**Mosquito Control Environmental Assessment Form**

1. Address: \_\_\_\_\_

 Street City State Zip

**Risk Factors**

1. Do you see mosquitoes on the property? [ ]  Yes [ ]  No
	1. Adult [ ]  Yes [ ]  No
	2. Larvae [ ]  Yes [ ]  No
	3. If yes, specify what species (if known):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is there any of the following sources of standing water in the yard?

[ ]  Bird Bath [ ]  Potted Plants [ ]  Buckets [ ]  Barrels

[ ]  Clogged Gutters [ ]  Wading Pool [ ]  Uncovered Boat [ ]  Covering Tarp

[ ]  Used Tires [ ]  Well [ ]  Toys

[ ]  Pet water bowls [ ]  Garbage or recycle containers [ ]  Debris

[ ]  Unoccupied business or other property [ ]  Flat roof [ ]  Ponds, natural

[ ]  Retention/runoff ponds [ ]  Fish or Decorative Ponds

[ ]  Other, specify. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are any of the above sources of standing water current breeding sites (contain larvae)?

 [ ]  Yes [ ]  No

* 1. If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. About what percent of the yard is covered with vegetation?

[ ]  0% [ ]  25% [ ]  50% [ ]  75% [ ]  100%

1. Are there any other sources of standing water, such as a pond, near the residence?

[ ]  Yes [ ]  No

* 1. If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Do all the doors have screens? [ ]  Yes [ ]  No
2. Do all the windows have screens? [ ]  Yes [ ]  No
3. Are all the screens intact (no tears or rips)? [ ]  Yes [ ]  No