Pest Control Service Report Summary

Messr	**OM Ching Ching**	**Service Sheet No.**	**34183**
Area		**Date**	**2022-05-11**
Periodic Task		**Time In**	**10:10**
		Time Out	**10:31**

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

Location
☑ Tao Nan School

Images

Remarks **stall 6 spraying of ants done.**
inspection done.

Name Of Technician **Team member C1**

Customer Signature



Technician Signature

