General Inspection Form

Site Name _____ Address _____ Inspector _____

Site Contact_____ _____ Date _____

New York State Integrated Pest Management Program

Category -Pest Mgmt -Sanitation -Exclusion	Priority 1. High 2. Medium 3. Low	Observation -Describe the issue and how it contributes to pest populations	Location [provide details for staff to find the issue]	Recommendations -Provide a solution to the problem you observed. What should the client do?	Image Number

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