

PEST SIGHTING CONTROL SHEET

CHICAGO POLICE DEPARTMENT

DATE	TIME	FACILITY	
REPORTED BY			
EVENT DETAILS			
	YES	NO	COMMENTS OR DESCRIPTION
Damage to the facility?	<input type="checkbox"/>	<input type="checkbox"/>	
Flying pests observed?	<input type="checkbox"/>	<input type="checkbox"/>	
Nest observed?	<input type="checkbox"/>	<input type="checkbox"/>	
Located in the detention facility?	<input type="checkbox"/>	<input type="checkbox"/>	
Arrestee involved?	<input type="checkbox"/>	<input type="checkbox"/>	
City vehicle involved?	<input type="checkbox"/>	<input type="checkbox"/>	
DESCRIBE PEST AND INDICATORS			
LOCATION			
Which location did the incident occur? (Be specific)	COMMENTS OR DESCRIPTION		
NOTIFICATIONS			
Immediate Supervisor Exempt Member City Maintenance Exterminator	TIME	CONTACT NAME	
EXTERMINATOR ACTIONS TAKEN			
AUTHORIZATION			
Approving Supervisor (Print & Sign)		Star No./Employee No.	Date and Time