

Date: _____

**Person
Completing:** _____

INTERIOR

KITCHEN CHECK

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|--|------------------------------|-----------------------------|-----------------------------|
| Behind/under refrigeration and freezer units clean and dry | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |
| Behind/under dish machine and three bay sink areas clean and dry | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |
| Floor/coving and drains clean | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |
| Garbage barrels cleaned, properly lined and emptied daily | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |

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|--|------------------------------|-----------------------------|-----------------------------|
| Walls, counter tops, shelves, cabinets clean and dry | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |
| Food stored protected - sealed containers and off the floor | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |
| Cooking equipment free of food scraps and grease (including wheels) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |
| Cardboard and packaging material removed from premises | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |
| Faucets and plumbing fixtures clean and in good repair - no leaks | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |
| Gaps in walls/ceilings/stairs/pipes/vents sealed | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |

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| Crevices and gaps around cabinets/walk in refrigeration/freezer sealed | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |
| Traps and bait stations set by Pest Company and monitored | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |
| Any pest activity - alive/dead/droppings/nests | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |

BATHROOM CHECK:


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|---|------------------------------|-----------------------------|-----------------------------|
| Free of mold, clean and dry | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |
| Faucets and drains, clean and free of leaks | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |
| Gaps between walls, pipes, vents sealed, screened or plugged | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |

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| Floor, walls clean and in good repair | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |
| Traps and bait stations set by Pest Company and monitored | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |
| Any pest activity - alive/dead/droppings/nests | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |

BASEMENT/STORAGE AREAS CHECK:

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|---|------------------------------|-----------------------------|-----------------------------|
| Around and under water heater clean and dry | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |
| Along the top of foundation sill clean | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |
| All rafters clean | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |

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| All windows and doors to the exterior properly screened/closed tightly | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |
| Bulkhead stairs and doors closed and sealed - no gaps | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |
| Around any exit port for wires and cables properly sealed leading outside | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |
| Around and between any storage bins clean and dry | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |
| Excess equipment and clutter removed | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |
| Food protected in sealed containers and off the floor | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |

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| Single service items wrapped and stored off the floor | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |
| Gaps in walls/ceilings/stairs/pipes/vents sealed | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |
| No water or leaks observed | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |
| Traps and bait stations set by Pest Company and monitored | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |
| Any pest activity - alive/dead/droppings/nests | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |
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Exterior check:

| No gaps or cracks on the walls, foundation or roof | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
|--|------------------------------|-----------------------------|-----------------------------|
| Notes: | | | |
| Exterior door, no gaps and has door sweeps and weather stripping where necessary | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |
| Windows closed or screened - no gaps/holes/tears | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |
| Vents, utility lines properly sealed | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |
| Water sources free of leaks | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |
| Garbage/recycling/compost receptacles free of chew holes and have tight fitting lids | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
| Notes: | | | |

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| Grease storage covered tightly and exterior clean | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
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Notes:

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| Grease, garbage, recycling and compost containers on solid surface (asphalt or concrete) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
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Notes:

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|---|------------------------------|-----------------------------|-----------------------------|
| Traps and bait stations set by Pest Company and monitored | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
|---|------------------------------|-----------------------------|-----------------------------|

Notes:

| | | | |
|--|------------------------------|-----------------------------|-----------------------------|
| Any pest activity - alive/dead/droppings/nests | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NA |
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Notes:

If inspections result in evidence of pests, action must be taken to eliminate them, either by the property owner or, in the case of owners of single rental units, by the occupant. Property owners MUST take steps to avoid pest re-entry.