FRSMP Program Audit Checklist and Summary Report

General Information—Pest

Date:

Write date of audit and include any site visits.

Pest:

Write pest covered by FRSMP Program and include the common and scientific names.

Current domestic distribution:

Provide a list of States where pest occurs in the United States. Specify any updates on distribution. Use the IPPC 2007 definition of establishment: "perpetuation, for the foreseeable future, of a pest within an area after entry." Provide supporting references below.

Host range:

Provide list of hosts that are of importance to the state(s). Specify any updates on list of hosts. Provide family, scientific name and common name. Please include supporting references below.

Notes and references:

General Information	n—Program
Name of Sponsoring S	tate:
Specify name of sponsoring S	State.
Name of Additional Sta	ate(s):
Write name(s) of additional additional States, write "N/A	approved States(s) covered in the original petition. If there are no !."
Name of PPQ Auditor(s	s):
Write name of PPQ official(s	c) conducting the audit.
Name of State Official(Write name of State official(s	
Is a copy of the petition Check as appropriate.	n signed by a designated State official available?
□Yes	□No
Is a copy of the signed Check as appropriate.	Cooperative Arrangement with APHIS available?
□Yes	□No
Is the APHIS permit for Check as appropriate.	r the pest available?
□Yes	\square No

Notes

Presence		
Has the State conduc	cted a comprehensive pe	est survey?
Check as appropriate. Cite	sources in "Notes" below. If a	field visit is conducted, specify.
□Yes	\square No	\square N/A
Has the State conduc	cted surveillance activition	es?
Provide supporting docume	entation.	
□Yes	□No	□N/A
Are there State inspe	ction reports pertaining	to the FRSMP pest available?
Check as appropriate. Plea	ase include inspection reports.	
□Yes	\square No	\square N/A
Is there evidence that	t the pest is officially co	ntained or under eradication?
	ed area(s), protected area(s), ar	ific and academic literature that defines nd procedures used in containment or
Evidence supports that pro	gram remains technically feasi	ble.
If pest does not exist in Sta	te, check "No" and cite eviden	ce in "Notes" below.
If pest is prevalent in green	houses, specify in "Notes" bel	ow.
□Yes	\square No	\square N/A
Do records exist for t	the pest?	
Pest records exist in databa	ases such as:	
• Centre for Agricultur	l Pest Information System (NA cal Bioscience International (C. case Database (GPDD) cin "Notes" below.)	•
□Yes	\square No	\square N/A

Is scientific literature available regarding status of FRSMP pest in the program State(s)?			
Cite sources, if applicable, in	"Notes" below.		
□Yes	□No	□N/A	

Notes

Possible Intro	duction Pathways		
Has Pest Risk A	nalysis (PRA) been ບ	ipdated?	
Check as appropriate	Check as appropriate.		
□Yes	□No	\square N/A	
Is there evidence	e that new pathways	exist for the pest to enter the State?	
means; i.e., pathway	s that would allow contin	of introduction exist. Information may address and used introduction of the pest into the State, or State. Examples of pathways include (but are NO)	
 Importation of Interstate Trad Smuggling Natural Spread	le		
1 00	o o	n pathways exists. Cite sources (like database mpact on technical feasibility of program.	
□Yes	\square No	\square N/A	
Is there new por	t interception data o	n the pest?	
	e. NOTE: The State may no	ot have this information. Request reports for ARM or FRSMP Coordinator.	
□Yes	□No	\square N/A	
Is natural spread spread in "Notes		s? Explain means and rate of natural	
Request relevant sou	rces of information. Cite i	n "Notes" below.	
□Yes	\square No	□N/A	
Notes			

Maintenance/Management/Verification

Is there evidence of State actions to maintain and monitor for pest freedom, limit distribution, or containment (including exclusion)?

Request appropriate comprehensive survey data, surveillance data, trapping data, or scientific and academic literature that defines infested area(s), endangered area(s), protected area(s), and procedures used in containment or eradication.

Cite sources in "N	lotes" below. If a field visit is	conducted, specify.	
□Yes	□No	□N/A	
Is there evider	nce of inspections beir	g conducted?	
Check as appropri	iate. Cite sources in "Notes"	below. If a field visit is conducted, specify	ŷ.
□Yes	□No	□N/A	
-		rly evaluate the feasibility and the FRSMP Program in place?	
Review appropriate specify.	te documents. Cite sources in	"Notes" below. If a field visit is conducted	ed,
□Yes	□No	□N/A	
	•	IQP) ONLY. Is there evidence of solutions; in plants for planting?	State
level that can affect unacceptable ecor	ct production, health, or mar	tte that the pest is maintained below a told ketability of plants for planting and cause ust demonstrate that the State verifies the	e an
Cite sources and s	pecify if field visits were con	ducted in "Notes" below.	
Indicate pest's tole	erance level in "Notes" belov	v.	
□Yes	□No	□N/A	
Notes			

Quarantine Regulations

Is there a copy of established State, local or Tribal quarantine regulations that provide for enforcement of the FRSMP Program?

Request evidence that State, local or Tribal authority exists to restrict the movement of FRSMP pest. State, local, or Tribal regulations are in place to exclude the pest or limit its distribution.					
Cite sources in "Not	es" below. Specify any upa	ates on regulations.			
□Yes	\square No	\square N/A			
Are regulations	specific to the FRSM	P pest?			
Request evidence the	at regulations are specific t	o pest.			
If regulations provid	le a general authority only,	specify in "Notes" below.			
If regulations are no	t in place, document evider	ace that regulations are in progress.			
□Yes	\square No	\square N/A			
Notes					