

# RESTAURANT PEST CONTROL INSPECTION CHECKLIST

## GENERAL INFORMATION

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_

### Exterior and Entry Points

- Yes  No — Doors and windows are properly sealed and screened
- Yes  No — Exterior walls are free of cracks or entry holes
- Yes  No — Loading docks and delivery areas are clean and clear
- Yes  No — Trash bins and dumpsters are covered and leak-free

### Kitchen and Food Storage

- Yes  No — Food is stored in airtight, pest-proof containers
- Yes  No — Shelving is clean and elevated off the floor
- Yes  No — Floor drains are clean and free of debris
- Yes  No — No signs of droppings or nesting in storage areas

### Dining and Service Areas

- Yes  No — Tables and floors are free of crumbs and spills
- Yes  No — Baseboards and corners show no signs of activity

Yes  No — Beverage stations are dry and sanitized

Yes  No — Indoor plants and decor are free of pests

### Sanitation and Waste Management

Yes  No — Grease traps are cleaned and maintained regularly

Yes  No — Cleaning supplies are stored properly and dry

Yes  No — Recycling bins are rinsed and emptied daily

Yes  No — Employee breakrooms are clean and food-free

### FINAL NOTES

Inspector Comments:

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Inspector Name: \_\_\_\_\_

Inspector Email: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

I confirm this inspection was completed accurately