

## MONTHLY PEST SURVEILLANCE CHECKLIST FOR FOOD PREMISES

Facility name: \_\_\_\_\_

Address: \_\_\_\_\_



Month:	Pest activity/infestation found? (Yes/No)	Type of pest/insect:	Location of the pest activity/infestation:	What actions were taken?	Was pest control contacted? Date of service:
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

Comments:

---



---



---



---