



## Museum Pest Identification Form

Schutter Diagnostic Lab - Insect  
119 AgBioScience Facility  
P.O. Box 173150  
Montana State University  
Bozeman, MT 59717

Date \_\_\_\_\_  
(MM/DD/YY)

Client Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

County \_\_\_\_\_

Comments - Describe problem

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Structure insect is associated with \_\_\_\_\_

Approximate date problem first appeared \_\_\_\_\_  
(MM/DD/YY)

Did the problem show up all at once?  Yes  No

Is the problem getting worse?  Yes  No

Degree of Infestation:  Light  Moderate  Severe

Humidity:  Light  Moderate  Severe

Are insects found in or near food products?  Yes  No

Where was insect found? \_\_\_\_\_

Condition when found? \_\_\_\_\_

List any treatments applied for the problem: \_\_\_\_\_

Did they work?  Yes  No

Sampling Method \_\_\_\_\_

Type of Trap and Lure \_\_\_\_\_

Trap Number \_\_\_\_\_

Agent \_\_\_\_\_ Email \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_