

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 _____