FILTH FLY SURVEY

For use of this form, see TB MED 561; the proponent agency is OTSG

1. BUILDING	2. ORGANIZATION			
3. DATE	4. TIME	5. PERSON CONTACTED		
6. FOOD HANDLING FACILITY		7. QUARTERS		
a. MEALS/DAY	b. DAYS OPEN/WEEK	a. SINGLE	b. MULTIPLE UNIT	c. OTHER

8. SANITARY CONDITIONS *(check one)*				9. EXCLUSION *(check one)*				10. AIR CURTAINS PRESENT
a. VERY GOOD	b. GOOD	c. FAIR	d. POOR	a. VERY GOOD	b. GOOD	c. FAIR	d. POOR	☐ YES ☐ NO

11. OPERATIONAL/EFFECTIVE	12. WINDOWS SCREENED	13. FANS SCREENED	14. DOORS SCREENED
☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

15. OTHER

16. REFUSE DISPOSAL *(Yes (Y) or NO (N))*				17. SAMPLING METHOD *(check one)*			
a. CONTAINER		b. LIDS/DOORS		a. GRILL	b. STICKY TRAP	c. LIVE TRAP	d. SWEEP NET
(1) CLEAN	(2) RODENT-PROOF	(1) CLOSED	(2) IN GOOD REPAIR				

18. SURVEY DATA

a. LOCATION	b. NUMBER COUNTED/TRAPPED/CAUGHT

SPECIMENS SENT TO USAEHA FOR ID

19. DATE	20. SPECIES

21. COMMENTS