

SCC IPM Quarterly Evaluation Inspection (QEI) Report			
Site Address			
City			
State		Location(s):	
Zip Code			
Inspector(s) Name			
Date of QEI Inspection			
Target Pest(s) including weeds			
Observed Conducive Conditions	Interior	Sanitation	YES
Write or refer to details in the describe column	Interior	Housekeeping	YES
	Interior	Maintenance	YES
	Interior	Others	YES
	Exterior	Sanitation	YES
	Exterior	Housekeeping	YES
	Exterior	General Maintenance	YES
	Exterior	Turf & Landscaping Issues	YES
	Exterior	Others	YES
Proposed Non Chemical Alternative/Method/Strategy(s)			
Proposed Chemical Method		Pesticide Used	YES
	If Yes, Go to Pesticide Use Exemption &/or Pesticide Use Reporting		
Follow Up Dates	Daily		
Write all follow up dates & circle daily, weekly...follow up as required to solve the problem.	Weekly		
	Biweekly		
	Monthly		
	Quarterly		
	Biannual		
	Annual		
Evaluation	Was Problem solved?		YES
If NO, write follow up evaluation dates & ask for necessary help from the County IPM Coordinator			
Is there any long term solution proposed to the problem? Explain.			
In this column, write details/description of conducive conditions or suggested long term solution problem or reference to earlier reports in this regard:			
Attachments: Attach Photographs/Site plans as necessary; Use Photo report template if site photos are attached			

