

Mosquito Control Environmental Assessment Form

1. Address: _____ Street _____ City _____ State _____ Zip _____

Risk Factors

2. Do you see mosquitoes on the property? Yes No

a. Adult Yes No

b. Larvae Yes No

c. If yes, specify what species (if known): _____

3. 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. _____

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

Yes No

a. If yes, specify: _____

5. About what percent of the yard is covered with vegetation?

0% 25% 50% 75% 100%

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

Yes No

a. If yes, specify: _____

7. Do all the doors have screens? Yes No

8. Do all the windows have screens? Yes No

9. Are all the screens intact (no tears or rips)? Yes No