

# *Certificate of Completion*

IS HEREBY GRANTED TO

*John Gilbert*

*For completing the*

## **OSU School IPM Coordinator Training, Turner, 2022**

The Oregon State University School IPM Program.  
This training is an OSU-approved training course that satisfies the ORS 634.720 6-hour training  
requirement for school IPM coordinators.

*Tim Stock*



Tim Stock, OSU School IPM Program  
Coordinator, OSU

**Oregon State**  
University

**07/22/2022**

Date



## FALLS CITY SCHOOL DISTRICT #57

111 N Main Street  
Falls City, OR 97344  
Phone: 503-787-3521

Business Office Fax: 503-787-5805  
High School Fax: 503-787-1507  
Elem. School Fax: 503-787-3239

*"Falls City School District provides well-rounded opportunities for students to become productive, positive citizens and life-long learners"*

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**Cory Ellis**  
*Superintendent  
K-12 Principal*

**Micke Kidd**  
*High School  
Principal*

**John Gilbert**  
*Facilities Manager*

**Jennifer Handy**  
*Business Manager*

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To: The Falls City School Board / O.S.U. I.P.M. Coordinator

June 4, 2021

RE: Annual I.P.M. Report

Students, Staff, Building Occupants, Parents and/or Legal Guardians,

The Falls City School District Board of Directors is committed to a pest management plan that puts a priority on the health and safety of staff and students. This integrated pest management plan will be used on all Falls City Schools District facilities.

The I.P.M. plan works to achieve long term, environmentally sound pest suppression through a wide variety of tactics. Control strategies in this plan include structural and procedural improvements to reduce the food, water, shelter, and access used by pests. Pesticides will be used only in the most severe infestations or pest emergencies.

Falls City School District in accordance with the ODE Pesticides Program, Healthy and Safe Schools plan (HASS), Integrated Pest Management plan (I.P.M.) is required to provide annual notification to all building occupants regarding the presence or the use of pesticides that are used within, or outside district owned buildings/grounds, which are managed within the established I.P.M. plan by the I.P.M. Coordinator.

The I.P.M. plan surveys, reports, notifies, does periodic surveillances, re-inspects, monitors applications of pesticides and responds to infestations/emergencies and documents other related problems regarding the presence of pests in the school district buildings and grounds.

A copy of the Integrated Pest Management plan is available for review upon request at the District Office or it can be found on the district's web site. All inquiries or questions should be directed to Mr. Gilbert at 503-787-3521 ext. 1207.

Respectfully,

John W. Gilbert  
Facility Manager  
LEA Safety Officer  
District I.P.M. Coordinator





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*Business Manager*

The intent of this I.P.M. Coordinator is to educate staff and students about I.P.M. and how we can prevent the use of pesticides totally. I had no applications of any kind this year, it is my plan not to. Most things can be handled by simply not allowing clutter, maintaining a sealed building envelope so access cannot be made by unwanted pests. Making sure garbage cans are cleaned weekly, bags are pulled on Thursday evenings and there is no standing water anywhere. All penetrations throughout the district buildings have been foamed/screened or blocked off. Limited bushes, shrubs, and trees away from the building decreases the chance of pests also. Monitoring is done and recorded; costs are associated to prevention. The Falls City School District has several species of pests that are seasonal and are tolerated and they are carpenter ants, lady bugs, elm beetles and our resident honeybees. Occasionally a mouse will appear on a monitored baited trap because the rules have not been followed. It is normally an isolated incident.

DATA FROM SCHOOL DISTRICT (first part)

Name of School District Falls City School District 57

Pests, pest-conducive conditions, actions taken, Costs (taken from pest logs):

Number of Pest Sightings Reported:

Small ants Carpenter 4

Bats \_\_\_\_\_

Cockroaches \_\_\_\_\_

Spiders \_\_\_\_\_

Yellow Jackets \_\_\_\_\_

Other Moths 2, Flies 16, mouse 1, Potatoebugs 7, Silver Fish 3, centipede 5

Number and Type of Pest Conducive Conditions:

Standing water in Kitchen 0

Window screens missing or torn 0

Gap under external door 0

Other \_\_\_\_\_

Number of Actions Taken:

Sanitation – Cleaned up Area 3

Reduced Clutter 3

Set rodent traps 8

Sealed up hole or crack 1

Fixed screen 0

Installed external door sweep 0

Pesticide Application 0

Breakdown of prevention and management steps taken that proved to be ineffective and led to the decision to make a pesticide application:

Pest Problem and Date(s) \_\_\_\_\_

Prevention and Management Steps and Date(s):

Why Prevention and Management Steps Ineffective:

Pesticide Applied and Date: \_\_\_\_\_



**DATA FROM SCHOOL DISTRICT (second part)**

**Costs (from Pest Logs):**

Sticky traps elem \$15, Lib-sci \$15, HS \$15, gym \$23 = 68.

Mouse traps elem \$13, Lib-sci \$10, HS \$18, gym \$10 = 51

Rat traps 0

Pest Management Professional 0

Pesticides 0

Total: \$119

**Costs (from Grounds Records):**

Propane Fuel for flame weeders 0

Mole Traps 0

Pest Management Professional 0

Pesticides 0

Total: 0

## MONITORING TRAP CHECK AND REPLACEMENT RECORD

School

School John W. Gilbert Facilities Manager IPM Co.  
Your name & employment position

Your name & employment position

[illegible]



Pest Vulnerable Areas (PVAs)	Monitor Placement Area
1. Kitchen cafeteria	Dry storage and pantry, dishwasher area, near external cafeteria doors, near floor drains, within the lower panels of serving counters
2. Staff lounge	Behind vending machines, in counter or drawer, behind microwave, behind or next to refrigerator
3. Custodian's storage	Under shelving, near floor sink, near external door (if present)
4. Reported hot zones from pest sighting log	Under counters, sinks, near windows
5. Special Education or kindergarten classrooms	Near food preparation area and backpack storage, under sink
6. Home economics, life skills classrooms	Near stove or refrigerator, near washer dryer, under counter
7. Stage areas	Under stage storage, in equipment room
8. Locker areas	Under lockers
9. Concession stands	Under counters, behind or next to equipment
10. Classrooms with animals plants	Near pet food or plants
11. Cluttered classrooms	Remove clutter, monitor in storage areas, under sinks
12. Bathrooms (optional)	Near external doors, near cracks and crevices, near utility pipes without escutcheon plates
13. Nurses station (optional)	Under desk, under sink, near external door

# Annual IPM Inspection Form

## (Pests and Pest Conducive Conditions Checklist)

School District Falls City School dist #57

School or Site	<u>High School</u>
Date	<u>June 16, 2023</u>
Inspected by	<u>John W. Gilbert</u>

<b>Entryways</b>	Yes	No	Not Sure	N/A
Doors closed when not in use	✓			
Doors shut tight and close on their own	✓			
Door sweeps installed so no 1/4" gaps	✓			
Cracks & crevices around door are sealed	✓			

If pests are present in the area, write what kind here Flies in windows & Elm beetle.

Notes:

<b>Outside Areas</b>	Yes	No	Not Sure	N/A
Area free from trash, old vehicles, other pest attractants	✓			
All trash cans have secure lids	✓			
Trash cans cleaned regularly	✓			
Site has good drainage and is free from standing water	✓			
Bushes, shrubs, trees at least 18" from building		✓		
Tree branches not overhanging roof		✓		
All dumpsters located away from building	✓			
All dumpsters clean	✓			
No gaps between windows or screens and frame	✓			
Eaves and roofs free from birds, wasps, etc.	✓			
Play structures free from wasp harborage areas				✓

If pests are present in the area, write what kind here yellow jackets, wasps.

Notes:



Other Room: <u>Chimney Room</u>	Yes	No	Not Sure	N/A
Free of unauthorized pesticides	✓			
Room is free of standing water	✓			
Room is free of trash and food	✓			
Room is free of storage, especially in cardboard boxes	✓			
Any food items are stored in sealed plastic containers	✓			
Free of clutter	✗	✓		
Cracks or holes in floors and walls are sealed properly	✓			
Outside windows and doors close tight and have no gaps	✓			
Window screens (if any) are in good repair	✓			

If pests are present in the area, write what kind here fly's in window seals.

Notes:

Other Room: <u>Classroom # 206</u>	Yes	No	Not Sure	N/A
Free of unauthorized pesticides	✓			
Room is free of standing water	✓			
Room is free of trash and food	✓			
Room is free of storage, especially in cardboard boxes	✓			
Any food items are stored in sealed plastic containers	✓			
Free of clutter	✓			
Cracks or holes in floors and walls are sealed properly	✓			
Outside windows and doors close tight and have no gaps	✓			
Window screens (if any) are in good repair	✓			

If pests are present in the area, write what kind here Elm beetles

Notes:

Date of Application \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

School \_\_\_\_\_

## PESTICIDE APPLICATION RECORD

This form meets all pesticide record-keeping requirements for schools in Oregon. **Note additional attachments required.**

### Applicator

Name	Phone	
License No.	Certificate No.	
Address		
City	State	Zip Code

### Pesticide Product Used

Product (Brand) Name	EPA Registration No.
Product type (granular, liquid, etc.)	

#### Attach following documents

Pesticide Label ☐ MSDS ☐ Copies of all required notices, including dates the notices were given ☐

Date and time for placement and removal of warning signs	Placement:	Removal:
----------------------------------------------------------	------------	----------

### Application Information

Time began	Time ended
Temp	Wind Speed & Direction
Amount of Product Applied	
Total Product Volume or Weight	Total Area of Application(s) (acres, feet, etc.)

Product Concentration (amount per area; note units)

Location(s) of application

Type of Application

Backpack <input type="checkbox"/>	Bait <input type="checkbox"/>	Boom Sprayer <input type="checkbox"/>	Crack/Crevice <input type="checkbox"/>
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Other (describe)

Did the application prove effective? Explain:



**DATA FROM SCHOOL DISTRICT (second part)**

**Costs (from Pest Logs):**

Sticky traps 4\$

Mouse traps 2\$

Rat traps 0

Pest Management Professional 0

Pesticides 0

**Total:** 6\$

**Costs (from Grounds Records):**

Propane Fuel for flame weeders 0

Mole Traps 0

Pest Management Professional 0

Pesticides 0

**Total:** 0

**DATA FROM INDIVIDUAL SCHOOL (first part)**

Name of School \_\_\_\_\_

**Pests, pest-conducive conditions, actions taken, Costs (taken from pest logs):**

**Number of Pest Sightings Reported:**

Small ants \_\_\_\_\_

Bats \_\_\_\_\_

Cockroaches \_\_\_\_\_

Spiders \_\_\_\_\_

Yellow Jackets 2

Other Elm beetles & flies 6

**Number and Type of Pest Conducive Conditions:**

Standing water in Kitchen Ø

Window screens missing or torn Ø

Gap under external door Ø

Other Ø

**Number of Actions Taken:**

Sanitation – Cleaned up Area yes

Reduced Clutter no

Set rodent traps yes

Sealed up hole or crack Ø

Fixed screen Ø

Installed external door sweep Ø

Pesticide Application Ø

**Breakdown of prevention and management steps taken that proved to be ineffective and led to the decision to make a pesticide application:**

Pest Problem and Date(s) NO

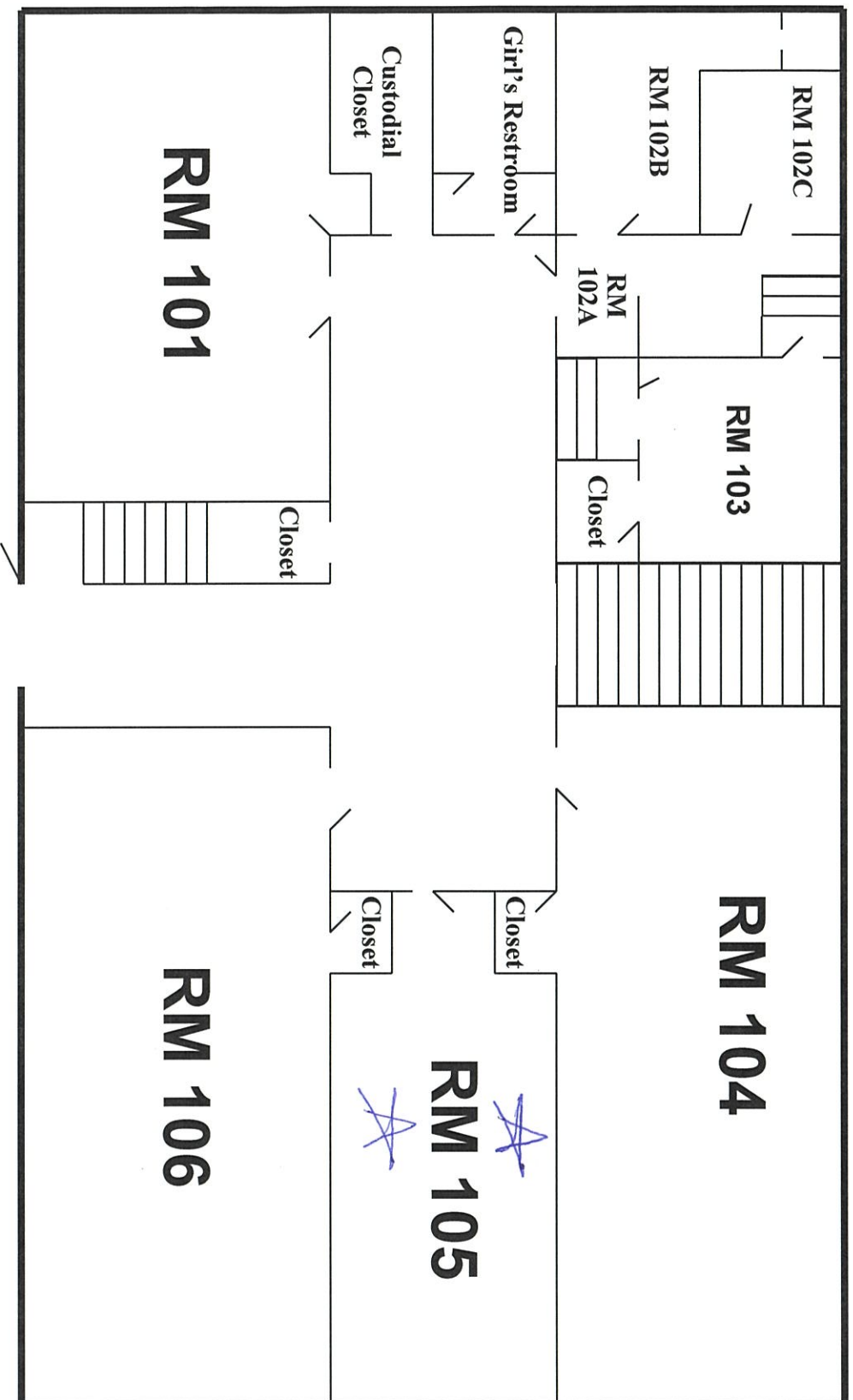
Prevention and Management Steps and Date(s): Ø

Why Prevention and Management Steps Ineffective: Ø

Pesticide Applied and Date: Ø



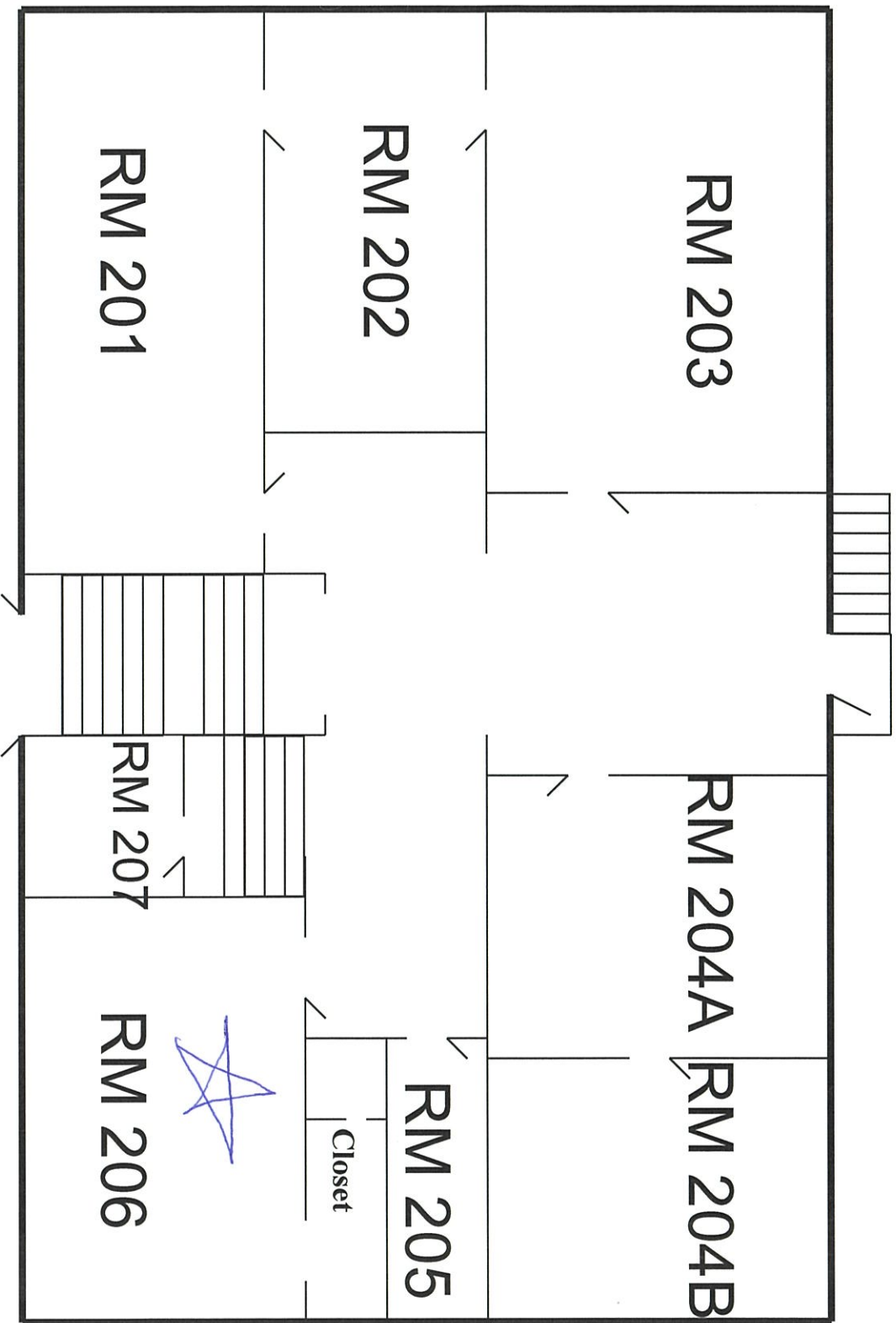
# High School



First Floor  
Street Side

Rev: 2018

# High School



Rev: 2018

Second Floor  
Street Side

# Annual IPM Inspection Form

## (Pests and Pest Conducive Conditions Checklist)

School District Falks City School Dist #57

School or Site	<u>Lib./Sci. Bldg.</u>
Date	<u>June 16, 2023</u>
Inspected by	<u>John W. Alldred</u>

Entryways	Yes	No	Not Sure	N/A
Doors closed when not in use	<input checked="" type="checkbox"/>			
Doors shut tight and close on their own	<input checked="" type="checkbox"/>			
Door sweeps installed so no 1/4" gaps	<input checked="" type="checkbox"/>			
Cracks & crevices around door are sealed	<input checked="" type="checkbox"/>			

If pests are present in the area, write what kind here \_\_\_\_\_

Notes:

Outside Areas	Yes	No	Not Sure	N/A
Area free from trash, old vehicles, other pest attractants	<input checked="" type="checkbox"/>			
All trash cans have secure lids	<input checked="" type="checkbox"/>			
Trash cans cleaned regularly	<input checked="" type="checkbox"/>			
Site has good drainage and is free from standing water	<input checked="" type="checkbox"/>			
Bushes, shrubs, trees at least 18" from building	<input checked="" type="checkbox"/>			
Tree branches not overhanging roof	<input checked="" type="checkbox"/>			
All dumpsters located away from building	<input checked="" type="checkbox"/>			
All dumpsters clean	<input checked="" type="checkbox"/>			
No gaps between windows or screens and frame	<input checked="" type="checkbox"/>			
Eaves and roofs free from birds, wasps, etc.	<input checked="" type="checkbox"/>			
Play structures free from wasp harborage areas				<input checked="" type="checkbox"/>

If pests are present in the area, write what kind here \_\_\_\_\_

Notes:



Other Room: <u>Science Room</u>	Yes	No	Not Sure	N/A
Free of unauthorized pesticides	✓			
Room is free of standing water	✓			
Room is free of trash and food	✓			
Room is free of storage, especially in cardboard boxes	✓			
Any food items are stored in sealed plastic containers	✓			
Free of clutter	✓			
Cracks or holes in floors and walls are sealed properly	✓			
Outside windows and doors close tight and have no gaps	✓			
Window screens (if any) are in good repair	✓			

If pests are present in the area, write what kind here Flies & Ladybugs.

Notes:

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

School \_\_\_\_\_

## PESTICIDE APPLICATION RECORD

This form meets all pesticide record-keeping requirements for schools in Oregon. **Note additional attachments required.**

### Applicator

Name

Phone

License No.

Certificate No.

Address

City

State

Zip Code

### Pesticide Product Used

Product (Brand) Name

EPA Registration No

Product type (granular, liquid, etc.)

#### Attach following documents

Pesticide Label ☐

MSDS ☐

Copies of all required notices, including dates the notices were given ☐

Date and time for placement and removal of warning signs

Placement:

Removal:

### Application Information

Time began

Time ended

Temp

Wind Speed & Direction

Amount of Product Applied

Total Product Volume or Weight

Total Area of Application(s) (acres, feet, etc.)

Product Concentration (amount per area; note units)

Location(s) of application

Type of Application

Backpack ☐

Bait ☐

Boom Sprayer ☐

Crack/Crevise ☐

Other (describe)

Did the application prove effective? Explain:

**DATA FROM SCHOOL DISTRICT (second part)**

**Costs (from Pest Logs):**

Sticky traps 10\$

Mouse traps 2\$

Rat traps 0

Pest Management Professional 0

Pesticides 0

**Total:** 12\$

**Costs (from Grounds Records):**

Propane Fuel for flame weeders 0

Mole Traps 0

Pest Management Professional 0

Pesticides 0

**Total:** 0



**DATA FROM INDIVIDUAL SCHOOL (first part)**

Name of School \_\_\_\_\_

**Pests, pest-conducive conditions, actions taken, Costs (taken from pest logs):**

**Number of Pest Sightings Reported:**

Small ants \_\_\_\_\_

Bats \_\_\_\_\_

Cockroaches \_\_\_\_\_

Spiders \_\_\_\_\_

Yellow Jackets \_\_\_\_\_

Other flies & lady bugs - 6

**Number and Type of Pest Conducive Conditions:**

Standing water in Kitchen \_\_\_\_\_

Window screens missing or torn \_\_\_\_\_

Gap under external door \_\_\_\_\_

Other \_\_\_\_\_

**Number of Actions Taken:**

Sanitation – Cleaned up Area ✓ yes

Reduced Clutter \_\_\_\_\_

Set rodent traps \_\_\_\_\_

Sealed up hole or crack \_\_\_\_\_

Fixed screen \_\_\_\_\_

Installed external door sweep \_\_\_\_\_

Pesticide Application \_\_\_\_\_

**Breakdown of prevention and management steps taken that proved to be ineffective and led to the decision to make a pesticide application:**

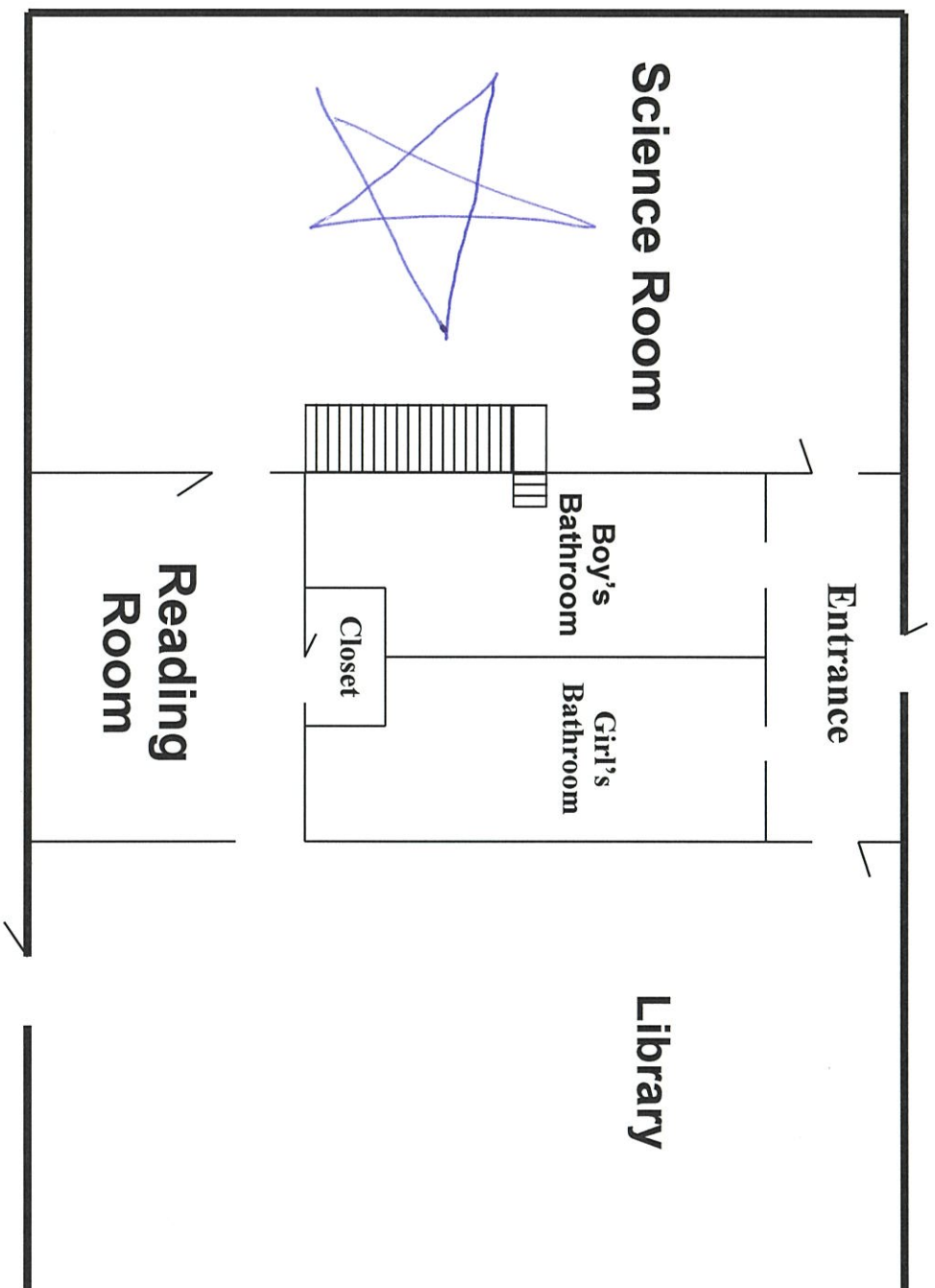
Pest Problem and Date(s) \_\_\_\_\_

Prevention and Management Steps and Date(s): \_\_\_\_\_

Why Prevention and Management Steps Ineffective: \_\_\_\_\_

Pesticide Applied and Date: \_\_\_\_\_

# Lib. / Sci. Bldg.



# Annual IPM Inspection Form

## (Pests and Pest Conducive Conditions Checklist)

School District Falls City School Dist. #57

School or Site	<u>Elem. School</u>
Date	<u>June 16, 2023</u>
Inspected by	<u>John W. Albrecht</u>

Entryways	Yes	No	Not Sure	N/A
Doors closed when not in use	<u>X</u>			
Doors shut tight and close on their own	<u>X</u>			
Door sweeps installed so no 1/4" gaps	<u>X</u>			
Cracks & crevices around door are sealed	<u>X</u>			

If pests are present in the area, write what kind here N/A

Notes:

Outside Areas	Yes	No	Not Sure	N/A
Area free from trash, old vehicles, other pest attractants	<u>X</u>			
All trash cans have secure lids	<u>X</u>			
Trash cans cleaned regularly	<u>X</u>			
Site has good drainage and is free from standing water	<u>X</u>			
Bushes, shrubs, trees at least 18" from building	<u>X</u>			
Tree branches not overhanging roof	<u>X</u>			
All dumpsters located away from building	<u>X</u>			
All dumpsters clean		<u>X</u>		
No gaps between windows or screens and frame	<u>X</u>			
Eaves and roofs free from birds, wasps, etc.	<u>X</u>			
Play structures free from wasp harborage areas	<u>X</u>			

If pests are present in the area, write what kind here N/A

Notes:



X

Teachers Lounge	Yes	No	Not Sure	N/A
Room is free of cloth couches and chairs	X			
It's clean behind and under microwave	X			
It's clean under and behind vending machines				X
It's clean inside, under, and behind the refrigerator	X			
All counters clean and free of food bits and such	X			
Floor at every corner is clean and without signs of pests	X			
Under sink is kept clean		X		
Cupboards clean and any food is in sealed containers	X			
Free of unauthorized pesticides	X			
Pest monitors (sticky traps) are present and dated	X			
Pest log is posted		X		

If pests are present in the area, write what kind here \_\_\_\_\_

Notes: Silverfish, elen beetles

Classrooms or Offices	Room #	Yes	No	Not Sure	N/A
Free of unauthorized pesticides					
Free of clutter					
Indoor plants healthy and free of pests					
Desks, closets, and cubbies clean and free of food, clutter					
All food items are stored in sealed plastic containers					
Animal or bird cages are clean in and around the area					
Any pet food is stored in sealed plastic containers					
Sinks are free of dripping or standing water					
Gaps or holes under sinks or counters have been sealed					
Holes or gaps to the outside are sealed					
Outside windows and doors close tight and have no gaps					
Window screens (if any) are in good repair					
Nothing (except short-term) is stored in cardboard boxes					

If pests are present in the area, write what kind here \_\_\_\_\_

Notes:

X

Kitchen and Food Preparation Area	Yes	No	Not Sure	N/A
Free of unauthorized pesticides	X			
Trash emptied daily	X			
Door sweeps installed so no 1/4" gaps	X			
Floor at every corner is clean and without signs of pests	X			
Area is free of standing water	X			
Floor drains and floor sinks are clean	X			
All faucets close properly and have no leaks or drips	X			
Under stoves, sinks, and dishwasher kept clean	X			
No open holes or other access to outside	X			
Any cracks in walls or floors are sealed properly	X			
Windows have screens on them	X			
Vents are free of grease and dirt	X			
Storage is kept off the floor on wire rack shelving		X		
Food is put away and stored properly in sealed containers	X			
Cardboard boxes present	X			
No long term storage of anything in cardboard boxes		X		
Pest monitors (sticky traps) are present and dated	X			
Pest log is posted		X		
Breaker boxes free of evidence of pests	X			

If pests are present in the area, write what kind here \_\_\_\_\_

Notes:

Carpenter Ants, Elem beetles

Date of Application \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

School \_\_\_\_\_

## PESTICIDE APPLICATION RECORD

This form meets all pesticide record-keeping requirements for schools in Oregon. **Note additional attachments required.**

### Applicator

Name

Phone

License No.

Certificate No.

Address

City

State

Zip Code

### Pesticide Product Used

Product (Brand) Name

EPA Registration No.

Product type (granular, liquid, etc.)

### Attach following documents

Pesticide Label ☐

MSDS ☐

Copies of all required notices, including dates the notices were given ☐

Date and time for placement and removal of warning signs

Placement:

Removal:

### Application Information

Time began

Time ended

Temp

Wind Speed & Direction

Amount of Product Applied

Total Product Volume or Weight

Total Area of Application(s) (acres, feet, etc.)

Product Concentration (amount per area; note units)

Location(s) of application

Type of Application

Backpack ☐

Bait ☐

Boom Sprayer ☐

Crack/Crevice ☐

Other (describe)

Did the application prove effective? Explain:



**DATA FROM INDIVIDUAL SCHOOL (second part)**

**Costs (from Pest Logs):**

Sticky traps 18.<sup>00</sup>

Mouse traps 10.<sup>00</sup>

Rat traps 0

Pest Management Professional 0

Pesticides 0

Total: 28.<sup>00</sup>

**Costs (from Grounds Records):**

Propane Fuel for flame weeders 0

Mole Traps 0

Pest Management Professional 0

Pesticides 0

Total: 0

DATA FROM INDIVIDUAL SCHOOL (first part)

Name of School Elem. School

Pests, pest-conducive conditions, actions taken, Costs (taken from pest logs):

Number of Pest Sightings Reported:

Small ants 0  
Bats 0  
Cockroaches 0  
Spiders 3  
Yellow Jackets 1  
Other Silver Fish

Number and Type of Pest Conducive Conditions:

Standing water in Kitchen 0  
Window screens missing or torn 0  
Gap under external door 1  
Other 0

Number of Actions Taken:

Sanitation – Cleaned up Area 3  
Reduced Clutter 1  
Set rodent traps 4  
Sealed up hole or crack 1  
Fixed screen 1  
Installed external door sweep 0  
Pesticide Application 0

Breakdown of prevention and management steps taken that proved to be ineffective and led to the decision to make a pesticide application:

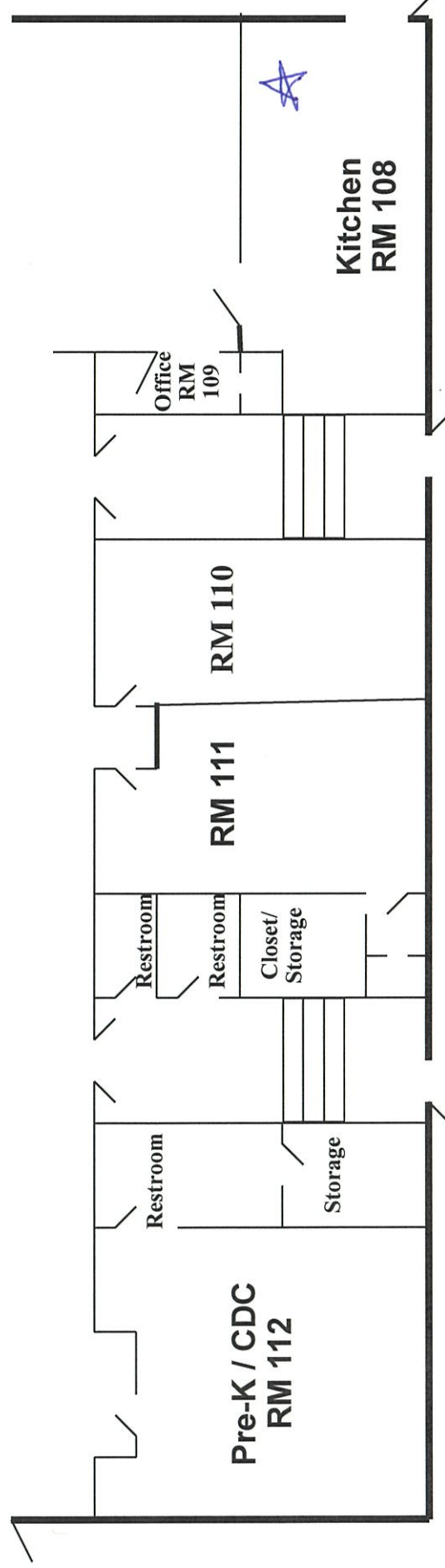
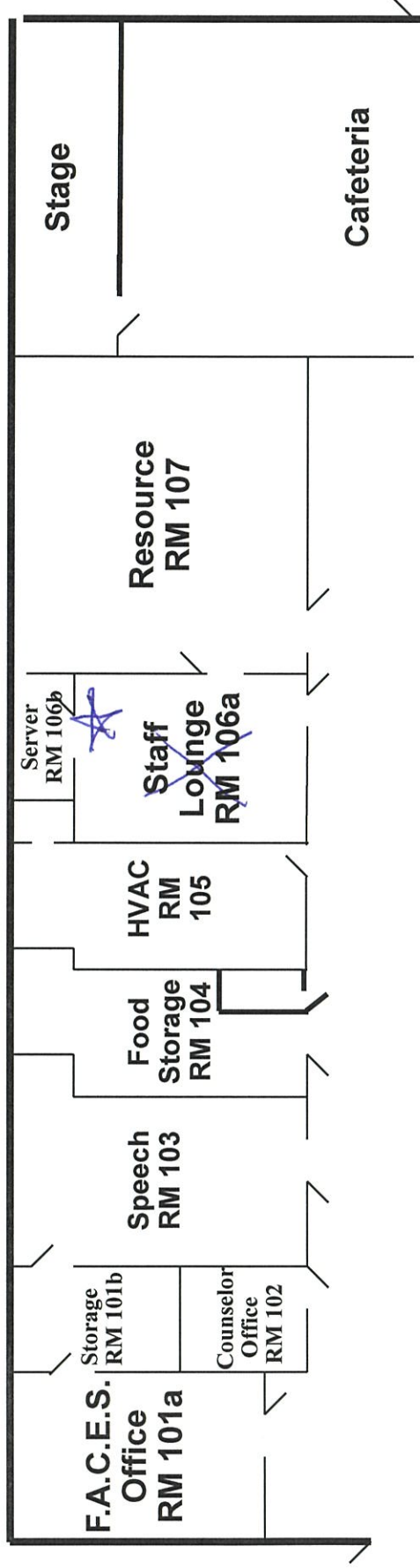
Pest Problem and Date(s) 0

Prevention and Management Steps and Date(s): cleaned area

Why Prevention and Management Steps Ineffective: Left out food

Pesticide Applied and Date: 0 N/A

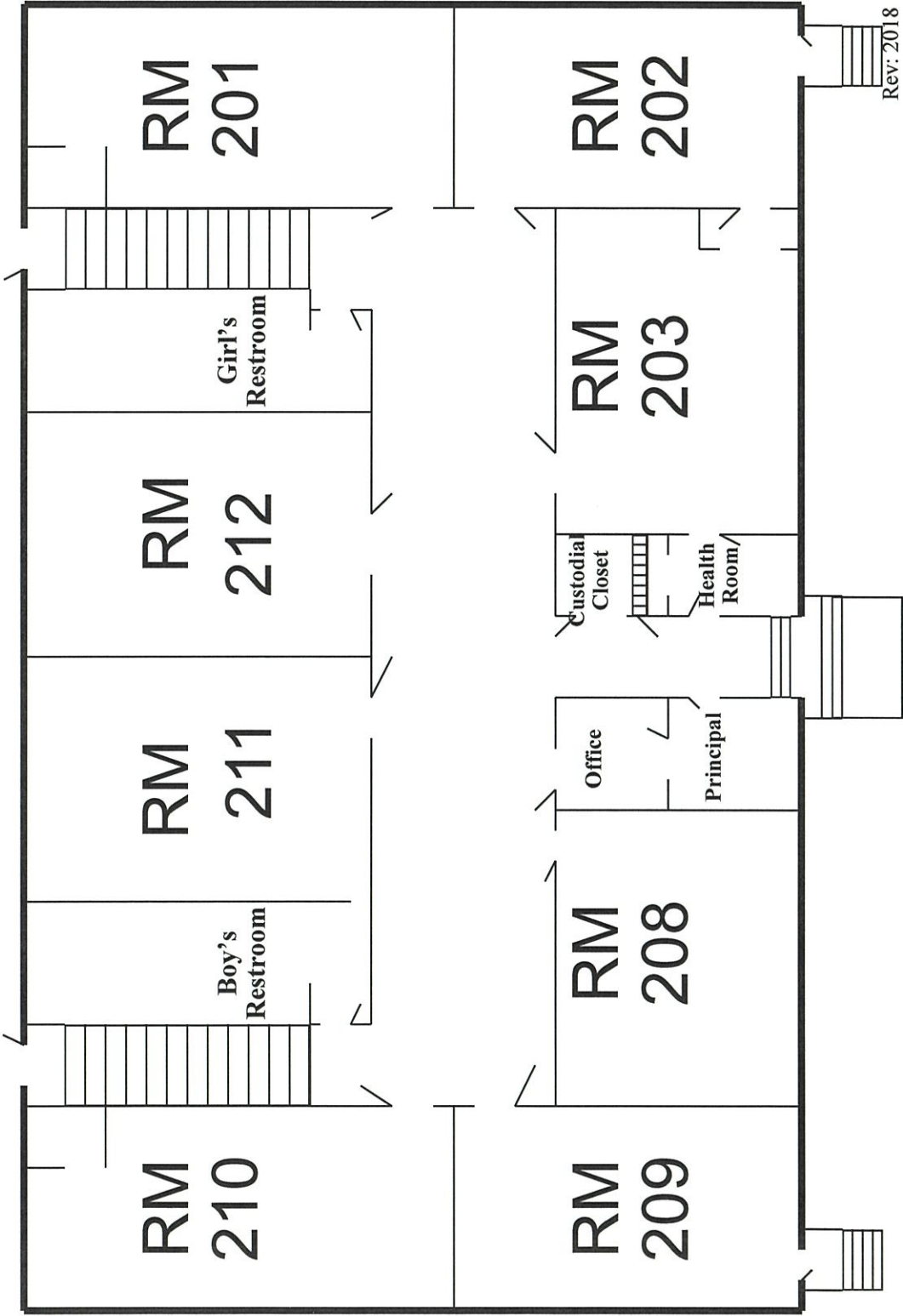
# Elementary



# Bottom Floor



# Elementary



# Top Floor

# Annual IPM Inspection Form

## (Pests and Pest Conducive Conditions Checklist)

School District Falls City School dist #57

School or Site	<u>Falls city HS Gym</u>
Date	<u>June 16, 2023</u>
Inspected by	<u>John W. Gilbert</u>

Entryways	Yes	No	Not Sure	N/A
Doors closed when not in use	<input checked="" type="checkbox"/>			
Doors shut tight and close on their own	<input checked="" type="checkbox"/>			
Door sweeps installed so no 1/4" gaps	<input checked="" type="checkbox"/>			
Cracks & crevices around door are sealed	<input checked="" type="checkbox"/>			

If pests are present in the area, write what kind here \_\_\_\_\_

Notes:

Outside Areas	Yes	No	Not Sure	N/A
Area free from trash, old vehicles, other pest attractants	<input checked="" type="checkbox"/>			
All trash cans have secure lids	<input checked="" type="checkbox"/>			
Trash cans cleaned regularly	<input checked="" type="checkbox"/>			
Site has good drainage and is free from standing water	<input checked="" type="checkbox"/>			
Bushes, shrubs, trees at least 18" from building	<input checked="" type="checkbox"/>			
Tree branches not overhanging roof	<input checked="" type="checkbox"/>			
All dumpsters located away from building	<input checked="" type="checkbox"/>			
All dumpsters clean	<input checked="" type="checkbox"/>			
No gaps between windows or screens and frame	<input checked="" type="checkbox"/>			
Eaves and roofs free from birds, wasps, etc.	<input checked="" type="checkbox"/>			
Play structures free from wasp harborage areas				<input checked="" type="checkbox"/>

If pests are present in the area, write what kind here \_\_\_\_\_

Notes:

<b>Custodial and Custodial Closets</b>	Yes	No	Not Sure	N/A
Area is free of unauthorized pesticides	✓			
Mops are clean and hanging up when not in use	✓			
Closets are free of trash and food	✓			
Custodial closets are in good order and organized	✓			
Trash cans and maid carts are emptied daily and clean	✓			
Break area is clean and free of food, crumbs and trash	✓			
Storage areas free of items stored in cardboard boxes	✓			
Break area free of cloth covered couches and chairs	✓			
Custodians are trained in the IPM process	✓			
IPM records (including pest logs, monitoring trap data, pest management actions, etc.) are on file	✓			

If pests are present in the area, write what kind here flies & spiders.

Notes:

<b>Boiler Rooms and Fan Rooms</b>	Yes	No	Not Sure	N/A
Free of unauthorized pesticides	✓			
Room is free of standing water	✓			
Room is cleaned regularly	✓			
Room is free of trash and food	✓			
Room is free of storage, especially in cardboard boxes	✓			
Floor drains are clean	✓			
Plumbing is free of leaks and condensation	✓			
Cracks or holes in floors and walls are sealed properly	✓			
Outside air intakes are properly screened & free of trash	✓			

If pests are present in the area, write what kind here lizard

Notes:



Date of Application \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

School \_\_\_\_\_

## PESTICIDE APPLICATION RECORD

This form meets all pesticide record-keeping requirements for schools in Oregon. **Note additional attachments required.**

### Applicator

Name

Phone

License No.

Certificate No.

Address

City

State

Zip Code

### Pesticide Product Used

Product (Brand) Name

EPA Registration No.

Product type (granular, liquid, etc.)

#### Attach following documents

Pesticide Label ☐

MSDS ☐

Copies of all required notices, including dates the notices were given ☐

Date and time for placement and removal of warning signs

Placement:

Removal:

### Application Information

Time began

Time ended

Temp

Wind Speed & Direction

Amount of Product Applied

Total Product Volume or Weight

Total Area of Application(s) (acres, feet, etc.)

Product Concentration (amount per area; note units)

Location(s) of application

Type of Application

Backpack ☐

Bait ☐

Boom Sprayer ☐

Crack/Crevice ☐

Other (describe)

Did the application prove effective? Explain:

**DATA FROM SCHOOL DISTRICT (second part)**

**Costs (from Pest Logs):**

Sticky traps 8\$

Mouse traps 2\$

Rat traps 0

Pest Management Professional 0

Pesticides 0

**Total:** 10\$

**Costs (from Grounds Records):**

Propane Fuel for flame weeders 0

Mole Traps 0

Pest Management Professional 0

Pesticides 0

**Total:**

DATA FROM SCHOOL DISTRICT (first part)

Name of School District Falls city school dist #57

Pests, pest-conductive conditions, actions taken, Costs (taken from pest logs):

Number of Pest Sightings Reported:

Small ants 0  
Bats 0  
Cockroaches 0  
Spiders 4  
Yellow Jackets 0  
Other flies - 10

Number and Type of Pest Conductive Conditions:

Standing water in Kitchen 0  
Window screens missing or torn 0  
Gap under external door 0  
Other 0

Number of Actions Taken:

Sanitation – Cleaned up Area yes  
Reduced Clutter 0  
Set rodent traps 1  
Sealed up hole or crack 0  
Fixed screen 0  
Installed external door sweep 0  
Pesticide Application 0

Breakdown of prevention and management steps taken that proved to be ineffective and led to the decision to make a pesticide application:

Pest Problem and Date(s) \_\_\_\_\_

Prevention and Management Steps and Date(s): \_\_\_\_\_

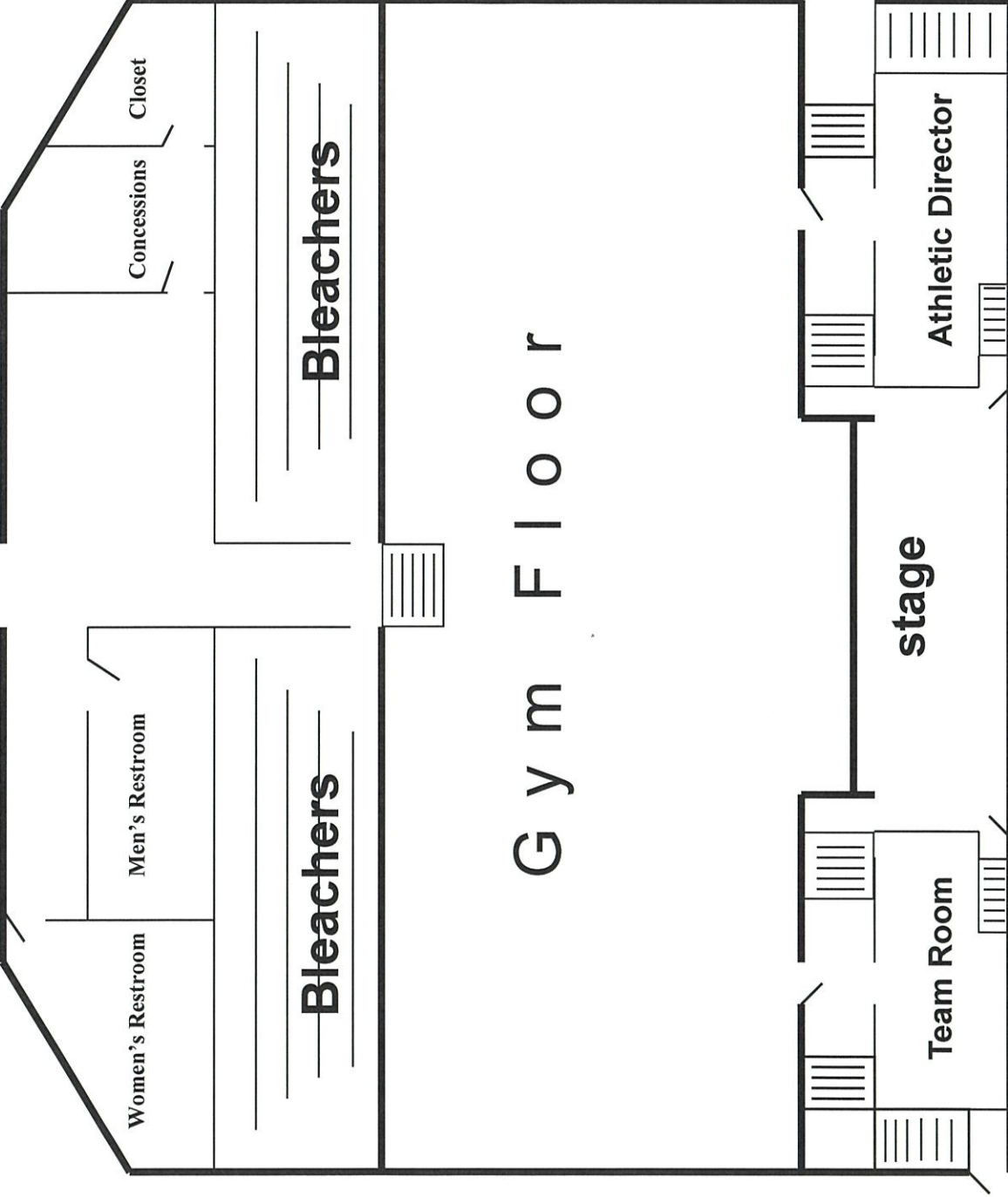
Why Prevention and Management Steps Ineffective: \_\_\_\_\_

Pesticide Applied and Date: \_\_\_\_\_

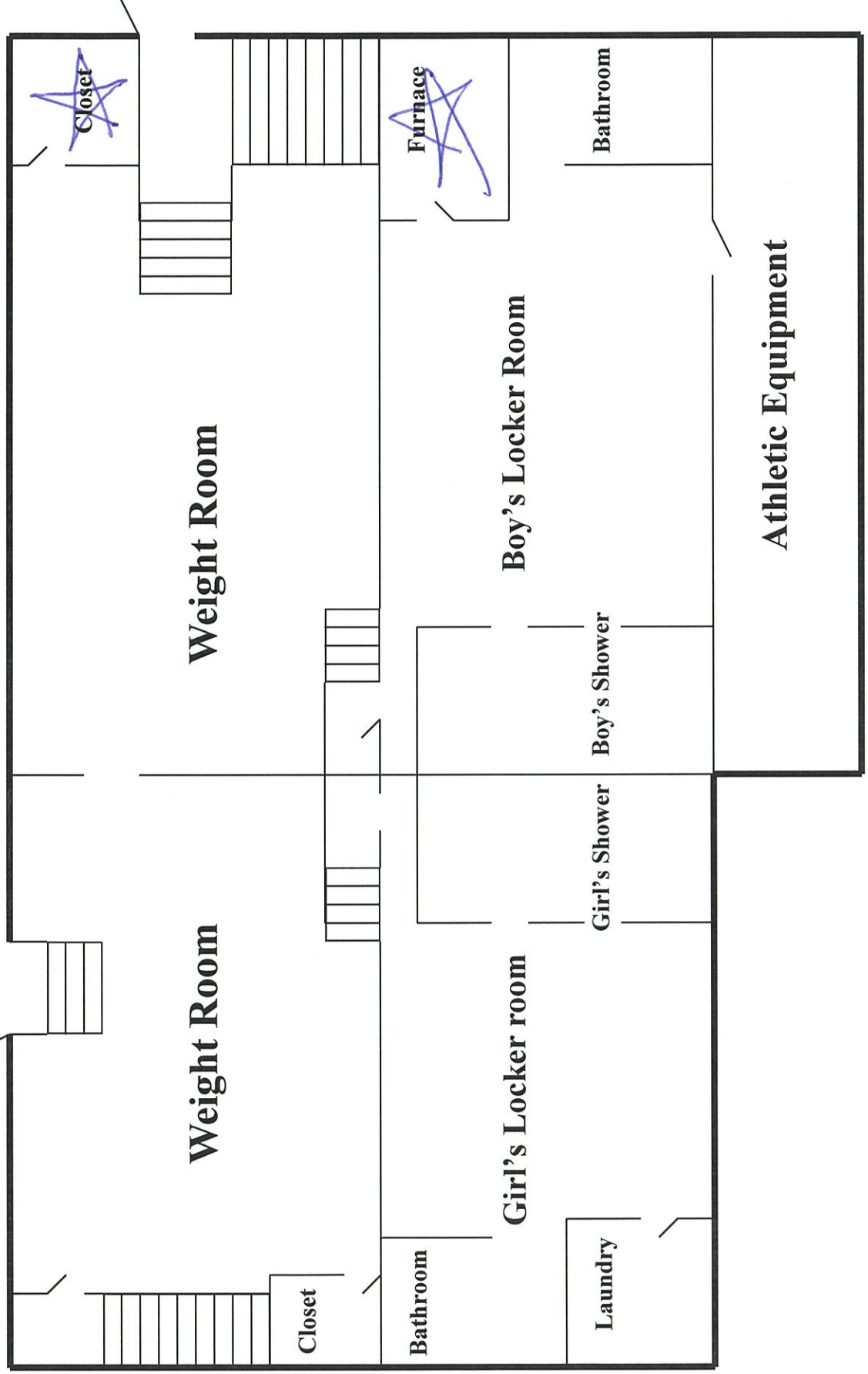


# Gym

## Top Floor



# Gym Bottom Floor



# Annual IPM Inspection Form

## (Pests and Pest Conducive Conditions Checklist)

School District Falls City School Dist #57

School or Site	<u>Pre-K</u>
Date	<u>June 16, 2023</u>
Inspected by	<u>John W. Gilbert</u>

Entryways	Yes	No	Not Sure	N/A
Doors closed when not in use	<input checked="" type="checkbox"/>			
Doors shut tight and close on their own	<input checked="" type="checkbox"/>			
Door sweeps installed so no 1/4" gaps	<input checked="" type="checkbox"/>			
Cracks & crevices around door are sealed	<input checked="" type="checkbox"/>			

If pests are present in the area, write what kind here \_\_\_\_\_

Notes:

Outside Areas	Yes	No	Not Sure	N/A
Area free from trash, old vehicles, other pest attractants	<input checked="" type="checkbox"/>			
All trash cans have secure lids	<input checked="" type="checkbox"/>			
Trash cans cleaned regularly	<input checked="" type="checkbox"/>			
Site has good drainage and is free from standing water	<input checked="" type="checkbox"/>			
Bushes, shrubs, trees at least 18" from building	<input checked="" type="checkbox"/>			
Tree branches not overhanging roof	<input checked="" type="checkbox"/>			
All dumpsters located away from building	<input checked="" type="checkbox"/>			
All dumpsters clean	<input checked="" type="checkbox"/>			
No gaps between windows or screens and frame	<input checked="" type="checkbox"/>			
Eaves and roofs free from birds, wasps, etc.	<input checked="" type="checkbox"/>			
Play structures free from wasp harborage areas	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>

If pests are present in the area, write what kind here \_\_\_\_\_

Notes:



Other Room: Bathroom	Yes	No	Not Sure	N/A
Free of unauthorized pesticides	✓			
Room is free of standing water	✓			
Room is free of trash and food	✓			
Room is free of storage, especially in cardboard boxes	✓			
Any food items are stored in sealed plastic containers	✓			
Free of clutter	✓			
Cracks or holes in floors and walls are sealed properly	✓			
Outside windows and doors close tight and have no gaps	✓			
Window screens (if any) are in good repair	✓			

If pests are present in the area, write what kind here Lady bugs & flies.

Notes:

Date of Application \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

School \_\_\_\_\_

## PESTICIDE APPLICATION RECORD

This form meets all pesticide record-keeping requirements for schools in Oregon. **Note additional attachments required.**

### Applicator

Name

Phone

License No.

Certificate No.

Address

City

State

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### Pesticide Product Used

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Date and time for placement and removal of warning signs

Placement:

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### Application Information

Time began

Time ended

Temp

Wind Speed & Direction

Amount of Product Applied

Total Product Volume or Weight

Total Area of Application(s) (acres, feet, etc.)

Product Concentration (amount per area; note units)

Location(s) of application

Type of Application

Backpack ☐

Bait ☐

Boom Sprayer ☐

Crack/Crevice ☐

Other (describe)

Did the application prove effective? Explain:

**DATA FROM SCHOOL DISTRICT (second part)**

**Costs (from Pest Logs):**

Sticky traps 6 \$

Mouse traps 0

Rat traps 0

Pest Management Professional 0

Pesticides 0

**Total:** 6 \$

**Costs (from Grounds Records):**

Propane Fuel for flame weeders 0

Mole Traps 0

Pest Management Professional 0

Pesticides 0

**Total:** 0

**DATA FROM INDIVIDUAL SCHOOL (first part)**

Name of School Falls City School dist #57

**Pests, pest-conducive conditions, actions taken, Costs (taken from pest logs):**

**Number of Pest Sightings Reported:**

Small ants \_\_\_\_\_

Bats \_\_\_\_\_

Cockroaches \_\_\_\_\_

Spiders \_\_\_\_\_

Yellow Jackets \_\_\_\_\_

Other just flies & lady bugs.

**Number and Type of Pest Conducive Conditions:**

Standing water in Kitchen Ø

Window screens missing or torn Ø

Gap under external door Ø

Other Ø

**Number of Actions Taken:**

Sanitation – Cleaned up Area ✓

Reduced Clutter no

Set rodent traps no

Sealed up hole or crack no

Fixed screen no

Installed external door sweep no

Pesticide Application no

**Breakdown of prevention and management steps taken that proved to be ineffective and led to the decision to make a pesticide application:**

Pest Problem and Date(s) \_\_\_\_\_

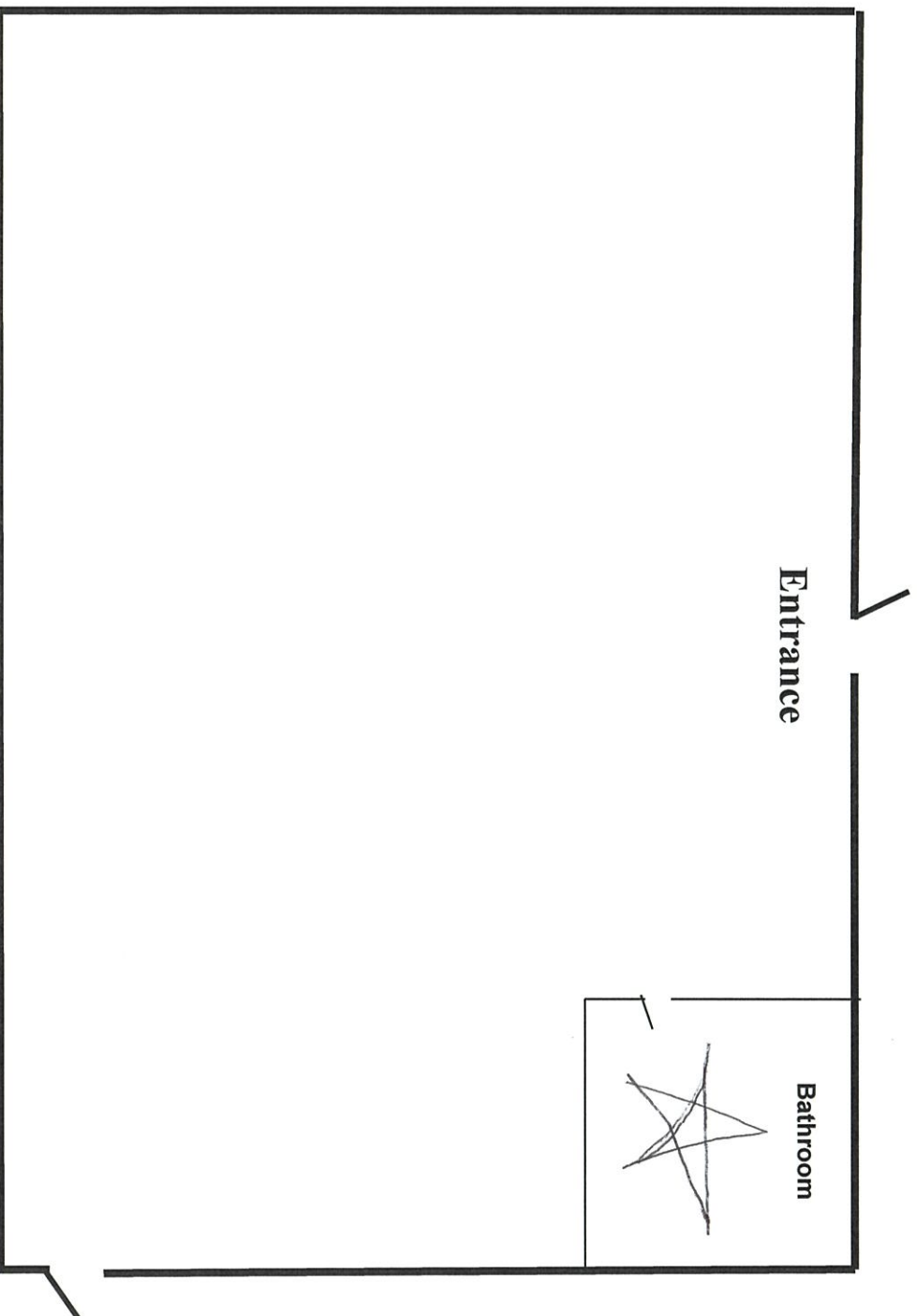
Prevention and Management Steps and Date(s):

Why Prevention and Management Steps Ineffective:

Pesticide Applied and Date: \_\_\_\_\_



# Pre-K



Rev: 2018



## FALLS CITY SCHOOL DISTRICT #57

111 N Main Street  
Falls City, OR 97344  
Phone: 503-787-3521

Business Office Fax: 503-787-5805  
High School Fax: 503-787-1507  
Elem. School Fax: 503-787-3239

*"Falls City School District provides well-rounded opportunities for students to become productive, positive citizens and life-long learners"*

---

**Cory Ellis**  
*Superintendent  
K-12 Principal*

**Micke Kidd**  
*High School  
Principal*

**John Gilbert**  
*Facilities Manager*

**Donna Creekmore**  
*Business Manager*

The intent of this I.P.M. Coordinator is to educate staff and students about I.P.M. and how we can prevent the use of pesticides totally. I had no applications of any kind this year, it is my plan not to. Most things can be handled by simply not allowing clutter, maintaining a sealed building envelope so access cannot be made by unwanted pests. Making sure garbage cans are cleaned weekly, bags are pulled on Thursday evenings and there is no standing water anywhere. All penetrations throughout the district buildings have been foamed/screened or blocked off. Limited bushes, shrubs, and trees away from the building decreases the chance of pests also. Monitoring is done and recorded; costs are associated to prevention. The Falls City School District has several species of pests that are seasonal and are tolerated and they are carpenter ants, lady bugs, elm beetles and our resident honeybees. Occasionally a mouse will appear on a monitored baited trap because the rules have not been followed. It is normally an isolated incident.



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To: The Falls City School Board / O.S.U. I.P.M. Coordinator

June 24, 2022

RE: Annual I.P.M. Report

Students, Staff, Building Occupants, Parents and/or Legal Guardians,

The Falls City School District Board of Directors is committed to a pest management plan that puts a priority on the health and safety of staff and students. This integrated pest management plan will be used on all Falls City Schools District facilities.


The I.P.M. plan works to achieve long term, environmentally sound pest suppression through a wide variety of tactics. Control strategies in this plan include structural and procedural improvements to reduce the food, water, shelter, and access used by pests. Pesticides will be used only in the most severe infestations or pest emergencies.

Falls City School District in accordance with the ODE Pesticides Program, Healthy and Safe Schools plan (HASS), Integrated Pest Management plan (I.P.M.) is required to provide annual notification to all building occupants regarding the presence or the use of pesticides that are used within, or outside district owned buildings/grounds, which are managed within the established I.P.M. plan by the I.P.M. Coordinator.

The I.P.M. plan surveys, reports, notifies, does periodic surveillances, re-inspects, monitors applications of pesticides and responds to infestations/emergencies and documents other related problems regarding the presence of pests in the school district buildings and grounds.

A copy of the Integrated Pest Management plan is available for review upon request at the District Office or it can be found on the district's web site. All inquiries or questions should be directed to Mr. Gilbert at 503-787-3521 ext. 1207.

Respectfully,

  
John W. Gilbert  
Facility Manager  
LEA Safety Officer  
District I.P.M. Coordinator

Falls City School District does not discriminate on the basis of race, religion, color, national origin, disability, marital status, sexual orientation, sex or age in providing or access to benefits of education services, activities and programs in accordance with Title VI, Title VII, Title IX and other civil rights or discrimination issues; Section 504 of the Rehabilitation Act of 1973, as amended; and the American with Disabilities Act.

The following has been designated to coordinate compliance with these legal requirements and may be contacted at the Falls City School District office for additional information and/or compliance issues, Title II Coordinator, Title IX Coordinator and Section 504 Coordinator: Director of Special Programs, 111 N Main St., Falls City, OR 97344, 503-787-3521.