**HOSPITAL PEST CONTROL SURVEY FORM**

**1. Hospital & Inspection Details**

* **Date of Inspection:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Hospital Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Building/Wing:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Floor/Block:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Wards/Rooms Covered:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Contact Person (Optional):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Contact No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Inspector Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Weather Conditions:** ☐ Sunny ☐ Cloudy ☐ Rainy
* **Temperature:** \_\_\_\_\_\_ °C
* **Humidity:** \_\_\_\_\_\_ %

**2. Pest Presence Assessment**

| **Pest Type** | **Observed (Y/N)** | **Infestation Level (Low/Med/High)** | **Area(s) Observed** | **Comments** |
| --- | --- | --- | --- | --- |
| Mosquitoes | ☐ Y / ☐ N |  |  |  |
| Cockroaches | ☐ Y / ☐ N |  |  |  |
| Flies | ☐ Y / ☐ N |  |  |  |
| Rodents | ☐ Y / ☐ N |  |  |  |
| Termites | ☐ Y / ☐ N |  |  |  |
| Ants | ☐ Y / ☐ N |  |  |  |
| Lizards | ☐ Y / ☐ N |  |  |  |
| Bed Bugs | ☐ Y / ☐ N |  |  |  |
| Spiders | ☐ Y / ☐ N |  |  |  |

**3. Area-wise Pest Activity**

| **Area** | **Mosq.** | **Cock.** | **Rod.** | **Flies** | **Ants** | **Termites** | **Bed Bugs** | **Spiders** | **Lizards** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Patient Rooms | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N |
| ICUs | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N |
| OTs | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N |
| Emergency Ward | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N |
| Restrooms | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N |
| Pharmacy | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N |
| Labs | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N |
| Waste Disposal | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N |
| Basement | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N |
| Kitchen | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N |
| Canteen | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N |
| Laundry | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N |
| Waiting Area | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N |
| Reception | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N |
| Corridors | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N |
| Hospital Grounds | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N |
| Water Tanks | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N |
| External Areas | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N | ☐ Y/N |

**4. Breeding & Nesting Site Indicators**

| **Location** | **Standing Water?** | **Droppings/Signs** | **Damaged Materials** | **Webs/Nests Visible** | **Other Remarks** |
| --- | --- | --- | --- | --- | --- |
| ICU | ☐ Yes / ☐ No | ☐ Yes / ☐ No | ☐ Yes / ☐ No | ☐ Yes / ☐ No |  |
| Restroom | ☐ Yes / ☐ No | ☐ Yes / ☐ No | ☐ Yes / ☐ No | ☐ Yes / ☐ No |  |
| Pharmacy | ☐ Yes / ☐ No | ☐ Yes / ☐ No | ☐ Yes / ☐ No | ☐ Yes / ☐ No |  |
| Canteen | ☐ Yes / ☐ No | ☐ Yes / ☐ No | ☐ Yes / ☐ No | ☐ Yes / ☐ No |  |
| Basement | ☐ Yes / ☐ No | ☐ Yes / ☐ No | ☐ Yes / ☐ No | ☐ Yes / ☐ No |  |
| Laundry | ☐ Yes / ☐ No | ☐ Yes / ☐ No | ☐ Yes / ☐ No | ☐ Yes / ☐ No |  |
| Water Tank | ☐ Yes / ☐ No | ☐ Yes / ☐ No | ☐ Yes / ☐ No | ☐ Yes / ☐ No |  |
| External Areas | ☐ Yes / ☐ No | ☐ Yes / ☐ No | ☐ Yes / ☐ No | ☐ Yes / ☐ No |  |

**5. Risk Rating Matrix**

| **Factor** | **Score (1–5)** | **Comments** |
| --- | --- | --- |
| Standing Water Prevalence |  |  |
| Drainage Effectiveness |  |  |
| Pest Sightings Frequency |  |  |
| Sanitation & Cleanliness |  |  |
| Clutter/Dark Hidden Areas |  |  |

**Total Score:** \_\_\_\_ / 25
**Risk Level:**  ☐ Low (5–10) ☐ Medium (11–18) ☐ High (19–25)

**6. Treatment & Control Log**

| **Pest Type** | **Treatment Method Used** | **Date of Treatment** | **Area Treated** | **Results / Follow-Up Needed** |
| --- | --- | --- | --- | --- |
| Mosquitoes |  |  |  |  |
| Cockroaches |  |  |  |  |
| Rodents |  |  |  |  |
| Termites |  |  |  |  |
| Bed Bugs |  |  |  |  |

**7. Feedback from Hospital Staff (Optional)**

* Have you noticed improvement after the last treatment? ☐ Yes ☐ No
* Are there specific areas still having issues? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Would you prefer more frequent pest checks? ☐ Yes ☐ No
* Suggestions for the pest control team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. Follow-Up Plan**

* **Next Visit Scheduled On: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Recommended Actions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Inspector's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Hospital Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**