



City of Grapevine Anti-Mosquito Inspection Checklist

Address: _____

Date of Inspection: _____

Conducted by (Name/Dept./Div.): _____

Checklist

Observations/Action/Recommendation

- Gutters _____
- Flower pots/ dishes _____
- Yard/ french drains _____
- Swimming/ wading pools _____
- Unused tire(s) _____
- Decorative/ Ornamental Pond _____
- Tree holes _____
- Leaky faucets/ pipes _____
- Bird baths/ animal dishes _____
- Holes/tears in screens _____
- Vegetation kept trimmed/cut? _____
- Misc. Container _____
- Adults in residence? (Ask homeowner) _____
- Observation of adults _____

Additional Notes

