

Attachment F
PESP Strategy/Progress Reporting Form
for Residential/Commercial Pest Control Members

Note: The form below is a reproduction of a form that was developed for online use.

Paperwork Reduction Act Notice: This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2070-0188). Responses to this collection of information are necessary in order to participate in the voluntary program. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to be 10-300 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Information Engagement Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

This form is for use by PESP members that provide commercial/residential pest control services.

Save my progress and resume later | [resume a previously saved form](#)

Resume Later - In order to be able to resume this form later, please enter your email and choose a password.

Your Email:

A Password:

Please use the form below to report progress toward achieving your 5-year performance goals and objectives as outlined in your current PESP strategy. Please note that information provided should reflect the current reporting period of Month/Day/Year to Month/Day/Year. Proprietary information you report will only be used in aggregate (i.e. not attributable to your company) in public reports and on the PESP website.

If needed, you may save your report by checking the box above and return later to complete it. Please contact us at [pep.info\(at\)epa.gov](mailto:pep.info(at)epa.gov) if you have any questions or problems with this form. Thank you again for your continued commitment to environmental stewardship!

* = Required

This form is for use by PESP members that provide commercial/residential pest control services.

Save my progress and resume later | [resume a previously saved form](#)

Resume Later – In order to be able to resume this form later, please enter your email and choose a

Your Email: A Password:

Please use the form below to report progress toward achieving your 5-year performance goals and

If needed, you may save your report by checking the box above and return later to complete it. Please contact us at [pesp.info\(at\)epa.gov](mailto:pesp.info@epa.gov) if you have any questions or problems with this form. Thank you

Enter whole numbers only, without commas.

For numerical measures in non-required fields, leave it blank if there are no available data.

that require numeric answer but which are not applicable to your situation, enter zero (0) in the field.

For measures that require a numeric answer and which your answer is zero, enter zero (0) in the field.

Submitter Details

Company/Organization Name *

(Enter your company/organization name precisely as it appears in the PESP Member reporting instructions letter received from EPA)

Submitter E-mail *

(Enter the email address of the person at your company/organization that we should follow up with should we have questions regarding this report)

Organizational Profile Mea

1. Total Acres (exterior grounds) under Management

(TOTAL acres (exterior grounds) actively under the company/organization's management/ jurisdiction as of the END of the reporting period)

2. Total Square Feet (interior space) within Buildings/Schools/Accounts under Management

(TOTAL square feet (interior space) within the buildings/schools/accounts actively under the company/organization's management/jurisdiction as of the END of the reporting period)

3. Total Accounts under Management *

(TOTAL number of buildings/schools/accounts actively under the company/organization's management/jurisdiction as of the END of the reporting period)

4. Total People in Accounts under Management

(TOTAL number of people (employees, students, residents, etc.) in the buildings/schools/accounts actively under the company/organization's management/jurisdiction as of the END of the reporting period)

5. Total Employees/Members *

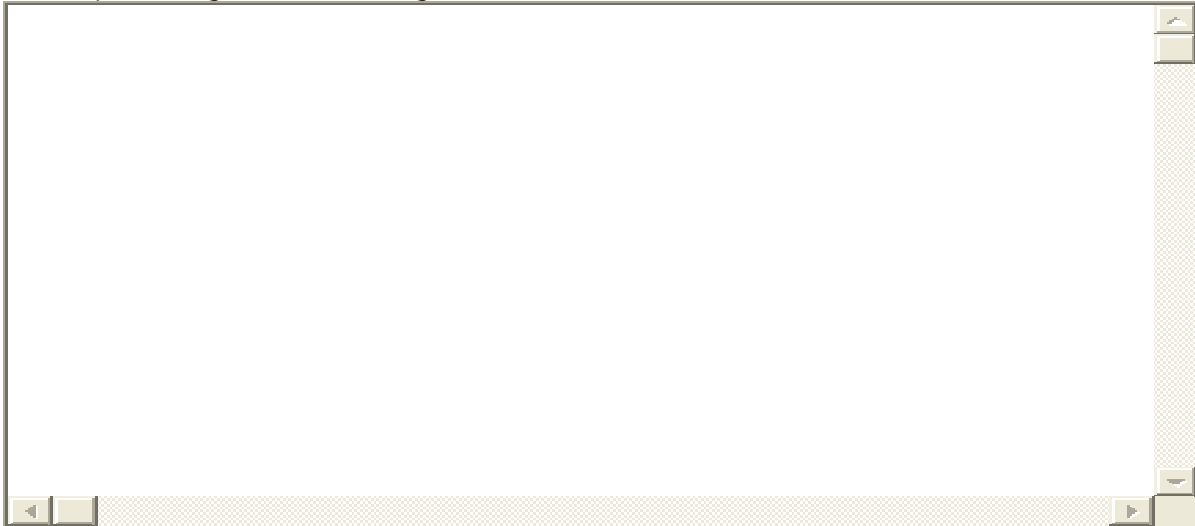
(Companies: TOTAL number of employees as of the END of the reporting period. Associations: TOTAL number of members as of the END of the reporting period.)

6. Total Service Calls Completed *

(TOTAL number of service calls completed by the company during the reporting period)

IPM Implementation and Adoption)

IPM Adoption: Progress and Challenges *



(All Members: Describe progress made and challenges experienced during the reporting period toward achieving your 5-year goals related to implementing risk reduction practices. Gold Members: Note any lessons learned. (Maximum length: 20,000 characters))

Measures Reporting – Organizational Profile Measures

1. Total Acres (exterior grounds) under IPM *
(TOTAL acres (exterior grounds) under the company/organization's management/jurisdiction at which IPM is practiced as of the END of the reporting period)

2. Total Square Feet (interior space) within Accounts under IPM
(TOTAL square feet (interior space) within the buildings/schools/accounts under the company/organization's management/jurisdiction in which IPM is practiced as of the END of the reporting period)

3. Total Accounts under IPM *
(TOTAL number of buildings/schools/accounts under the company/organization's management/jurisdiction in which IPM is practiced as of the END of the reporting period)

4. Total Service Call-backs *
(TOTAL number of service call-backs during the reporting period)

5. Total Non-Chemical Treatments ONLY *
(TOTAL number of service calls performed during the reporting period by the company/organization)

during which ONLY non-chemical pest control techniques were used. Non-chemical pest control techniques include pest exclusion, removing pest conducive conditions, reducing clutter, etc.)

6. Use of Spot Treatments? * Yes No

(Does your company/organization consistently apply pesticides as spot treatments or in bait stations as opposed to large area applications?)

IPM Practice Details

Please note that IPM practices for the entire reporting period at ALL areas under the company/organization's management/jurisdiction should be reflected when responding to the questions below:

1. ALWAYS utilize formal IPM decision-making protocols? * Yes No
(During the reporting period, did the company/organization ALWAYS utilize formal IPM decision-making protocols prior to pesticide application at ALL areas under management?)

2. ALWAYS identify pests before ANY treatment? * Yes No
(During the reporting period, did the company/organization ALWAYS identify pests before ANY treatment at ALL areas under management?)

3. Pest-proofing inspections ROUTINELY conducted? * Yes No
(Not Applicable During the reporting period, did the company/organization routinely conduct pest-proofing inspections at ALL areas under management?)

4. ALWAYS focus on identifying and resolving root cause of pest problem? * Yes
(No During the reporting period, did the company/organization ALWAYS focus on identifying and resolving the root cause of the pest problem at ALL areas under management?)

5. ALWAYS utilize pest monitoring and action thresholds? * Yes No
(During the reporting period, did the company/organization ALWAYS utilize pest monitoring and action thresholds at ALL areas under management?)

6. Formal sanitation/housekeeping protocols in place? Yes No
(During the reporting period, did the company/organization have formal sanitation/housekeeping protocols in place at ALL areas under management?)

Pesticide Risk Reduction and Usage

Pesticide Risk Reduction and Usage: Progress and Challenges *

(All Members: Describe progress made and challenges experienced during the reporting period toward achieving your 5-year goals related to chemical usage. Gold Members: Note any lessons learned. (Maximum length: 20,000 characters))

Measures Reporting – Pesticide Risk Reduction and Usage

1. Total Amount of Pesticide Applied (or Purchased only if application data are not available) – Provide for each pesticide used

--

(TOTAL number of company/organization employees/members receiving any amount of internally and/or externally-provided IPM training during the reporting period. NOTE: Associations report here only on number of members.)

Are you reporting pesticide: * Applied OR Purchased

EPA registration number *

Total amount of pesticides applied *

Units of measure (gallon, ounces, pounds) *

Total Area Treated (square feet)

2. Total Service Calls Using Biopesticides *

(TOTAL number of service calls during the reporting period during which the company/ organization used biopesticides as part of the pest-control solution)

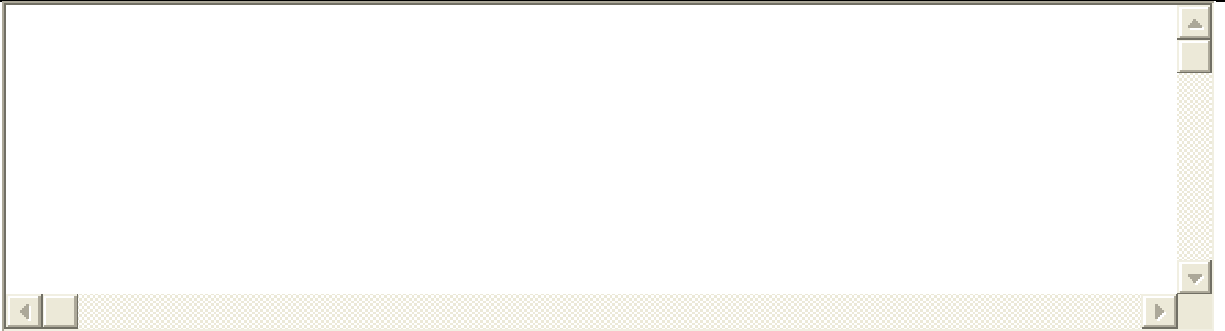
3. Total Service Calls Using NO Pesticides *

(TOTAL number of service calls during the reporting period during which the company/ organization

Economic Benefits

Economic Benefits: Progress and Challenges

(This measure category is an area that we are currently exploring for possible future reporting. Though



IPM/PESP Education and Promotion

IPM Education: Progress and Challenges *

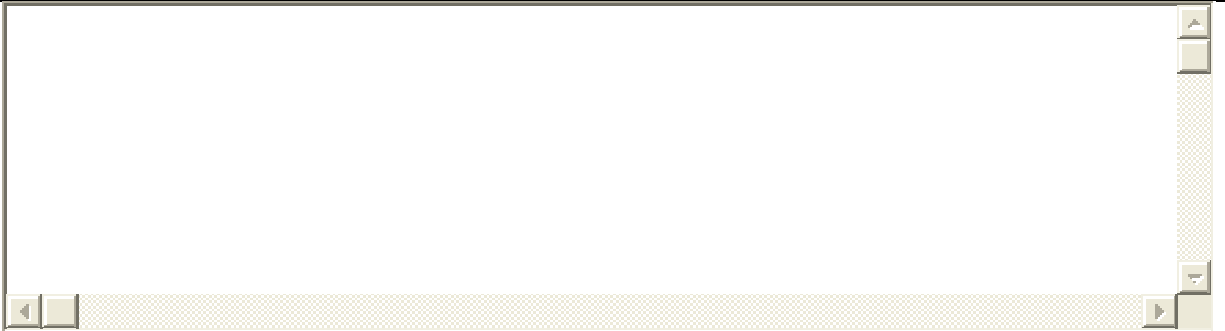


(All Members: Describe progress made and challenges experienced during the reporting period toward

Measures Reporting – IPM/PESP Education and Promotion

- 1. Total Employees/Members Receiving IPM Training *
- 2. Total Employee/Member IPM Training Hours Logged *

TOTAL number of IPM-related training hours logged by company/organization employees/members during the reporting period. NOTE: Associations report here only on training hours logged by members.



3. Total Employee/Member IPM Trainings Provided *
(TOTAL number of internal IPM training workshops, seminars, etc. provided for employees/members during the reporting period by the company/organization. NOTE: Associations report here only on trainings provided for members.)

4. Total External IPM Trainings/Educational Events *
(TOTAL number of IPM trainings, workshops, webinars, etc. provided by the company/organization during the reporting period for people external to the company/organization (customers, non-members, etc.) NOTE: Sole-sponsorship is not required, but company/organization should have had a substantive role in the event to be counted here.)

5. Total Number of People Reached by IPM Training/Educational Events *
(TOTAL number of people external to the company/organization (customers, non-members, etc.) reached by IPM trainings and educational events provided by the company/organization during the reporting period. NOTE: Sole-sponsorship is not required, but company/organization should have had a substantive role in the event to be counted here.)

6. Total Certified Pesticide Applicators on Staff *
(TOTAL number of certified pesticide applicators on the company/organization's staff as of the END of the reporting period.)

7. Total Customers Following IPM Guidance from PMP
(TOTAL number of customers during the reporting period who followed IPM-related instructions/guidance provided by your company/organization. NOTE: It is not necessary that customers followed IPM-related instructions during the entire reporting period to be counted here.)

Additional Report Information

Notes and Comments
(If needed, provide any additional notes or comments related to your report which is not already captured. (Maximum length: 10,000 characters))

If you would like to upload a file with your report, you may do so here:

After clicking on the "submit report" button below, you will have an opportunity on the next screen to review your information and make any corrections. You will also have an opportunity print or save a copy of your report – we strongly recommend that you do so.

You will receive a confirmation email from EPA immediately upon receipt of your report. If you have any questions or concerns, please contact us at [pesp.info\(at\)epa.gov](mailto:pesp.info(at)epa.gov)

I affirm that all information provided in this report is truthful to the best of my knowledge. I understand that the information provided may be subject to third-party verification.