Form A. Individual premise mosquito inspection and control

Use: *Record detailed data for each premise and provide summary in Form B.*

(1) **Date of visit** …… Names of inspectors ……

Province/Island …… District/Zone. …… Community/Suburb ……

(2) **Premise ID/location** …… Premise/household head……

(3) **Type** ☐ residence (r) ☐ health facility (h) ☐ school (s) ☐ commercial/ workplace: …….(o)

(4) **Access** ☐ none (n) ☐ partial (p) ☐ full (f)

Reason for limited access ☐ *entry not permitted* ☐ *no one home, locked/blocked* ☐ *dangerous animal* ☐ *other: ……*

(5) **Adulticide (residual spray)** ☐ none (n) ☐ indoors (i) ☐ outdoors (o) ☐ other harbourages – vegetation, rubbish (h)

Product 1: …… Conc: …… Amount used: ……. ….

(6) **Larvicide** ☐ none (n) ☐ drinking or cooking water (d) ☐ other water (o)

Product 1: …… Conc: …… Amount used: ……

Product 2: …… Conc: …… Amount used: ……

LARVAL CONTROL

Actual and potential larval habitats (#)			Management actions (✓)			Comments
Type	# found	# with *Aedes* larvae	None	Source reduction	Source treatment	
Water tank						
Well						
Drum						
Bucket						
Boat						
Tyre						
Plastic or tarpaulin						
Discarded bottle or can						
Plant, plant pot or base						
Water feature, pond or birdbath						
Pool or spa						
Roof guttering or drain						
Esky or chill box						
Pot, pan or kitchenware						
Wheelbarrow or garden tools						
Palm frond or bromeliad						
Seashell or coconut shell						
Other small container, <2L						
Other medium container, >2L-20L						
Other large container, >20 L						
TOTALS	(7)	(8)	(9)	(10)	(11)	

Operational notes (eg. community concerns, complaints): ……

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Supervisor name: ……**Supervisor signature**: …… **Date reviewed**: ……..

☐ Return visit recommended (12) ☐ Other action required (13): ……..