INTEGRATED PEST MANAGEMENT PLAN (IPM PLAN) TEMPLATE FOR RODENT CONTROL

For Street Opening permits

Location address: ____________________________________________ Map _____ Lot ______

Facility name: ________________________________________________

Goal: The goal of this IPM plan is to prevent rodent infestation of the neighborhood and its surrounding environment.

Underlying principles:

1. This IPM program recognizes that pest management is an ongoing daily process, not a one-time or periodic event.
2. This IPM program is designed to minimize reliance on pesticides.
3. This IPM program addresses the underlying causes of rodent infestations — access to food, water and shelter — to prevent infestation before pesticides are even considered.
4. This IPM program requires a partnership between utility contractor and the contracted pest control provider.
5. This IPM program recognizes that responsibility for pest prevention and management remains with the facility manager, even when a contracted pest control provider is part of the IPM program.

Procedures:

1. Names, titles, and contact info for managers: _________________________
   ______________________________________________________________________

2. Names and certifications of licensed pest control operators:
   ______________________________________________________________________

3. Date of initial survey by licensed pest control operator: ________________
   a. Attach survey or answer the following:
      i. Active rodent presence? Describe: _______________________________________
      ii. Burrows present? Describe: ____________________________________________
iii. Sanitation deficiencies present? Describe:
________________________________________________________

4. Types of rodent control measures to be implemented on site:
   a. Locations of traps and schedule for monitoring: ________________
      ___________________________________________________________
   b. Locations of bait stations and schedule for monitoring: ____________
      ___________________________________________________________
   c. Types and amounts of pesticides used: __________________________
      ___________________________________________________________
   d. Schedule for cleanup of bait stations and rodent carcasses, and name of
      responsible person: _________________________________________
      ___________________________________________________________
   e. Name, title, and contact info for person responsible for maintaining and
      reviewing pest monitoring log and pest control log and implementing
      recommendations: _____________________________________________
      ___________________________________________________________

5. Dates of staff training on identifying and reporting pest problems:
   _____________________________________________________________
   a. Training conducted by: _______________________________________

6. Procedures for identifying and managing sources of food, water, and harborage on
   the site: Attach management plan that addresses sanitation issues and vegetation
   management. Responsible person: _________________________________

7. Procedures for identifying and managing points of entry into the facility: Attach
   management plan. Responsible person: ____________________________

8. Procedures for responding to rodent complaints associated with the site, including
   name and contact information for individual to respond to neighborhood
   complaints. Attach procedures. Responsible person and contact information:
Date of Plan Implementation: ____________________________________________________

Required attachments:

- Agreement with pest control operator for surveillance and treatment. Agreement should specify timeframes for routine service and enhanced service schedule if infestation is identified.
- Sanitation procedures
- Complaint response plan
- Pest monitoring log

Office use:

Date plan initially submitted: ___________ Plan complete?  Y  N
Date plan resubmitted: ___________ Plan complete?  Y  N
Date plan resubmitted: ___________ Plan complete?  Y  N
Date plan approved: ____________________ by _________________________________

For more information contact the Medford Health Department:
781-393-2560 | www.medfordma.org/rodent-prevention/