

MONTHLY INSPECTION RECORD

Producer/Farm Name: _____

Location/Building: _____

Check off the areas inspected and that meet the criteria

	Drainage	Yard	External & Internal Building			Lighting		
Month/ Year	Proper Drainage, No Leaks or Standing Water	Weeds Trimmed/ Debris Removed/ Equipment Properly Stored	No Crevices/ Holes in Floors, Walls or Ceilings For Pest Access	Garbage/ Debris Removed	Doors, Windows and Screens Intact and Working Properly	Lighting Adequate, Protected and Intact	Comments	Initials
Jan								
Feb								
Mar								
Apr								
May								
Jun								
Jul								
Aug								
Sep								
Oct								
Nov								
Dec								