

PESTICIDE USE SURVEY FORM
(Schools, Housing, Workplaces, Other Facilities)

Use this form to find out pest control policy and chemical use as needed.

1. Which of these pests do you provide treatment for in and around the building(s)? Please circle a response for each pest.

	Never	Seldom/ Yearly	Occasionally/ 1-2 Year	Often, 3 or More Per Year	Don't Know
Ants	1	2	3	4	5
Cockroaches	1	2	3	4	5
Spiders	1	2	3	4	5
Wasps/bees	1	2	3	4	5
Termites	1	2	3	4	5
Rats/mice	1	2	3	4	5
Indoor Mold	1	2	3	4	5

Others? Please list along with frequency _____

2. Which of these weeds do you provide treatment for outside areas? Please circle a response for each.

	Never	Seldom	Occasionally	Often	Don't Know
Dandelion	1	2	3	4	5
Crabgrass	1	2	3	4	5
Other weeds?	1	2	3	4	5

Others? Please list any other insects, mammal, disease or weed frequency, and type of treatment. _____

Do you use fertilizers with herbicides or "weed and feed" Yes _____ No _____

3. If pesticides* are used for any of the pests in the previous two questions, please list which pesticide*(s) are used and for which pest.

4. What areas are treated with pesticides* and how often?

	How often?	Which pesticide*(s) used?
Kitchen/food areas		
Restrooms		
Trash/garbage area		
Laundry Rooms		
Exercise/Gym		
Entryway/exit/hallway		
Other		

* Pesticides here means pesticides, herbicides, mold control chemicals and germicides.

5. Are pesticide* applications:

Applied on a fixed schedule? _____ Yes No _____
Applied only when pest problem is verified? _____ Yes No _____

IF ANY FIXED SCHEDULE, list location: _____

6. Do you have a commercial pesticide* service? ___Yes ___No

IF YES Company Name: _____

Address: _____

Phone No.: _____

7. Are any pesticides* applied by building personnel, employees, others? ___Yes ___No

IF YES: Person(s): _____ Ph. # _____

8. What day of the week or date and time of day are pesticide* applications usually made?

Indoor areas _____

Outdoor areas _____

9. Are areas to be treated posted or individuals notified before applications, announcing date and time of application? _____Yes _____No

IF YES, how much advance notice prior to application? _____ Hrs _____ Days _____ Other

10. Are treated areas posted after applications? _____Yes _____No

If areas are posted, for how long? Please check appropriate length of time.

___ 1-8 hours ___ 9-24 hours ___ 25-48 hours ___ 49 hours+ ___ Not Sure

11. Are non-chemical or least toxic alternatives to pesticides* used? ___Yes ___No

IF YES, please indicate non-chemical or least toxic alternatives used.

12. Do you keep on site records for all pesticide* applications. ___Yes ___No

IF YES, where are records kept: _____

Name of person signing form _____ Position _____
(Please Print)

Phone Number _____ Date _____

I verify these answers are accurate to the best of my knowledge _____
Signature

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