**Spotted Lanternfly Designated Employee Self-Audit**

SLF Designated Employee: Date:

Campus/College/Unit/Department:

|  |  |  |
| --- | --- | --- |
| **Item** | **Yes/No/NA** | **Comments** |
| 1. Has the SLF Designated Employee completed the PDA training? |  |  |
| 1. Are there any vehicles under your purview that will not enter the Quarantine Zone? If yes, please describe. |  |  |
| 1. Do you have employees in your area that use their own vehicles for business? |  |  |
| 1. Do all vehicles that may enter the Quarantine Zone have permits? |  |  |
| 1. Have you reviewed the [Quarantine Zone](https://www.agriculture.pa.gov/Plants_Land_Water/PlantIndustry/Entomology/spotted_lanternfly/quarantine/Pages/default.aspx) to determine if it has expanded? |  |  |
| 1. Do you have a process to determine if an employee who is planning to drive in the Quarantine Zone has taken the required training? |  |  |
| 1. Do all your vehicles have SLF kits with plastic baggies, a stiff SLF card to scrape off egg masses, a SLF lifecycle infographic, and inspection forms? |  |  |
| 1. Do you have training certificates for everyone in your area who has completed the training? |  |  |
| 1. Do you have two years of records of inspections? Note in the comments when you began keeping records. |  |  |

Other Comments/Clarifications:

**Please complete this form by the end of December and submit a copy to the Campus Director of Business Services or the College/Unit Safety Officer and to EHS (301 Steam Services Building or** [**PSUEHS@psu.edu**](mailto:EHSHelp@psu.edu)**)**