gaps  | 1   |    |          |     |
| Window screens (if any) are in good repair              |     |    | 1        |     |

| If pests are present in the area, write what kind here |  |
|--|--|
| If pests are present in the area, write what kind here |  |

Notes:

Coundy Ron

| Yes | No                                       | Not Sure | N/A             |
|-----|--|----------|-----------------|
| X   |  |          |                 |
| 7   |  |          |                 |
| X   |  |          |                 |
| +   |  |          |                 |
|     | - 27                                     |          | 10000           |
| X   | 7  |          |                 |
| *   |  |          |                 |
| 8   |  |          |                 |
|     |  |          |                 |
|     |  |          |                 |
|     | Yes XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | Yes No   | Yes No Not Sure |

| If pests are present in the are | a, write what kind here |
|---------------------------------|-------------------------|
|---------------------------------|-------------------------|

| Custodial and Custodial Closets                         | Yes | No | Not Sure | N/A |
|---|-----|----|----------|-----|
| Area is free of unauthorized pesticides                 | X   |    |          |     |
| Mops are clean and hanging up when not in use           | X   |    |          |     |
| Closets are free of trash and food                      | ×   |    |          |     |
| Custodial closets are in good order and organized       | X   |    |          |     |
| Trash cans and maid carts are emptied daily and clean   | >   |    |          |     |
| Break area is clean and free of food, crumbs and trash  | X   |    |          |     |
| Storage areas free of items stored in cardboard boxes   |     | X  |          |     |
| Break area free of cloth covered couches and chairs     |     |    |          |     |
| Custodians are trained in the IPM process               | X   |    |          |     |
| IPM records (including pest logs, monitoring trap data, |     |    |          |     |
| pest management actions, etc.) are on file              | X   |    |          |     |

| Ιf  | pests are present in th | e area, write what kind here   | 0 |
|-----|-------------------------|--------------------------------|---|
| • • | bears are breache in th | c dica, write will killy liefe |   |

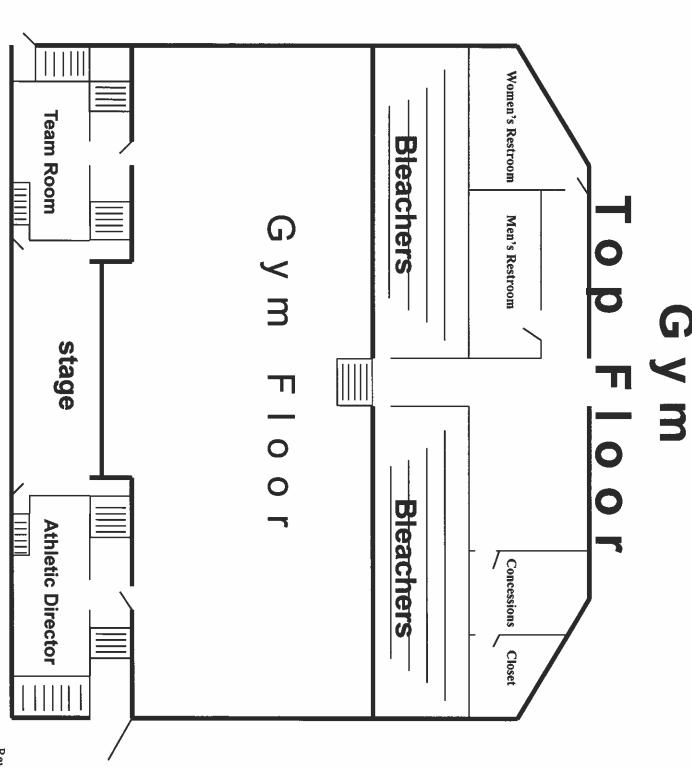
Notes:

| Boiler Rooms and Fan Rooms                                | Yes | No | Not Sure | N/A |
|---|-----|----|----------|-----|
| Free of unauthorized pesticides                           | 4   |    |          |     |
| Room is free of standing water                            | X   |    |          |     |
| Room is cleaned regularly                                 | 7   | -  |          |     |
| Room is free of trash and food                            | +   |    |          |     |
| Room is free of storage, especially in cardboard boxes    | +   |    |          |     |
| Floor drains are clean                                    | 1   |    |          |     |
| Plumbing is free of leaks and condensation                | X   |    |          |     |
| Cracks or holes in floors and walls are sealed properly   | X   |    |          |     |
| Outside air intakes are properly screened & free of trash | ×   |    |          |     |
|   |     |    |          |     |

| If pests are present in the area, write what kind here | 6 |
|--|---|
|  |   |

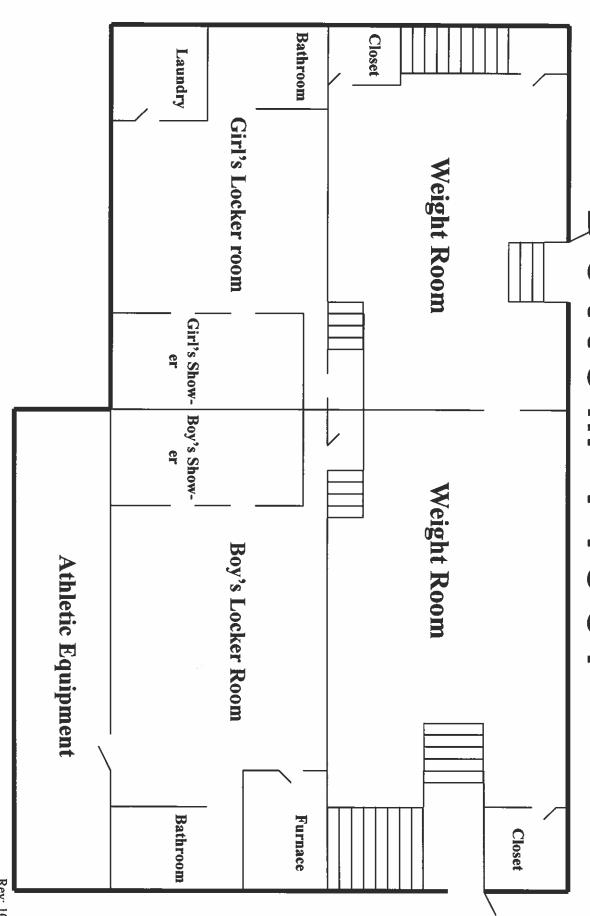
| Other Room:   | Yes | No | Not Sure | N/A |
|---|-----|----|----------|-----|
| Free of unauthorized pesticides                         | X-  |    |          |     |
| Room is free of standing water                          | X   |    |          |     |
| Room is free of trash and food                          | K   |    |          |     |
| Room is free of storage, especially in cardboard boxes  | 8   |    |          |     |
| Any food items are stored in sealed plastic containers  |     |    |          | -   |
| Free of clutter   | 7   |    |          |     |
| Cracks or holes in floors and walls are sealed properly | X   |    |          |     |
| Outside windows and doors close tight and have no gaps  | X   |    |          |     |
| Window screens (if any) are in good repair              |     |    |          |     |

| If pests are present in the area, write what kind here | re present in the area, write what kind here |  |
|--|--|--|
|--|--|--|



Rev: 10/2008

# Bottom Floor



Rev: 10/2008

### DATA FROM INDIVIDUAL SCHOOL (second part)

| Costs (from Pest Logs):        |  |  |  |
|--------------------------------|--|--|--|
| Sticky traps \$ 5.5,           |  |  |  |
| Mouse traps                    |  |  |  |
| Rat traps                      |  |  |  |
| Pest Management Professional   |  |  |  |
| Pesticides —                   |  |  |  |
| Total: \$ 55.00                |  |  |  |
| ι'                             |  |  |  |
|                                |  |  |  |
| Costs (from Grounds Records):  |  |  |  |
| Propane Fuel for flame weeders |  |  |  |
| Mole Traps                     |  |  |  |
| Pest Management Professional   |  |  |  |
| Pesticides                     |  |  |  |
| Total:                         |  |  |  |

### DATA FROM SCHOOL DISTRICT (first part)

| Name of School District Falls Coty Sch Dist#57   |
|--|
| Pests, pest-conducive conditions, actions taken, Costs (taken from pest logs):   |
| Number of Pest Sightings Reported:  Small ants 3  Bats Cockroaches 5  Spiders 2  Yellow Jackets 2  Other 6   |
| Number and Type of Pest Conducive Conditions: Standing water in Kitchen Window screens missing or torn Gap under external door Other   |
| Number of Actions Taken:  Sanitation – Cleaned up Area Reduced Clutter Set rodent traps Sealed up hole or crack Fixed screen Installed external door sweep Pesticide Application |
| Breakdown of prevention and management steps taken that proved to be ineffective and led to the decision to make a pesticide application:  |
| Pest Problem and Date(s)   |
| Prevention and Management Steps and Date(s):   |
| Why Prevention and Management Steps Ineffective:   |
| Pesticide Applied and Date:  |

| Date of Application////  |  |                             |  |  |
|--|--|-----------------------------|--|--|
| Chool  |  |                             |  |  |
| PESTICIDE APPL   | CATION RECORD                                    |                             |  |  |
| This form meets all pesticide record-keeping requirements for scho | ols in Oregon. Note additional a                 | ttachments required.        |  |  |
| Appli  | ator   | X                           |  |  |
| Name   | Phone  |                             |  |  |
| License No.  | Certificate No.                                  |                             |  |  |
| Address  | 14   |                             |  |  |
| City   | State  | Zip Code                    |  |  |
| Pesticide P  | oduct Used                                       |                             |  |  |
| Product (Brand) Name   | roduct (Brand) Name EPA Régistration No          |                             |  |  |
| Product type (granular, liquid, etc.)                              |  |                             |  |  |
| Attach following documents  Pesticide Label MSDS Copies            | fall required notices, including da              | ates the notices were given |  |  |
| Date and time for placement and removal of warning signs           | Placement:                                       | Removal:                    |  |  |
| Application  | Information                                      |                             |  |  |
| Time began   | Time ended                                       |                             |  |  |
| Temp   | Wind Speed & Direction                           |                             |  |  |
| Amount of Product Applied  |  | 79                          |  |  |
| Total Product Volume or Weight                                     | Total Area of Application(s) (acres, feet, etc.) |                             |  |  |
| Product Concentration (amount per area; note units)                |  |                             |  |  |
| Location(s) of application   |  |                             |  |  |
| Type of Application  |  |                             |  |  |
| Backpack Bait  | Boom Sprayer                                     | Crack/Crevice               |  |  |
| Other (describe)   |  |                             |  |  |
| Did the application prove effective? Explain:                      |  |                             |  |  |
|  | ·  |                             |  |  |