simcoe muskoka
DISTRICT HEALTH UNIT
Your Health Connection

Monthly Pest Surveillance Checklist



Facility name: _____

Address: _____

Month	Pest activity found? (Yes/No)	Pest type found	Location of the pest activity/infestation	Action Taken	Was pest control company contacted?
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

Comments:

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