**ENVIRONMENTAL SANITATION REGIME**

**COMPREHENSIVE PEST MANAGEMENT SURVEY**

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| --- |
| **Specified premises under the Environmental Sanitation (ES) Regime are required to implement a pest management plan, which shall minimally include a comprehensive pest management survey that is conducted at least once every 6 months by a registered Vector Control Operator.** Where necessary, specified premises should step up their pest management efforts to ensure that there are no significant vector issues within the premises.**The comprehensive pest management survey must include, but may not be limited to, the following requirements:*** A thorough inspection of key areas such as common areas, toilets, bin centres, waste conveyance systems, dry riser, external perimeter and landscaping area, loading and unloading bays, and false ceilings/walls (if accessible), where applicable;
* Identifying potential pest harbourage areas and/or possible causes of pest infestation, within the specified premises;
* Propose mitigating measures, if applicable, such as:
	1. Infrastructural defects to be repaired promptly to remove pest entry and harbourage areas;
	2. Improving the refuse management and housekeeping;
* Recommending effective treatment methods to resolve pest issues, if required;
* Implement the proposed mitigating measures and recommended treatment methods, where possible.

**The survey report should follow closely the recommended template and must be able to demonstrate that the comprehensive pest management survey requirements have been met.** The survey reports and all other records of the works and measures conducted in respect to the pest management plan must be filed to facilitate audits carried out by NEA. |

**COMPREHENSIVE PEST MANAGEMENT SURVEY TEMPLATE**

**2nd Edition**

**Published in Sep 2022**

**To be filled up by VCO**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Address of Premises Checked  |  |  | Date |  |  | Time In |  |  | Time Out |  |

**Section 1:** Details of Vector Control Technician / Vector Control Worker present for this service:

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **Name of Vector Control Technician (VCT)** | **NEA Licence Number** | **Full / Provisional Licence** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **Name of Vector Control Worker (VCW)** | **NEA Registration Number** | **Full / Provisional Certificate** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

**To be filled up by VCO**

**Section 2:** Inspection outcomes of the comprehensive pest management survey:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S/N** | **Key Areas Inspected[[1]](#footnote-2)** | **Please include at least 1 photo (with timestamp) of each of the key areas inspected, where applicable.** **If there are signs of pest infestation (see Annex 1), please provide photos (with timestamp) of the infestation** | **Pest(s) detected** | **Potential pest harbourage areas and/or probable cause of infestation** | **Recommended mitigating measures and treatment methods**  |
| 1 | Common areas(e.g. corridors, stairwells, walkways and lift lobbies) (if any) | *Examples:** *Rat droppings detected at Level 3 stairwell*
* *Mosquito larvae in stagnant water at Level 1 carpark drain*
 | □ Rat □ Mosquito □ Cockroach□ Fly □ Others:  \_\_\_\_\_\_\_\_\_\_\_ | *Examples:** *Poor housekeeping/ uncleared clutter*
* *Indiscriminate disposal of food waste outside premises*
* *Structural defect (i.e. hole) in the backdoor*
* *Bins not cleared daily (i.e. refuse kept overnight)*
 | *Examples:** *Client should carry out regular maintenance to prevent blockage in the drains to prevent stagnant water and mosquito breeding.*
* *Client should seal cracks, crevices, gaps or openings in the ceilings, using wire mesh or suitable caulking materials to rodent-proof the area.*
* *Propose to deploy glue boards along the potential runways of rats in the false ceilings.*
 |
| 2 | Toilets (if any) |  | □ Rat □ Mosquito □ Cockroach□ Fly □ Others:  \_\_\_\_\_\_\_\_\_\_\_ |
| 3 | Bin Centre/Waste conveyance system (if any) |  | □ Rat □ Mosquito □ Cockroach□ Fly □ Others:  \_\_\_\_\_\_\_\_\_\_\_ |
| 4 | Dry Riser (if any) |  | □ Rat □ Mosquito □ Cockroach□ Fly □ Others:  \_\_\_\_\_\_\_\_\_\_\_ |
| 5 | External perimeter and landscaping area (if any) |  | □ Rat □ Mosquito □ Cockroach□ Fly □ Others:  \_\_\_\_\_\_\_\_\_\_\_ |
| 6 | Loading and unloading bays (if any) |  | □ Rat □ Mosquito □ Cockroach□ Fly □ Others:  \_\_\_\_\_\_\_\_\_\_\_ |
| 7 | False ceiling/wallboards, secondary flooring/roofing (if any and if accessible) |  | □ Rat □ Mosquito □ Cockroach□ Fly □ Others:  \_\_\_\_\_\_\_\_\_\_\_ |
| 8 | Any other key areas:*(To include more rows below if necessary)* |  | □ Rat □ Mosquito □ Cockroach□ Fly □ Others:  \_\_\_\_\_\_\_\_\_\_\_ |

**To be filled up by ECC/ECO (Specified Premises) [ECO(SP)]**

**Section 3:** Follow-ups of mitigating measures and treatment methods, if required:

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| --- |
| **Mitigating measures and treatment methods, if required** |
| * *We remove litter and debris daily from the drains and ensure there are no stagnant water and mosquito breeding. VCO also placed Bti dunks at the drains that are susceptible to blockage.*
* *On [DD/MM/YYYY], we have engaged contractor to seal the defects in the ceilings identified by the VCO, using wire mesh to rodent-proof the area.*
* *As there were possible rat activities within the premises, VCO deployed the glue boards along the potential runways of rats in the false ceilings and will replace them on a fortnightly basis.*
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**To be filled up by VCO, ECC/ECO(SP) and Premises Manager**

**Section 4:** Declaration

|  |  |  |
| --- | --- | --- |
| **Report prepared and submitted by:*****Vector Control Operator*** | **Acknowledged by:*Environmental Control Coordinator / Environmental Control Officer (SP)*** | **Accepted by:*****Premises Manager*** |
| Company |  | Name |  | Name |  |
| Name |  |
| Designation |  | Designation |  | Designation |  |
| Signature |  | Signature |  | Signature |  |
| Date |  | Date |  | Date |  |

**Annex 1: Signs of Pests**

|  |  |  |  |
| --- | --- | --- | --- |
| **Rat** | **Mosquito** | **Cockroach** | **Fly** |
| 1. Sighting of rats (live/carcass)
2. Droppings
3. Urine stains
4. Rub marks
5. Gnaw marks
6. Burrows
 | 1. Sighting of mosquitoes (live/carcass)
2. Mosquito larvae/pupae in stagnant water
3. Carcasses of mosquitoes
 | 1. Sighting of cockroaches (live/carcass)
2. Droppings
3. Eggs/egg cases
4. Shed skin
5. Carcasses of cockroaches
 | 1. Sighting of flies (live/carcass)
2. Presence of larvae/pupae
3. Carcasses of flies
 |

1. For smaller premises without most of the recommended key areas listed in this template, the VCO should plan with the ECC/ECO (Specified Premises) [ECO(SP)] to inspect other high-risk areas instead. [↑](#footnote-ref-2)