

Pest Management/

Integrated Pest Management Checklist



**This model form/template must be customized to meet your Agency’s needs.**

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| --- | --- | --- | --- |
| **District Name:** |  | **Site/Facility Name:** |  |
| **Date:** |  | **EPA ID#:** |  |
| **Completed By:** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Inspection Item** | **Yes** | **No** | **Comments** |
| Have weed surveys/inventories been conducted to determine pest management problems and to monitor progress? |  |  |  |
| Have IPM plans been developed for the lands under the direct management of Reclamation/or another agency having jurisdiction? |  |  |  |
| Have IPM plans been developed for lands managed by other water agencies (irrigation districts, lands managing agencies, contractors, etc.)? |  |  |  |
| Are Pesticide Use Proposals developed and approved before pesticides are applied on lands not addressed by an approved IPM plan? |  |  |  |
| How many certified pesticide applicators are there at this facility? | Number: | | |
| Are appropriate public notifications made per Reclamation directives or other agencies having jurisdiction requirements? |  |  |  |
| Comments: | | | |
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