

IPM Decision Documentation Form for County Staff (DRAFT)

* Required

After consultation with applicable operational and outreach staff, department leadership, and contracted resources, please complete each section to accurately reflect how pest management decisions are made regarding the specific program or function entered below. Please update each entry when operational or process changes occur. This information should be presented as a public facing narrative that depicts how decisions are made.

1. Department and Division Name *

Enter your answer

2. Name and/or description of specific pest management program or function *

Enter your answer

3. List and describe mandates and standards that apply to this function *

Enter your answer

4. List management goals and objectives for this function *

Enter your answer

5. Describe how sites are monitored for pest activity and include the frequency of monitoring visits. *

Enter your answer

6. List and describe which factors are considered when prioritizing treatments for each location *

Enter your answer