



MOUNTAIN HOME SCHOOL DISTRICT 193

470 North 3rd East Mountain Home, Idaho 83647-1390

James G. Gilbert, Superintendent
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PEST REPORTING FORM 1

Building: _____

Date: _____ Time: _____

Name of person: _____

Pest (brief description): _____

Where was the pest seen? _____

Location in the Room: _____

Send completed form to the Building Administrator & District IPM Coordinator.