Integrated Pest Management
Pest Sighting Log

Facility: _____

This side to be filled out by school employee			This side to be filled out by pest manager		
Location of Sighting Bldg. #/Specific Location	Type of Pest(s) Sighted	Date	Action Taken*	Technician Name	Date

*If a pesticide has been applied, please list brand name, formulation, and location of application