LEVEL 3

IPM ANNUAL INSPECTION & REPORT

Coordinator • Custodial & Grounds Leads

PURPOSE & FREQUENCY
The IPM Coordinator completes one Level 3 annual inspection of each campus while school is in session, accompanied by a building custodian, using this form. The Coordinator also completes at least one additional routine Level 2 inspection. Each Custodian Lead completes at least four inspections per year as part of the quarterly building safety inspection and reports findings to the Coordinator and Safety Committee. Inspections review pest conditions, human behaviors that may affect pests, and the results of management activities.

1. Inspection Information

Campus / Building	Inspection Date	School Year

IPM Coordinator	Building Custodian / Custodian Lead
Jose Nunez Iniguez	

☐ Annual Level 3 Comprehensive Inspection
☐ Additional Level 2 Routine Inspection
☐ Quarterly Building Safety / IPM Inspection

Quarter (if applicable): _____

Areas / rooms included or excluded: _____

2. Campus Inspection Checklist

Mark one status for each area. Record specific findings in Section 3 and corrective actions in Section 6.

Inspection Area	Satisfactory	Needs Attention	N/A
Classrooms and instructional spaces	☐	☐	☐
Kitchen / food preparation areas	☐	☐	☐
Cafeteria and eating areas	☐	☐	☐
Storage rooms and supply areas	☐	☐	☐
Restrooms and locker rooms	☐	☐	☐
Offices and common areas	☐	☐	☐
Garbage and recycling areas	☐	☐	☐
Grounds and landscaping	☐	☐	☐
Building exterior and entry points	☐	☐	☐
Doors, windows, screens and gaps	☐	☐	☐
Plumbing, moisture and drainage	☐	☐	☐

3. Pest Activity & Evidence

Record observed or reported pest activity. Include the specific location and evidence; attach additional pages or work orders if needed.

Pest / Suspected Pest	Specific Location	Evidence / Observation	Activity Level	Date Observed

☐ Live pests ☐ Dead pests ☐ Droppings ☐ Nesting ☐ Damage ☐ Entry points ☐ Other: _____

Additional observations: _____

_____

4. Human Behavior & Prevention Review

Review routine practices that may attract pests or contribute to pest access. Mark one status and describe any needed improvement.

Practice Reviewed	Satisfactory	Needs Improvement	N/A	Comments / Location
Food storage and handling	☐	☐	☐	
Food / beverages in classrooms and offices	☐	☐	☐	
Food waste disposal	☐	☐	☐	
Garbage and recycling removal	☐	☐	☐	
Cleaning practices and schedules	☐	☐	☐	
Storage of materials and supplies	☐	☐	☐	
Staff reporting of pest sightings	☐	☐	☐	
Doors / windows kept secured	☐	☐	☐	

Additional behavior / prevention observations: _____

_____

5. IPM Management Activities & Effectiveness

Record actions taken since the previous inspection and evaluate whether pest activity or contributing conditions have improved.

Management Activity / Action	Date Completed	Result / Effectiveness	Further Action Needed?	Notes

Examples: sanitation or housekeeping changes; sealing gaps; removing food / water sources; trapping or monitoring; grounds maintenance; staff education; professional pest management services.

6. Corrective Action & Follow-Up Plan

Assign each finding to a responsible person and establish a target date. Track completion and verify effectiveness.

Finding / Concern	Corrective Action Required	Responsible Person	Target Date	Date Completed	Verified By

☐ Follow-up inspection required ☐ Work order submitted ☐ Referred to IPM Coordinator ☐ Referred to Safety Committee

Follow-up inspection date: _____

Outstanding items / additional review: _____

_____

7. Inspection Summary

☐ Satisfactory – no significant concerns identified

☐ Needs Improvement – corrective actions identified

☐ Immediate Attention Required – prompt action needed

Summary of findings: _____

_____

Recommendations / prevention measures: _____

_____

8. Reporting & Acknowledgment

Inspection findings and corrective actions are to be communicated to the IPM Coordinator. Quarterly Custodian Lead inspection findings are also reported to the District Safety Committee.

Report / Communication	Date Completed	Submitted To / Notes
Findings provided to IPM Coordinator		
Quarterly findings provided to Safety Committee (if applicable)		
Corrective actions entered / tracked		

IPM Coordinator Signature: _____

Printed Name: _____

Date: _____

Building Custodian / Custodian Lead Signature: _____

Printed Name: _____

Date: _____

9. Annual Campus Inspection Tracking

Use this table to verify required annual and quarterly inspection records are completed and retained for this campus.

Required Inspection	Completion Date	Completed By	Report / File Location	On File
Level 3 Annual Campus Inspection				☐
Additional Level 2 Routine Inspection				☐
Quarterly Inspection – Q1				☐
Quarterly Inspection – Q2				☐
Quarterly Inspection – Q3				☐
Quarterly Inspection – Q4				☐

Records retention: Maintain completed inspection forms, supporting documentation, work orders, and corrective-action records with the District IPM program records.