ATL MAINTENANCE PTE LTD

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Ministry of Education SINGAPORE

# Pest Control Service Report Summary

| | | | |
|---|---|---|---|
| **Messr** | **Mayflower Pri Sch** | **Service Sheet No.** | **199287** |
| **Area** | | **Date** | **2023-05-02** |
| **Periodic Task** | | **Time In** | **10:30** |
| | | **Time Out** | **11:10** |

| TYPE OF JOB | | | |
|---|---|---|---|
| ☐ SCHEDULE | ☐ SERVICE CALL | ☑ ROUTINE WORKS | ☐ FOLLOW-UP |
| ☐ TIME SERVICE | ☐ OTHERS | | |

| PEST TYPE | | | |
|---|---|---|---|
| ☐ All Pest(Survey) | ☐ Ants | ☐ Bats | ☐ Bees |
| ☐ Beetles | ☐ Birds | ☐ Cats | ☐ Cockroaches |
| ☐ Dogs | ☐ Drywood Termites | ☐ Fleas | ☐ Flies |
| ☐ Hornet | ☐ Lice | ☐ Mites | ☑ Mosquitoes |
| ☐ Rodent | ☐ Snake | ☑ Subterranean Termites | ☐ Wasps |
| ☐ Other Pest(add name) | | | |

| OPERATIONS | | | |
|---|---|---|---|
| ☐ ULV | ☐ Fogging | ☐ Gassing | ☑ Handspray |
| ☐ Misting | ☐ Soil Treatment | ☐ Spot Treatment | ☑ Other Control Operation s & d |

| Location |
|---|
| ☑ Mayflower Primary School |

| Images |
|---|

**Remarks** **Inspection and treatment done at the above mentioned location.No termite or mosquito activity found at the time of service.**

**Name Of Customer**

**Customer Signature**

**Name Of Technician** **Rosli Bin Sinwan**

**Technician Signature**



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# Pest Control Service Report Summary

| | | | |
|---|---|---|---|
| **Messr** | **Mayflower Pri Sch** | **Service Sheet No.** | **200334** |
| **Area** | | **Date** | **2023-05-04** |
| **Periodic Task** | | **Time In** | **09:45** |
| | | **Time Out** | **10:35** |

| TYPE OF JOB | | | |
|---|---|---|---|
| ☐ SCHEDULE | ☐ SERVICE CALL | ☑ ROUTINE WORKS | ☐ FOLLOW-UP |
| ☐ TIME SERVICE | ☐ OTHERS | | |

| PEST TYPE | | | |
|---|---|---|---|
| ☐ All Pest(Survey) | ☐ Ants | ☐ Bats | ☐ Bees |
| ☐ Beetles | ☐ Birds | ☐ Cats | ☐ Cockroaches |
| ☐ Dogs | ☐ Drywood Termites | ☐ Fleas | ☐ Flies |
| ☐ Hornet | ☐ Lice | ☐ Mites | ☑ Mosquitoes |
| ☐ Rodent | ☐ Snake | ☑ Subterranean Termites | ☐ Wasps |
| ☐ Other Pest(add name) | | | |

| OPERATIONS | | | |
|---|---|---|---|
| ☐ ULV | ☐ Fogging | ☐ Gassing | ☑ Handspray |
| ☐ Misting | ☐ Soil Treatment | ☐ Spot Treatment | ☑ Other Control Operation s & d |

| Location |
|---|
| ☑ Mayflower Primary School |

| Images |
|---|

**Remarks** **Inspection and treatment done at the above mentioned location.No termite or mosquito activity found at the time of service.**

**Name Of Customer**

**Customer Signature**

**Name Of Technician** **Rosli Bin Sinwan**

**Technician Signature**



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# Pest Control Service Report Summary

| | | | |
|---|---|---|---|
| **Messr** | **Mayflower Pri Sch** | **Service Sheet No.** | **201420** |
| **Area** | | **Date** | **2023-05-08** |
| **Periodic Task** | | **Time In** | **10:35** |
| | | **Time Out** | **11:16** |

| TYPE OF JOB | | | |
|---|---|---|---|
| ☐ SCHEDULE | ☐ SERVICE CALL | ☑ ROUTINE WORKS | ☐ FOLLOW-UP |
| ☐ TIME SERVICE | ☐ OTHERS | | |

| PEST TYPE | | | |
|---|---|---|---|
| ☑ All Pest(Survey) | ☐ Ants | ☐ Bats | ☐ Bees |
| ☐ Beetles | ☐ Birds | ☐ Cats | ☐ Cockroaches |
| ☐ Dogs | ☐ Drywood Termites | ☐ Fleas | ☐ Flies |
| ☐ Hornet | ☐ Lice | ☐ Mites | ☑ Mosquitoes |
| ☐ Rodent | ☐ Snake | ☑ Subterranean Termites | ☐ Wasps |
| ☐ Other Pest(add name) | | | |

| OPERATIONS | | | |
|---|---|---|---|
| ☐ ULV | ☐ Fogging | ☐ Gassing | ☑ Handspray |
| ☐ Misting | ☐ Soil Treatment | ☐ Spot Treatment | ☑ Other Control Operation larvaciding |

| Location |
|---|
| ☑ Mayflower Primary School |

| Images |
|---|

**Remarks** **Inspection and treatment done at the above mentioned location.No pest or mosquito activity found at the time of service.**

**Name Of Customer**

**Customer Signature**

**Name Of Technician** **Rosli Bin Sinwan**

**Technician Signature**



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# Pest Control Service Report Summary

| | | | |
|---|---|---|---|
| **Messr** | **Mayflower Pri Sch** | **Service Sheet No.** | **202494** |
| **Area** | | **Date** | **2023-05-11** |
| **Periodic Task** | | **Time In** | **09:35** |
| | | **Time Out** | **10:15** |

| TYPE OF JOB | | | |
|---|---|---|---|
| ☐ SCHEDULE | ☐ SERVICE CALL | ☑ ROUTINE WORKS | ☐ FOLLOW-UP |
| ☐ TIME SERVICE | ☐ OTHERS | | |

| PEST TYPE | | | |
|---|---|---|---|
| ☑ All Pest(Survey) | ☐ Ants | ☐ Bats | ☐ Bees |
| ☐ Beetles | ☐ Birds | ☐ Cats | ☐ Cockroaches |
| ☐ Dogs | ☐ Drywood Termites | ☐ Fleas | ☐ Flies |
| ☐ Hornet | ☐ Lice | ☐ Mites | ☑ Mosquitoes |
| ☐ Rodent | ☐ Snake | ☑ Subterranean Termites | ☐ Wasps |
| ☐ Other Pest(add name) | | | |

| OPERATIONS | | | |
|---|---|---|---|
| ☐ ULV | ☐ Fogging | ☐ Gassing | ☑ Handspray |
| ☐ Misting | ☐ Soil Treatment | ☐ Spot Treatment | ☑ Other Control Operation larvaciding |

| Location |
|---|
| ☑ Mayflower Primary School |

| Images |
|---|

**Remarks** **Inspection and treatment done at the above mentioned location.No pest or mosquito activity found at the time if service.**

**Name Of Customer**

**Customer Signature**

**Name Of Technician** **Rosli Bin Sinwan**

**Technician Signature**



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# Pest Control Service Report Summary

| | | | |
|---|---|---|---|
| **Messr** | **Mayflower Pri Sch** | **Service Sheet No.** | **203578** |
| **Area** | | **Date** | **2023-05-15** |
| **Periodic Task** | | **Time In** | **10:35** |
| | | **Time Out** | **11:20** |

| TYPE OF JOB | | | |
|---|---|---|---|
| ☐ SCHEDULE | ☐ SERVICE CALL | ☑ ROUTINE WORKS | ☐ FOLLOW-UP |
| ☐ TIME SERVICE | ☐ OTHERS | | |

| PEST TYPE | | | |
|---|---|---|---|
| ☐ All Pest(Survey) | ☐ Ants | ☐ Bats | ☐ Bees |
| ☐ Beetles | ☐ Birds | ☐ Cats | ☐ Cockroaches |
| ☐ Dogs | ☐ Drywood Termites | ☐ Fleas | ☐ Flies |
| ☐ Hornet | ☐ Lice | ☐ Mites | ☑ Mosquitoes |
| ☐ Rodent | ☐ Snake | ☑ Subterranean Termites | ☐ Wasps |
| ☐ Other Pest(add name) | | | |

| OPERATIONS | | | |
|---|---|---|---|
| ☐ ULV | ☐ Fogging | ☐ Gassing | ☑ Handspray |
| ☐ Misting | ☐ Soil Treatment | ☐ Spot Treatment | ☑ Other Control Operation s & d |

| Location |
|---|
| ☑ Mayflower Primary School |

| Images |
|---|

**Remarks** **Inspection and treatment done at the above mentioned location.No termite or mosquito activity found at the time of service.**

**Name Of Customer**

**Customer Signature**

**Name Of Technician** **Rosli Bin Sinwan**

**Technician Signature**



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# Pest Control Service Report Summary

| | | | |
|---|---|---|---|
| **Messr** | **Mayflower Pri Sch** | **Service Sheet No.** | **204651** |
| **Area** | | **Date** | **2023-05-18** |
| **Periodic Task** | | **Time In** | **09:45** |
| | | **Time Out** | **10:35** |

| TYPE OF JOB | | | |
|---|---|---|---|
| ☐ SCHEDULE | ☐ SERVICE CALL | ☑ ROUTINE WORKS | ☐ FOLLOW-UP |
| ☐ TIME SERVICE | ☐ OTHERS | | |

| PEST TYPE | | | |
|---|---|---|---|
| ☐ All Pest(Survey) | ☐ Ants | ☐ Bats | ☐ Bees |
| ☐ Beetles | ☐ Birds | ☐ Cats | ☐ Cockroaches |
| ☐ Dogs | ☐ Drywood Termites | ☐ Fleas | ☐ Flies |
| ☐ Hornet | ☐ Lice | ☐ Mites | ☑ Mosquitoes |
| ☐ Rodent | ☐ Snake | ☑ Subterranean Termites | ☐ Wasps |
| ☐ Other Pest(add name) | | | |

| OPERATIONS | | | |
|---|---|---|---|
| ☐ ULV | ☐ Fogging | ☐ Gassing | ☑ Handspray |
| ☐ Misting | ☐ Soil Treatment | ☐ Spot Treatment | ☑ Other Control Operation s & d |

| Location |
|---|
| ☑ Mayflower Primary School |

| Images |
|---|

**Remarks** **Inspection and treatment done at the above mentioned location.No termite or mosquito activity found at the time of service.**

**Name Of Customer**

**Customer Signature**

**Name Of Technician** **Rosli Bin Sinwan**

**Technician Signature**



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# Pest Control Service Report Summary

| | | | |
|---|---|---|---|
| **Messr** | **Mayflower Pri Sch** | **Service Sheet No.** | **205725** |
| **Area** | | **Date** | **2023-05-22** |
| **Periodic Task** | | **Time In** | **10:40** |
| | | **Time Out** | **11:25** |

| TYPE OF JOB | | | |
|---|---|---|---|
| ☐ SCHEDULE | ☐ SERVICE CALL | ☑ ROUTINE WORKS | ☐ FOLLOW-UP |
| ☐ TIME SERVICE | ☐ OTHERS | | |

| PEST TYPE | | | |
|---|---|---|---|
| ☑ All Pest(Survey) | ☐ Ants | ☐ Bats | ☐ Bees |
| ☐ Beetles | ☐ Birds | ☐ Cats | ☐ Cockroaches |
| ☐ Dogs | ☐ Drywood Termites | ☐ Fleas | ☐ Flies |
| ☐ Hornet | ☐ Lice | ☐ Mites | ☑ Mosquitoes |
| ☐ Rodent | ☐ Snake | ☑ Subterranean Termites | ☐ Wasps |
| ☐ Other Pest(add name) | | | |

| OPERATIONS | | | |
|---|---|---|---|
| ☐ ULV | ☐ Fogging | ☐ Gassing | ☑ Handspray |
| ☐ Misting | ☐ Soil Treatment | ☐ Spot Treatment | ☑ Other Control Operation larvaciding |

| Location |
|---|
| ☑ Mayflower Primary School |

| Images |
|---|

**Remarks** **Inspection and treatment done at the above mentioned location.No pest or mosquito activity found at the time of service.**

**Name Of Customer**

**Customer Signature**

**Name Of Technician** **Rosli Bin Sinwan**

**Technician Signature**



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# Pest Control Service Report Summary

| | | | |
|---|---|---|---|
| **Messr** | **Mayflower Pri Sch** | **Service Sheet No.** | **206792** |
| **Area** | | **Date** | **2023-05-25** |
| **Periodic Task** | | **Time In** | **09:45** |
| | | **Time Out** | **10:30** |

| TYPE OF JOB | | | |
|---|---|---|---|
| ☐ SCHEDULE | ☐ SERVICE CALL | ☑ ROUTINE WORKS | ☐ FOLLOW-UP |
| ☐ TIME SERVICE | ☐ OTHERS | | |

| PEST TYPE | | | |
|---|---|---|---|
| ☑ All Pest(Survey) | ☐ Ants | ☐ Bats | ☐ Bees |
| ☐ Beetles | ☐ Birds | ☐ Cats | ☐ Cockroaches |
| ☐ Dogs | ☐ Drywood Termites | ☐ Fleas | ☐ Flies |
| ☐ Hornet | ☐ Lice | ☐ Mites | ☑ Mosquitoes |
| ☐ Rodent | ☐ Snake | ☑ Subterranean Termites | ☐ Wasps |
| ☐ Other Pest(add name) | | | |

| OPERATIONS | | | |
|---|---|---|---|
| ☐ ULV | ☐ Fogging | ☐ Gassing | ☑ Handspray |
| ☐ Misting | ☐ Soil Treatment | ☐ Spot Treatment | ☑ Other Control Operation larvaciding |

| Location |
|---|
| ☑ Mayflower Primary School |

| Images |
|---|

**Remarks** **Inspection and treatment done at the above mentioned location.No pest or mosquito activity found at the time of service.**

**Name Of Customer**

**Customer Signature**

**Name Of Technician** **Rosli Bin Sinwan**

**Technician Signature**



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# Pest Control Service Report Summary

| | | | |
|---|---|---|---|
| **Messr** | **Mayflower Pri Sch** | **Service Sheet No.** | **207874** |
| **Area** | | **Date** | **2023-05-29** |
| **Periodic Task** | | **Time In** | **10:37** |
| | | **Time Out** | **11:25** |

| TYPE OF JOB | | | |
|---|---|---|---|
| ☐ SCHEDULE | ☐ SERVICE CALL | ☑ ROUTINE WORKS | ☐ FOLLOW-UP |
| ☐ TIME SERVICE | ☐ OTHERS | | |

| PEST TYPE | | | |
|---|---|---|---|
| ☐ All Pest(Survey) | ☐ Ants | ☐ Bats | ☐ Bees |
| ☐ Beetles | ☐ Birds | ☐ Cats | ☐ Cockroaches |
| ☐ Dogs | ☐ Drywood Termites | ☐ Fleas | ☐ Flies |
| ☐ Hornet | ☐ Lice | ☐ Mites | ☑ Mosquitoes |
| ☐ Rodent | ☐ Snake | ☑ Subterranean Termites | ☐ Wasps |
| ☐ Other Pest(add name) | | | |

| OPERATIONS | | | |
|---|---|---|---|
| ☐ ULV | ☐ Fogging | ☐ Gassing | ☑ Handspray |
| ☐ Misting | ☐ Soil Treatment | ☐ Spot Treatment | ☑ Other Control Operation s & d |

| Location |
|---|
| ☑ Mayflower Primary School |

| Images |
|---|

**Remarks** **Inspection and treatment done at the above mentioned location.No termite or mosquito activity found at the time of service.**

**Name Of Customer**

**Customer Signature**

**Name Of Technician** **Rosli Bin Sinwan**

**Technician Signature**



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# Pest Control Service Report Summary

| | | | |
|---|---|---|---|
| **Messr** | **Mayflower Pri Sch** | **Service Sheet No.** | **208453** |
| **Area** | | **Date** | **2023-05-31** |
| **Periodic Task** | | **Time In** | **09:45** |
| | | **Time Out** | **10:45** |

| TYPE OF JOB | | | |
|---|---|---|---|
| ☐ SCHEDULE | ☐ SERVICE CALL | ☑ ROUTINE WORKS | ☐ FOLLOW-UP |
| ☐ TIME SERVICE | ☐ OTHERS | | |

| PEST TYPE | | | |
|---|---|---|---|
| ☐ All Pest(Survey) | ☐ Ants | ☐ Bats | ☐ Bees |
| ☐ Beetles | ☐ Birds | ☐ Cats | ☐ Cockroaches |
| ☐ Dogs | ☐ Drywood Termites | ☐ Fleas | ☐ Flies |
| ☐ Hornet | ☐ Lice | ☐ Mites | ☑ Mosquitoes |
| ☐ Rodent | ☐ Snake | ☑ Subterranean Termites | ☐ Wasps |
| ☐ Other Pest(add name) | | | |

| OPERATIONS | | | |
|---|---|---|---|
| ☐ ULV | ☐ Fogging | ☐ Gassing | ☑ Handspray |
| ☐ Misting | ☐ Soil Treatment | ☐ Spot Treatment | ☑ Other Control Operation s & d |

| Location |
|---|
| ☑ Mayflower Primary School |

| Images |
|---|

**Remarks** **Inspection and treatment done at the above mentioned location.No termite or mosquito activity found at the time of service.**

**Name Of Customer**

**Customer Signature**

**Name Of Technician** **Rosli Bin Sinwan**

**Technician Signature**

