Rodent & Pest Monitoring Log

PSR Optional Record

FSMA PSR Reference § 112.128

Frequency: As necessary

The Produce Safety Rule (PSR) requires that farms covered by the rule take measures reasonably necessary to protect covered produce, food contact surfaces, and food-packing materials from contamination by pests in buildings, including routine monitoring for pests as necessary.

Farm Name & Address: High Hill Produce 1845 S. Ridge Rd. Red Lodge, MT 59068 Month and Year: September 2022

Date	Company used* or self	Type of Pest	Type of Control**	Location	Action Taken	Initials
9-2-22	Self	Mice	Spring Trap	Storage area, packinghouse	Traps checked. One trap in storage area full, disposed of in dumpster.	JSW
9-9-22	Self	Mice	Spring Trap	Storage area, packinghouse	Traps checked. No mice found.	JSW
9-9-22	Self	Mice	Poison	Outside storage area only	Poison refilled.	JSW
9-16-22	Self	Mice	Spring Trap	Storage area, packinghouse	Traps checked. No mice found.	JSW
9-23-22	Self	Mice	Spring Trap	Storage area, packinghouse	Traps checked. One trap in storage area full, disposed of in dumpster.	JSW
9-30-22	Self	Mice	Poison	Outside storage area only	Poison refilled.	JSW
9-30-22	Self	Mice	Spring Trap	Storage area, packinghouse	Traps checked. One trap in storage area full, disposed of in dumpster.	JSW

^{*}If using a company for service, please attach report or receipt of service for all visits.

^{**}List type of control methods used (e.g., exclusion, traps, poison, repellents, etc.)

Reviewed by Johnny S Wright	Title: Owner/Supervisor	Date: 9/30/2022
-----------------------------	-------------------------	-----------------

Rodent & Pest Monitoring Log

PSR Optional Record

Farm Name & Address:

FSMA PSR Reference § 112.128

Frequency: As necessary

Month and Year:

The Produce Safety Rule (PSR) requires that farms covered by the rule take measures reasonably necessary to protect covered produce, food contact surfaces, and food-packing materials from contamination by pests in buildings, including routine monitoring for pests as necessary.

Date	Company used* or self	Type of Pest	Type of Control**	Location	Action Taken	Initials
*If using a company for service, please attach report or receipt of service for all visits.						

Reviewed by	Title:	Date:

^{**}List type of control methods used (e.g., exclusion, traps, poison, repellents, etc.)