PEST/RODENT CONTROL LOG

Name of operation:

Please see the food safety plan for overall Pest/Rodent control procedures.

Date of Service or action taken	Type of Pest	Type of Control**	Location of Traps	Traps Checked (date)	Checked by (name)	Disposal means
	Service or	Service or Type of Pest	Service or Type of Pest Centrol**	Service or Type of Pest Type of Trans	Service or Type of Pest Control** Trans Checked	Service or Type of Pest Control** Trans Checked by

^{*}If using a company for service, attach report or receipt of service for each of their visits.

Reviewed by:	Title:	Date:
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^{**}List type of control methods used such as exclusion, traps, poison, repellants, etc.