

**PESP 2011 – Survey**

**Please provide information on your organization:**

Agency Name:

Address:

State:

Zip Code:

**Email address:**

**Activity I. Source Reduction and Working with Managers of Public Lands.**

1. Does your organization conduct non-drainage source reduction efforts to reduce mosquito populations? (e.g. dumping containers, filling tree hole, tire removal)

Yes                  No

2. How many residential inspections did employees conduct where containers were dumped to prevent mosquito production? If none, enter “0”.

\_\_\_\_\_ (numerical value only)

3. How many tree-holes were filled in your area to prevent mosquito production? If none, enter “0”.

\_\_\_\_\_ (numerical value only)

4. How many tires were removed to prevent mosquito production? If none, enter “0”.

\_\_\_\_\_ (numerical value only)

5. Does your organization conduct drainage source reduction projects to reduce larval habitat and therefore reduce the need for pesticide applications?

Yes                  No

6. How many drainage projects were conducted in your area? If none, enter "0".

\_\_\_\_\_ (numerical value only)

7. How many many linear feet of drainage maintenance were conducted? If none, enter "0".

\_\_\_\_\_ (numerical value only)

8. Approximately how many acres were impacted by this project?\*

\_\_\_\_\_ (numerical value only)

\*This includes acres of adjacent residential area that would be impacted by mosquito production in the area of work. If the project is in a 5000 ace park adjacent to a community occupying 6000 acres, the project controls mosquitoes in both so the project area may be reported as 1100 acres.

9. Does your organization work with municipalities, agencies, landowners that are using Integrated Mosquito Management to reduce mosquito development?

Yes                      No

10. How many municipalities does your organization work with to conduct mosquito control using an Integrated Pest Management plan? If none, enter "0".

\_\_\_\_\_ (numerical value only)

11. Please list municipalities.

12. How many county agencies does your organization work with to conduct mosquito control using an Integrated Pest Management plan? If none, enter "0".

\_\_\_\_\_ (numerical value only)

Please list county agencies.

13. How many state agencies does your organization work with to conduct mosquito control using an Integrated Pest Management plan? If none, enter "0".

Please list state agencies.

14. How many federal agencies does your organization work with to conduct mosquito control using an Integrated Pest Management plan? If none, enter "0".

\_\_\_\_\_ (numerical value only)

Please list federal agencies.

15. How many private/non-profit landowners does your organization work with to conduct mosquito control using an Integrated Pest Management plan? If none, enter "0".

\_\_\_\_\_ (numerical value only)

Please list private/non-profit landowners.

16. Please describe any non-numerical efforts (e.g. special publications, meetings, web sites, legislation, etc.) whose purpose s to promote cooperative management agreements between mosquito control agencies and other government bodies using Integrated Mosquito Management plans.

**Activity II. Training Mosquito Control Workers.**

17. Do employees in your organization have state certifications or licenses to apply pesticides for mosquito control?

Yes                  No

18. How many certified/licensed workers work for you organization? If none, enter "0".

\_\_\_\_\_

How many of these workers are certified in a specialty field such as Public Health or Mosquito Control?

\_\_\_\_\_

19. How many of these specialty certified employees were newly certified this year? If none, enter "0".

\_\_\_\_\_

20. How many of your employees attended regional recertification training? If none, enter "0".

\_\_\_\_\_

21. How many of your employees attended annual state mosquito control conferences? If none, enter "0".

\_\_\_\_\_

22. How many of your employees attended annual regional mosquito control conferences? If none, enter "0".

23. How many of your employees attended pertinent college courses? If none, enter "0".

24. How many of your workers attended other special training? If none, enter "0".

Please describe special training.

### **Activity III. Mosquito and Disease Surveillance.**

25. Does your organization conduct mosquito and/or disease surveillance?

Yes                  No

26. How many weeks during the calendar year did your organization conduct surveillance for adult mosquitoes in your area using traps and/or landing rate counts? If none, enter "0".

Please list trapping methods.

27. How many weeks during the calendar year did your organization spray for adult mosquitoes? If none, enter "0".

28. How many weeks during the calendar year did your organization conduct surveillance at least once a week for larvae and pupae? If none, enter "0".

29. How many weeks during the calendar year did your organization spray at least once for larvae/pupae? If none, enter "0".

30. How many weeks during the calendar year were sentinels used for disease surveillance in your area? If none, enter "0".
31. How many weeks was disease found in sentinels in your area? If none, enter "0".
32. How many weeks during a calendar year were dead birds used for disease surveillance in your area? In none, enter "0".
33. How many weeks during the calendar year was disease found in dead birds collected in your area? If none, enter "0".
34. How many weeks during the calendar year were mosquito pools used for disease surveillance? If none, enter "0".
35. How many weeks during the calendar year was disease found in mosquito pools from your area? If none, enter "0".

**Activity IV. Public Outreach.**

36. Does your organization conduct public outreach efforts?

Yes

No (you have completed the survey - Thanks!)

37. How many school/community meetings did your organization participate in where integrated mosquito management, environmental stewardship, and/or PESP were discussed? If none, enter "0".
38. How many flyers/bulletins/notes discussing integrated mosquito management, environmental stewardship, and/or PESP were distributed at school/community meetings that your organization participated in? If none, enter "0".
39. How many flyers/bulletins/notes discussing integrated mosquito management, environmental stewardship, and/or PESP were inserted into tax and/or utility bills? If none, enter "0".
40. How many flyers/bulletins/notes/door-hangers discussing integrated mosquito management, environmental stewardship, and/or PESP were left at residences? If none, enter "0".
41. How many web sites represented by your organization where integrated mosquito management, environmental stewardship, and/or the PESP were discussed? If none, enter "0".

42. Approximately how many visits are made to the web site annually?

43. How many press releases/media briefings (TV, radio, newspaper, etc.) where integrated mosquito management, environmental stewardship, and/or PESP was discussed.? If none, enter "0".

44. How many regional and state meetings where integrated mosquito management, environmental stewardship, and or PESP were discussed? If none, enter "0".

45. How many meeting were held with politicians or their aides where integrated mosquito management, environmental stewardship, and or PESP were discussed? If none, enter "0".

Thank you for taking the time to fill out this survey! Information you provided will be used in our annual report to the EPA.