



**Texas Department of Agriculture -
 School District Review Inspection Form**

PI-505

TODD STAPLES, COMMISSIONER

SECTION A	¹ VERIFICATION INFORMATION	
	Client Name	TDA Client No.
	Facility Name	TDA Account No.

SECTION B	¹ INSPECTION INFORMATION			
	Inspection Type		Inspection ID No.	
	Inspector ID	Inspector Name	Region <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
	Date 04/28/2010 Enter as MM/DD/YYYY	Time 10:37 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Code	County

SECTION C	¹ IPM COORDINATOR		
	First Name	M. I.	Last Name
	² RESPONSIBLE CERTIFIED APPLICATOR		
	License No. <input type="button" value="Get Applicator"/>	Applicator Name	
	Pest Control Services Performed By: In-House <input type="checkbox"/> Contract <input type="checkbox"/> Both <input type="checkbox"/> N/A <input type="checkbox"/> If Contract, provide License No. <input type="button" value="Get Name"/> and Business		

SECTION D	¹ INSPECTION DETAIL	
	Please complete the questions in the sub-sections below:	
	IPM COORDINATOR QUESTIONS	
	1) Has the school district designated an IPM Coordinator(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2) If more than one IPM Coordinator, has a Responsible IPM Coordinator been designated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3) Did the IPM Coordinator(s) complete IPM Coordinator training within 6 months of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Has the IPM Coordinator(s) obtained at least six hours IPM continuing education units at least every three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5) Does the IPM Coordinator(s) conduct periodic facility inspections on campus buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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IPM PROGRAM QUESTIONS			
SECTION D (CONT.)	6) Was a school board approved IPM policy maintained by the Superintendent and IPM Coordinator available for review?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7) Did the IPM policy contain the essential elements required? Review Items a-d. Check boxes to the right to indicate areas of noncompliance.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	a) A definition of IPM consistent with this section	<input type="checkbox"/>	
	b) A reference to Texas laws and rules governing pesticide use and IPM in public schools	<input type="checkbox"/>	
	c) Information about who can apply pesticides on school district property	<input type="checkbox"/>	
	d) Information about designating, registering, and required training for the school district's IPM coordinator	<input type="checkbox"/>	
	8) Does the school district have a monitoring program to determine when pests are present?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	9) Is there a preferential use of lower risk pesticides and non-chemical pest management strategies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	10) Is there a system for keeping records of facility inspection reports, pest-related service reports, pesticide applications, and pesticide complaints?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	11) Is there a plan for educating and informing school district employees about their roles in the IPM program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	12) Are there written guidelines that identify threshold for when pest control actions are justified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	13) Is there a procedure to provide prior notification to parents/guardians, prior to or by the first week of school attendance, of pesticide applications in accordance with this chapter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	14) Have any individuals requested in writing to be notified of pesticide applications? If yes, check method of notification to the right for items a-c.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	a) telephonic	<input type="checkbox"/>	
	b) written	<input type="checkbox"/>	
	c) electronic	<input type="checkbox"/>	
	PESTICIDE APPLICATOR QUESTIONS		
	15) Are only EPA labeled or Section 25(b) exempt pesticides, which are appropriate for the target pest(s), applied within the school district?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	16) Are pest control signs posted at least 48 hours prior to pesticide applications inside school district buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17) For outdoor applications made to school grounds, are pest control signs displayed at the time of application and remain posted until specified reentry interval met?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
18) Is the consumer information sheet available to individuals upon request?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
19) Are pesticides used on school property mixed outside of student occupied areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

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SECTION D (CONT.)	20) Are records for approval of yellow category pesticide use maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	21) Are records for approval of red category pesticide use maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	22) Did Inspector review Emergency Waivers? From _____ to _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	23) Does Inspector need to request copies of records?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	24) Are incidental use pesticide applications being made? If yes, review items a-d; check boxes to right to indicate areas of noncompliance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a) Incidental use for schools fact sheet distributed to employee(s)	<input type="checkbox"/>
	b) IPM Coordinator trained each employee making incidental use applications	<input type="checkbox"/>
	c) Record of all incidental use in school training maintained	<input type="checkbox"/>
	d) Incidental pesticide use in school districts limited to green and yellow category pesticides	<input type="checkbox"/>
	25) Are IPM program records, including incidental use training records, facility inspection reports, pest-related work orders, pest control service reports, pesticide applications, and pesticide complaints maintained for the required period of time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	26) Are IPM program records made available to a department inspector upon request?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	27) Does the facility have pesticide storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a) If Yes, are the pesticides stored properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	28) Does the facility store fumigants?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	a) If Yes, are the fumigants stored properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29) Are Pesticides/Containers disposed of properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
30) Do additional Facilities need to be Inspected? If Yes, how many?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

1 RECORD DETAIL		
SECTION E	1) Did Inspector review Random Records? From _____ to _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2) Are Use Records complete? Review items a-k. Check boxes to the right to indicate areas of Noncompliance.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	a) Routine operational data, school, classroom, specific site	<input type="checkbox"/>
	b) Name of pesticide of devices used or EPA Registration Number	<input type="checkbox"/>
	c) Total amounts of each pesticide applied where percent of active ingredient was not changed	<input type="checkbox"/>
	d) Device(s) used and total number of each device	<input type="checkbox"/>
	e) Mixing rate or percent of active ingredient(s)	<input type="checkbox"/>
	f) Total amount of material applied	<input type="checkbox"/>
	g) Purpose for which the pesticide(s) or device(s) were used or target pest	<input type="checkbox"/>
	h) Date the pesticide was applied or device used	<input type="checkbox"/>
	i) School address where pesticides and/or device(s) used	<input type="checkbox"/>
j) Name and license of person(s) applying pesticides or using device(s)	<input type="checkbox"/>	

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k) Appropriate unit of measurement of physical device(s) used and diagram describing installation		<input type="checkbox"/>
OPERATIONAL ITEMS		
3) Is the Business operating out of Category?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4) If Yes, please indicate the Categories: <input type="checkbox"/> Pest Control <input type="checkbox"/> Structural Fumigation <input type="checkbox"/> L&O <input type="checkbox"/> Commodity Fumigation <input type="checkbox"/> Termite Control <input type="checkbox"/> Weed Control <input type="checkbox"/> Wood Preservation		

SECTION F	¹REMARKS

SECTION G	¹SUPPORTING DOCUMENTATION									
	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Advertisements</td> <td><input type="checkbox"/> Written Statements</td> </tr> <tr> <td><input type="checkbox"/> Receipts/Invoices/Records</td> <td><input type="checkbox"/> Narrative</td> </tr> <tr> <td><input type="checkbox"/> Business Cards</td> <td><input type="checkbox"/> Maps</td> </tr> <tr> <td><input type="checkbox"/> Photographs</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Labels</td> <td></td> </tr> </table>	<input type="checkbox"/> Advertisements	<input type="checkbox"/> Written Statements	<input type="checkbox"/> Receipts/Invoices/Records	<input type="checkbox"/> Narrative	<input type="checkbox"/> Business Cards	<input type="checkbox"/> Maps	<input type="checkbox"/> Photographs	<input type="checkbox"/> Other	<input type="checkbox"/> Labels
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