

# School Integrated Pest Management (IPM) Program of North Carolina State University

## 2007 Application for IPM Program Recognition

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Congratulations on taking this important step to get recognition for your Integrated Pest Management (IPM) program! The goal of this program is to recognize the hard work and effort you have put into implementing an IPM program in your school district and to make it known to others within your school district, county, state and nation. Ultimately we hope to encourage greater participation in IPM at your school district.

Please read the following application form carefully and answer all relevant questions to the best of your ability. *Fill in where necessary and place a check mark* appropriately.

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### Information of school district and the person filling the application

Name of School District: \_\_\_\_\_ County \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

### Structure of IPM Program

1. How do you define Integrated Pest Management (IPM)?

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2. Who controls **INDOOR** and structural pests in your schools?

\_\_\_\_\_ A contractor(s) (*Name(s) of Co.* \_\_\_\_\_ )  
\_\_\_\_\_ In-house pest control staff  
\_\_\_\_\_ A Combination of contractor and in house staff

3. Who controls **OUTDOOR** (lawn/ornamental/turf) pests in your school district?

\_\_\_\_\_ A contractor(s) (*Name(s) of Co.* \_\_\_\_\_ )  
\_\_\_\_\_ In-house pest control staff  
\_\_\_\_\_ A Combination of contractor and in house staff

### IPM Program administration

4. Does your School district have a written, board approved IPM policy statement on file?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

5. Has your school district designated IPM contact person or coordinator to oversee the IPM program? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide the name of and % of their time is devoted to the IPM program.

Name: \_\_\_\_\_ Title \_\_\_\_\_ % time \_\_\_\_\_

6. Has your school district created a committee to work with the IPM coordinator in overseeing the IPM program? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide their names and affiliations (department e.g. food service, facilities, maintenance, environmental health and safety etc.) to the school district

Name	Affiliation

7. List the names and titles of other pest management team members and the % of time they devote to pest control activities and IPM. (Include yourself if appropriate) (This team could include custodians, food service staff, grounds maintenance, etc.)

Name	title	% time

8. Are any pest management team members certified to apply pesticides? (Please provide names and certification categories below)

Name	Category

**Training, education, and cooperation**

9. (i) Have your pest control staff members (IPM Coordinator, pest control applicators, etc.) participated in any IPM trainings? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, list training that staff has attended in past 2 years.




11. Recordkeeping is an extremely important aspect of your IPM program. What pest control records do you currently maintain? (e.g. pest sighting logs, pesticide application records, pest control service records, etc)

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In which location(s) are the pest control records maintained?

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**Pest identification, Inspection and monitoring**

12. (i) Are pest management related inspections of buildings and grounds conducted periodically in your school district? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how frequently are inspections conducted?

\_\_\_\_ Monthly \_\_\_\_ Quarterly \_\_\_\_\_ Semi-annually \_\_\_\_ Annually \_\_\_\_ Other \_\_\_\_\_

(ii) Who inspects?

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(iii) How do you go about identifying pests?

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(iv) How is the information from inspections used?

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13. **Pesticide use and pesticide use notification:**

a). How do you decide whether a pesticide application is necessary to control a pest?

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b). What pesticides do you commonly use (give trade names) to control:

i). Cockroaches

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ii). Ants

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iii). Fire ants

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iv). Termites

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v). Rodents (rats & mice)

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vi). Landscape pests

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vii). Turf grass pests

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viii). Weeds

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ix). Plant Diseases

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12. Do you notify parents, guardians, teachers, custodians, food service workers and other staff about pesticide applications in your school district? \_\_\_\_\_ Yes \_\_\_\_\_ No

(a). Briefly describe your system for notifying parents and guardians

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(b). Briefly describe your system for notifying teachers and staff

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**Incorporation of Non-chemical measure**

13. Have you incorporated or implemented any non-chemical/non-pesticide measures in your IPM program? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, briefly outline the non-chemical measures you have implemented in your IPM program for:

i). Indoor/Structural pests

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ii). Outdoor/landscape/ornamental pests

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**Please enclose the as much supporting information and materials as possible in your application. These include but are not limited to the following:**

- \_\_\_\_\_ IPM Policy Statement
- \_\_\_\_\_ Copy of bid specifications or pest control contracts for indoor pests
- \_\_\_\_\_ Copy of bid specifications or lawn care or landscaping contracts for outdoor pests
- \_\_\_\_\_ Sample pesticide application recording forms (prefer completed forms)
- \_\_\_\_\_ Sample pest sighting logs or pest surveillance record-keeping forms
- \_\_\_\_\_ Sample parental/staff notification materials
- \_\_\_\_\_ Newsletters (internal/external) is addressing the IPM program plans etc.
- \_\_\_\_\_ Copies (paper) of PowerPoint presentations used to educate staff about IPM program
- \_\_\_\_\_ Any data captured by the facilities or maintenance department indicating reduction in pest control related work-orders, cost savings of implementing the IPM program etc.