

MIDWAY I.S.D.
Integrated Pest Management
(I.P.M.)
Complaint Report

To: I.P.M. Coordinator, Wayne Fair

Via: Fax 761-5780 or thru the Inter-Campus mail to the Maintenance Department

From: _____ Campus/Building: _____

Date: _____ Time: _____

Description of Pest Problem:

Date Received by IPM Coordinator: _____

Date & Time Inspected: _____

Action Recommended: _____

Treatment/Action Taken: _____

Date of Treatment/Action Taken: _____

Inspector Signature: _____

I.P.M. Coordinator Signature: _____

Completed copy to: Principal/Director, I.P.M. Coordinator