

APPENDIX C

SITE MONITORING EVALUATION FORM

**CONTRA COSTA WATER DISTRICT
Integrated Pest Management Program
Site Monitoring Evaluation Form**

Person completing this form: _____ Treatment Date: _____

Pest: _____

Treatment location: _____

Selected pest management practice: _____

TREATMENT EFFECTIVENESS (1 week after treatment)

Has the treatment:

Been effective on target pest? yes no

Affected non-target organisms? yes no

Comments: _____

TREATMENT EFFECTIVENESS (1 month after treatment)

Has the treatment:

Been effective on target pest? yes no

Affected non-target organisms? yes no

Comments: _____

TREATMENT EFFECTIVENESS (2 months after treatment)

Has the treatment:

Been effective on target pest? yes no

Affected non-target organisms? yes no

Comments: _____

TREATMENT EFFECTIVENESS (3 months after treatment)

Has the treatment:

Been effective on target pest? yes no

Affected non-target organisms? yes no

Comments: _____
