

Bed Bug Incident and Response Record

One record per affected unit, from the first report to closure: discovery, identification, neighboring units, resident preparation and help offered, each treatment, belongings on relocation, follow-up and the closure finding.

Prepared by Trenton S. Frazer, M.S., Board Certified Entomologist (BCE #B3413) · Version 1.0, October 13, 2026 · Not legal advice

How to use this document

Open one record for each unit with a suspected or confirmed bed bug. Fill it in as events happen, with dates; do not reconstruct it afterward. Write findings in neutral, factual terms. Attach the pesticide application records the applicator gives you (in Utah, R68-7-11(11)). Keep the record with the unit file. It is not legal advice.

1. Property and unit

Property: []

Building / unit: []

Resident(s) (as recorded in the unit file): []

Record opened by: [NAME] on [DATE]

Programs that apply (NSPIRE, HUD Model Lease, LIHTC, HOME, MHPI, none): []

2. Report or discovery

Date and time the property first learned of it: []

How (resident report, staff, inspection, neighboring unit, agency inspection): []

Who reported, and what was described: []

Photo or specimen received? Where kept: []

3. Identification

Identified by: [NAME, LICENSE NO. OR CREDENTIAL]

Date: []

Basis (specimen, clear photo, live insect seen): []

Result: [BED BUG CONFIRMED / NOT A BED BUG (NAME IT) / NOT DETERMINED]

Evidence found: [LIVE BUGS / EGGS / CAST SKINS / FECAL SPOTS] in [ROOMS / ITEMS]

Extent: [ONE SPOT / ONE ROOM / MORE THAN ONE ROOM]

4. Neighboring units

Inspect the units that share walls, floors and ceilings with the affected unit.

Unit	Date inspected	By	Result	Action
[]	[]	[]	[]	[]
[]	[]	[]	[]	[]

Unit	Date inspected	By	Result	Action
[]	[]	[]	[]	[]
[]	[]	[]	[]	[]

5. Resident preparation and help

Written prep instructions given on [DATE], language [], by [NAME]

Resident asked for help with preparation? [YES / NO] Date: []

Reason given (as the resident states it): []

Help arranged (what, who, when): []

Resident reported pesticide sensitivity? [YES / NO] Labels and SDS provided on [DATE]; non-chemical options offered: []

Condition found on arrival for treatment (neutral description): []

6. Treatments

Date	Applicator and license no.	Method (heat, steam, vacuum, product)	Products and EPA Reg. No.	Rooms and items treated	Re-entry given to resident
[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]

7. Relocation and belongings (if the resident is moved)

Relocation needed? [YES / NO] Reason: []

Temporary location: [] from [DATE] to [DATE]

Who paid for relocation: []

How belongings were treated or contained before the move: []

New or temporary unit inspected on: [DATES]

Right of return confirmed: [DATE]

8. Follow-up inspections and monitoring

Date	By	Method (visual, monitors, canine)	Result	Next step
[]	[]	[]	[]	[]
[]	[]	[]	[]	[]
[]	[]	[]	[]	[]
[]	[]	[]	[]	[]

9. Closure

Closure criterion (from the IPM plan): []

Met on: [DATE], by [NAME], based on []

Neighboring units closed on: []

Resident informed of closure on: [DATE]

Record closed by: [NAME] [DATE]

10. Agency or program follow-up (if any)

Inspection finding (agency, date, deficiency): []

Correction timeframe: []

Pest management plan start date and documentation provided on: []

Response sent to: [] on [DATE]