**Checklist of E/OHS Activities for Integrated Pest Management**

Program Contact Person: Brian Parrie

Is the IPM Plan in place? ***Yes*** *No*

Is the Plan current? ***Yes*** *No*

Has the Plan been reviewed this year? ***Yes*** *No*

Has the annual monitoring been conducted to determine location and degree of infestation? ***Yes*** *No*

A map of the problem area/areas has been developed*.* ***Yes*** *No*