

Storage Pest Management Log (Form P)

Name of operation:

Please see the food safety plan for overall storage pest management procedures.

Company Used* or self	Date of Service or action taken	Type of Pest	Type of Control**	Location of Traps	Traps Checked (date)	Checked by (name)	Disposal means

*If using a company for service, attach report or receipt of service for each of their visits.

**List type of control methods used such as exclusion, traps, poison, repellants, etc.

Reviewed by:

Title:

Date:



Provided by:

108 Interlake Road • Moses Lake • WA 98837

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