

PEST CONTROL CHECKLIST

As per Section 13 of the Food Premises Regulation, O. Reg. 493/17 under the Health Protection and Promotion Act, R.S.O. 1990, c. H.7:

- (1) Every food premise shall be protected against the entry of pests and kept free of conditions that lead to the harbouring or breeding of pests.
- (2) Every operator of a food premise shall maintain records of all pest control measures that are undertaken in the premise and shall retain the records for at least one year after they are made.

The following checklist is intended to be used as a guide to preventive pest control measures that should be taken in accordance with regulatory requirements. A record of all pest control measures, whether carried out by the food premises owner, operator, or certified pest control operator, must be retained for at least one year. These records must be made available upon request by a Public Health Inspector.

Name of Facility: _____

Completed By: _____ Date: _____

SELF-CONDUCTED PEST CONTROL MEASURES

EXTERIOR AREAS	YES	NO
Are there any piles of debris or rubbish surrounding the premises?	<input type="checkbox"/>	<input type="checkbox"/>
Are all garbage containers clean and properly covered?	<input type="checkbox"/>	<input type="checkbox"/>
BUILDING STRUCTURE	YES	NO
Is the building structurally intact?	<input type="checkbox"/>	<input type="checkbox"/>
Are all doors and openings sealed and tight fitting?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any noticeable gaps or cracks on the outside of the building?	<input type="checkbox"/>	<input type="checkbox"/>
Are all screens in place and maintained in good repair?	<input type="checkbox"/>	<input type="checkbox"/>
BUILDING INTERIOR	YES	NO
Is the interior of the building structurally sound?	<input type="checkbox"/>	<input type="checkbox"/>
Is there accumulation of spilled foods or liquid waste, dirt, debris, or dust?	<input type="checkbox"/>	<input type="checkbox"/>
Are food products stored in impenetrable containers?	<input type="checkbox"/>	<input type="checkbox"/>
Do all food containers have lids?	<input type="checkbox"/>	<input type="checkbox"/>
Are all food products stored off the floor?	<input type="checkbox"/>	<input type="checkbox"/>
Is garbage and waste (liquid and/or solid) collected and removed to maintain a sanitary condition?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any pest control devices set up inside the building?	<input type="checkbox"/>	<input type="checkbox"/>
IF YES, please specify:		

EVIDENCE OF PESTS	YES	NO
Are there any pests present or signs of pest activity? (i.e. insects, insect casings, nesting materials, droppings, chew or claw marks, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
IF YES, please specify (observations and actions taken):		

If pests are present, has the affected area been cleaned and sanitized, and have contaminated/infested food, liquids, or other items been disposed of?	<input type="checkbox"/>	<input type="checkbox"/>
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PROFESSIONAL PEST CONTROL SERVICES (if applicable)

Professional Pest Control Company:	YES	NO	N/A
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Certified Operator:	YES	NO	N/A
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chemical control (sprays, baits, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF YES, please specify name of products:			

Control devices (traps, lights, zappers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IF YES, please specify and include locations:			

ADDITIONAL NOTES

