

# Pest Control Visit Report

A pest-control visit record with observed evidence, monitoring locations, proofing and hygiene findings, treatment details and follow-up recommendations.

## 1. Record details and scope

### Project

Filled in from the project in SiteSurvey.

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**Site or premises address**

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**Client or organisation**

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**Record date \***

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**Person completing the record \***

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This records a visit and actions. It does not select a pesticide, prescribe a dose or authorise a treatment. Food contamination and access restrictions need assessment by the responsible people.

FSA guidance describes prevention, checks for signs of pests and prompt action where problems are found. HSE guidance on biocides explains that products must be used in accordance with their authorised uses and label instructions. Treatment decisions need suitable competence and the site conditions.

## 2. Visit and evidence

### Technician and company \*

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**Visit type \*** (choose one)

☐ Routine monitoring   ☐ Reported activity   ☐ Treatment follow-up   ☐ Other

**Reported activity and areas inspected**

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**Monitoring-point plan reference**

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**Pest evidence and proofing photos** (photos: attach, or note the file names)

### 3. Monitoring points

**Monitoring point** (copy this block for each one)

**Point ID and location \***

**Activity or evidence observed \***

**Device or monitoring method**

**Action at this point**

**Access or food-safety restrictions**

### 4. Prevention and treatment

**Proofing, waste, hygiene and stock-storage findings**

Identify the opening or condition and its location. Separate evidence of activity from a proposed prevention measure.

**Treatment performed, product authorisation and label reference, quantity and location**

**Safety information, restrictions and advice given**

**Further work and next visit arrangements**

## 5. Actions and review

Are further actions required? \* (choose one)

☐ Yes ☐ No

Further action (copy this block for each one; if applicable)

Action and evidence reference \*

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Person responsible \*

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Target date

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Action status \* (choose one)

☐ Open ☐ In progress ☐ Completed

Completion evidence \* (if applicable)

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Outstanding limitations and information to pass on

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Record status \* (choose one)

☐ Ready for review ☐ Further work needed ☐ Work or use stopped

Reviewed by

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Review date

Author signature \*

Signing records the information entered. It does not itself certify legal compliance, remove a limitation or authorise unsafe work.