Pest Control Log

Agency Name: _____ Year: _____

	Traps	Rodent Evidence or Sighting			Insect(s)		
	Traps Checked (date)	Location of Evidence (date)	Evidence Cleaned Up (date)	Action Taken (extra traps, etc.) (date)	Location of Insect(s) (date)	Type of Insect (name)	Additional Comments
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
Novermber							
December							