



Rat Control Program Forms

Presentation by Grant Peeling
Rat Control Technical Advisor
SARM Divisions 1,2 & 3

Outline


What will be discussed within this webinar:

- Rat Control Program (RCP) refresher
- Forms:
 - Door Hangers
 - Warning Sign
 - Rat Infestation Report
 - PCO Inspection Form
 - RCP Claim Form



Door Hangers

- Door hangers are used for identification or to leave on the door if no one is home.
- The hanger should have your name on it and any instructions that you would have for them.

<p>Your PCO Called</p>  <p>eraticate</p>	<p>Instructions</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>Your PCO Is</p> <p>Name <hr/></p> <p>Address <hr/></p> <p>Phone <hr/></p>
---	---

Warning Rat Poison Sign

- These should be on the outside of the building where the bait has been placed.
- The name of the bait, the PCP number and quantity need to be filled out along with the Pest Control Officers name and telephone number.



WARNING

Rat Poison Do Not Handle

This bait station contains:

Rodenticide Active Ingredient	P.C.P. Number	Quantity	
		Dry Bait	Liquid Bait
<input type="checkbox"/> Chlorophacinone (Rozol)	_____	_____	_____
<input type="checkbox"/> Diphacinone (Ramik, Diphacin)	_____	_____	_____
<input type="checkbox"/> Bromadiolone (Bromone, Maki)	_____	_____	_____
<input type="checkbox"/> Brodifacoum (Ratak, Talon)	_____	_____	_____
<input type="checkbox"/> Other (Warfarin)	_____	_____	_____

PRECAUTIONS

All of these products may be harmful or fatal if swallowed. Keep away from humans, fowl, livestock, pets, and wildlife. Wash hands after handling bait. Keep out of lakes, streams, or ponds. Do not store near food or feed. Not to be used in areas where food may be exposed.

FIRST AID

The contents are anti-coagulant chemicals when, if accidentally eaten, may reduce the clotting ability of the blood and internal hemorrhage may result. If ingestion is suspected, insert a finger into the throat of the patient to cause vomiting. Call a physician immediately and give the name of the poison and its PCP number as noted above.

IMPORTANT — RAT POISONS ALONE WILL NOT RID YOUR PROPERTY OF RATS. CLEANLINESS, HARBOURAGE REMOVAL AND BUILDING MAINTENANCE MUST ALSO BE PRACTICED.

For further information, contact:

Pest Control Officer _____

RM: _____ Telephone No. _____

Inspection Dates _____



Rat Infestation Report

1. RM of _____ No. _____ Date: _____
 Name of Owner/Occupant: _____ Phone: _____
 Address: _____

2. Land Location: Qtr _____ Sec _____ Twp _____ Rge _____ West of _____
 Qtr _____ Sec _____ Twp _____ Rge _____ West of _____
 Qtr _____ Sec _____ Twp _____ Rge _____ West of _____

This was inspection number
 1 2 3 4 5 (in this year)
 □ □ □ □ □

* All lands owned/controlled by above named owner _____

3. Type of Operation: ☐ Agricultural
☐ Residential
☐ Industrial
☐ Waste Disposal Site
☐ Other

4. Type of Contact: ☐ Personal
☐ Telephone
☐ No Contact

Comments: _____

Progress Since Last Visit: _____

Rodenticides Issued ☐ Or Recommended ☐ Or Placed By Occupant ☐ Fee For Service

Formulation	Product Name	(packet size)	x	(no. of packets)	=	Quantity	Cost	Service Fee	Paid
•Meal/Pellets (packets)	_____	_____	x	_____	=	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
(packets)	_____	_____	x	_____	=	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
•Meal/Pellets (bulk)	_____	_____	x	_____	=	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
•Water Soluble	_____	_____	x	_____	=	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
•Parafinized blocks	_____	_____	x	_____	=	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
•Other	_____	_____	x	_____	=	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N

I certify that I have received instructions from a Pest Control Officer, appointed under *The Pest Control Act*, in the proper and safe handling of the above rodenticides, fully realizing the dangers and implications which may result from careless handling of same; and I authorize the Pest Control Officer to place rodenticides as required on the property described above;

Total _____ - _____

5. Signature of Occupant _____ PCO Signature _____
 (or Reeve/Administrator)

- Make sure to check All Lands Owned/ Controlled by above owner.
- Then when you find rodents on a far away sight you can bait the site.
- If you do not have the report signed by the owner you need to back away until you have it signed.

Rat Infestation Report

Information needed on report:

1. RM Name and number, plus date.
2. Land location (only need the home quarter).
3. Type of operation.
4. Type of contact.
5. If you cannot get the owner to sign, the reeve or administrator can sign it.



PCO Inspection Report

- This gives the information that is required for the grant (RCP program).
- The main information we need for the grant is the number of vacant or occupied sites and the infestation index.

0=Rat Free

1=Infested

2=Preventative Baiting

- Mark down the #1 when you see rats or fresh signs.
You are 100% sure you have seen signs of rats
- Mark down #2 on all sites where there are no fresh signs.
You do not need to be sure if rats are present, but you put out bait anyway.

RM of _____ No. _____

PCO Inspection Report

For Month of _____, 20____

	Date (Day)	Name (Occupant, company or site)	Vacant or Occupied	Location (Twp-Range)	Comments – If necessary (Cooperation, progress, recommendations)	Infestation Index 0 – Rat free 1 – Infested 2 – Preventative Baiting	Rodenticides Issued by PCO		
							Warfarin Dry Bait (kg)	Product (kg)	Product (kg)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
							Total		

Signature of PCO _____

Signature of RM Official _____

Rat Control Claim Form

Things you need to fill out:

1. RM Name and Number
2. Your name and License Number
3. Occupied Sites
4. Vacant Sites
5. Total Sites
6. Total Active Infestations
 - Only sites with fresh signs or sightings.
 - Not all sites baited.

Submit to SARM by **December 31, 2021** by email to Annette Ellert, Programs Administrator at aellert@sarm.ca

PART 1 - APPLICANT

1. RM/FNB _____ No. _____

PART 2 – PEST CONTROL OFFICER/APPLICATOR INFORMATION – LICENSES MUST BE VALID FOR SERVICE PERIOD IN 2021

2. RM Appointed Pest Control Officer NAME: _____

Pesticide Applicator NAME: _____ LIC # _____

PART 3 – FIELD INSPECTIONS

3. OCCUPIED Sites Inspected: _____

4. VACANT Sites Inspected: _____

Total Active INFESTATIONS: _____

5. TOTAL Sites Inspected 2021: _____

6. Total of ALL INSPECTIONS 2021: _____

PART 4 – FINANCIAL VERIFICATION – ATTACH VALID INVOICES FOR ALL AMOUNTS CLAIMED BELOW

COST of BAIT Free to Ratepayers in 2021		<input type="checkbox"/> Invoices Attached
PCO/Applicator Expenses (training, wages, contract fees, travel, rat control supplies, etc.)		<input type="checkbox"/> Invoices Attached
OTHER – Details _____		<input type="checkbox"/> Invoices Attached
TOTAL (net of all taxes)		

PART 5 – CERTIFICATION

I certify, by signing this form, that the base level of service outlined in the CAP-RCP Program Guidelines has been met for the 2021-2022 program year in the municipality indicated at the top of this form.

Signed this _____ day of _____, 20____, by _____
(Administrator Name)

FOR SARM USE ONLY

REBATE PAID: _____

DATE: _____

(Administrator Signature)

AUTHORIZED BY SARM: _____

Points to Remember

When we are using RCP forms things to consider are:

1. Are you recording all the information for the RCP grant.
2. Are the forms signed appropriately.

Questions

Grant Peeling

Rat Control Technical Advisor

SARM Divisions 1,2, & 3

(306) 631-7141

gpeeling@sasktel.net

Colette Melnychuk

Rat Control Technical Advisor

SARM Divisions 4,5, & 6

(306) 269-7067

melnychuk@sasktel.net

For information on all programs available under the Pest Biosecurity Program, please feel free to contact your PHO or visit the SARM website at www.sarm.ca