



30. Is the average amount of time indicated appropriate for the level of service described in the written IPM plan and the needs of the facility? Yes No
31. Does the technician make written recommendations to eliminate favorable conditions for pests? Yes No
32. Does the technician repeat recommendations if favorable conditions have not been eliminated? Yes No
33. Do the recommendations indicate an accurate assessment of the conditions at the facility? Yes No
34. If pesticides have been applied, were pests present? N/A Yes No
35. Did the pest population meet or exceed the action level(s) outlined in the written IPM plan? N/A Yes No
36. Was the pesticide a "first choice" pesticide as indicated in the pesticide use hierarchy? N/A Yes No
37. Were all IPM options utilized prior to pesticides being applied? N/A Yes No

**FACILITY INSPECTION:**

1. Is the facility manager or other designated person familiar with the written plan? Yes No
2. Did the facility manager review and approve the plan prior to implementation? Yes No
3. Is the pest sighting log being used by staff/residents of the facility? Yes No
4. Is someone available at the facility to unlock areas for the PCO when necessary? Yes No
5. Does the facility manager or designated person sign the inspection report? Yes No
6. Have steps been taken to eliminate conditions that are favorable for pest problems? Yes No
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 Yes No
9. Has the written plan been revised or the program re-implemented where necessary? Yes No

<b>KITCHEN:</b>				
Sanitation	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
<b>FOOD STORAGE</b>				
Sanitation	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
Adequate space allowed for visual inspection & monitor placement	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
<b>EMPLOYEE LOUNGE/CAFETERIA</b>				
Sanitation	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
<b>OFFICE</b>				
Sanitation	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
<b>BOILER ROOM</b>				
Sanitation	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
<b>PERIMETER OF BUILDING/DUMPSTER AREA</b>				
Sanitation	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
Structural Maintenance	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
<b>OTHER:</b>				
Sanitation	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Comments on performance of PCO: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Comments on performance of the participating facility: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PCO Score \_\_\_\_\_ Facility Score \_\_\_\_\_ Passing score = 85% or better

PCO Representative Signature: \_\_\_\_\_

Facility Manager or Designee Signature/Title: \_\_\_\_\_

DEP Inspector: \_\_\_\_\_ Date: \_\_\_\_\_