EOHU Eastern Ontario Health Unit | BSEO Bureau de santé de l'est de l'Ontario

PEST CONTROL CHECKLIST

As per Section 13 of the Food Premises Regulation, O. Reg. 493/17 under the Health Protection and Promotion Act, R.S.O. 1990, c. H.7:

(1) Every food premise shall be protected against the entry of pests and kept free of conditions that lead to the harbouring or breeding of pests.

(2) Every operator of a food premise shall maintain records of all pest control measures that are undertaken in the premise and shall retain the records for at least one year after they are made.

The following checklist is intended to be used as a guide to preventive pest control measures that should be taken in accordance with regulatory requirements. A record of all pest control measures, whether carried out by the food premises owner, operator, or certified pest control operator, must be retained for at least one year. These records must be made available upon request by a Public Health Inspector.

Name of Facility: _____

Completed By:_____ Date:_____

SELF-CONDUCTED PEST CONTROL MEASURES

EXTERIOR AREAS	YES	NO
Are there any piles of debris or rubbish surrounding the premises?	☐	☐
Are all garbage containers clean and properly covered?	☐	☐
BUILDING STRUCTURE	**YES**	**NO**
Is the building structurally intact?	☐	☐
Are all doors and openings sealed and tight fitting?	☐	☐
Are there any noticeable gaps or cracks on the outside of the building?	☐	☐
Are all screens in place and maintained in good repair?	☐	☐
BUILDING INTERIOR	**YES**	**NO**
Is the interior of the building structurally sound?	☐	☐
Is there accumulation of spilled foods or liquid waste, dirt, debris, or dust?	☐	☐
Are food products stored in impenetrable containers?	☐	☐
Do all food containers have lids?	☐	☐
Are all food products stored off the floor?	☐	☐
Is garbage and waste (liquid and/or solid) collected and removed to maintain a sanitary condition?	☐	☐
Are there any pest control devices set up inside the building?	☐	☐

IF YES, please specify:

_____

_____

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If you require this information in an alternate format, please call 1-800-267-7120 and press 0.

EVIDENCE OF PESTS	YES	NO
Are there any pests present or signs of pest activity? (i.e. insects, insect casings, nesting materials, droppings, chew or claw marks, etc.) **IF YES**, please specify (observations and actions taken): _____ _____	☐	☐
If pests are present, has the affected area been cleaned and sanitized, and have contaminated/infested food, liquids, or other items been disposed of?	☐	☐

PROFESSIONAL PEST CONTROL SERVICES (if applicable)

Professional Pest Control Company:	YES	NO	N/A
_____	☐	☐	☐

Name of Certified Operator:	YES	NO	N/A
_____	☐	☐	☐
Chemical control (sprays, baits, etc.) **IF YES,** please specify name of products: _____ _____	☐	☐	☐
Control devices (traps, lights, zappers, etc.) **IF YES,** please specify and include locations: _____ _____	☐	☐	☐

ADDITIONAL NOTES