

**City of Medford  
Clean Up Seal Up**

**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:  
\_\_\_\_\_



**Public Health**  
Prevent. Promote. Protect.

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:

\_\_\_\_\_



**Public Health**  
Prevent. Promote. Protect.

**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 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/](http://www.medfordma.org/rodent-prevention/)**

