



# Integrated Pest Management Pest Monitoring Log

*This form is to be completed by the  
IPM Site Coordinator only*



Facility	IPM Site Coordinator	Trap #	Location	Date Placed

Date Checked	Pests Present (ID.)	Action Taken*	Date Checked	Pests Present (ID.)	Action Taken*

- \*Actions:**
- |   |  |                              |
|---|--|------------------------------|
| 1 - No change, continue to monitor trap | 2 - New pest, increase monitoring        | 3 - New pest, handle locally |
| 4 - New pest, icPests Work Order        | 5 - New pest, call IPM Inspector/Trainer | 6 - Damaged or missing trap  |