

Pest Control Checklist (To be completed monthly)

Section 21 of the Food Regulation (AR 31/2006) has specific requirements concerning pests and control measures, which food establishment operators must satisfy. It reads as follows:

21(1) The commercial food establishment and any surrounding area, premises or facilities supporting the commercial food establishment must be kept free of pests and of conditions that lead to the harbouring or breeding of pests.

21(2) A written record of all pest control measures used in the commercial food establishment and surrounding area, premises and facilities referred to in section (1) must be maintained.

The following checklist will assist in complying with this portion of the new legislation. A record of all pest control measures, whether carried out by the food establishment operator or licensed pest control operator, should be kept in a file or binder.

Name of Establishment: _____

Completed By (Manager/Supervisor): _____ Date: _____

A. Exterior Areas

- | | |
|--|---|
| <p>1. Are there any piles of debris or rubbish around the premises?
Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>2. Are garbage containers clean and properly covered?
Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
|--|---|

B. Building Structure

- | | |
|--|---|
| <p>3. Are the doors or other openings to the outside tight fitting?
Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>4. Are all screens in place and in good repair?
Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
|--|---|

C. Building Interior

- | | |
|---|--|
| <p>5. Is the building interior structurally sound?
Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>6. Is there an accumulation of spilled food, liquid or dust?
Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>7. Do all food containers have lids?
Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>8. Are all food products stored off the floor?
Yes <input type="checkbox"/> No <input type="checkbox"/></p> |

D. Evidence of Pests

- | | |
|---|--|
| <p>9. Are there any pests or signs of pests? (insects, mice droppings, insect casings, etc.)
Yes <input type="checkbox"/> Type of pest: _____ No <input type="checkbox"/></p> | <p>10. If pests are present, has the affected area been cleaned and sanitized, and infested food disposed of?
Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
|---|--|

E. Other Information

1. If applicable, Name of Pest Control Company and contact person: _____
2. Type of chemical control and name of product (sprays, baits, etc.): _____
3. Types of control devices (include location of traps, glue boards, zappers): _____

Additional Comments _____