Pest Control Service Report Summary

Messr	**Mr. NG**	**Service Sheet No.**	**45095**
Area		**Date**	**2022-06-21**
Periodic Task		**Time In**	**08:15**
		Time Out	**09:11**

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

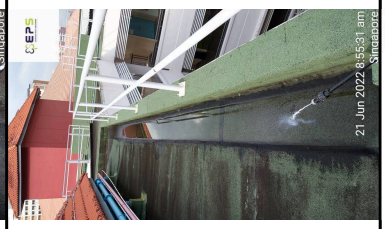
PEST TYPE			
☑ All Pest(Survey)	☑ Ants	☐ Bats	☐ Bees
☐ Beetles	☐ Birds	☐ Cats	☑ Cockroaches
☐ Dogs	☐ Drywood Termites	☐ Fleas	☑ Flies
☐ Hornet	☐ Lice	☐ Mites	☑ Mosquitoes
☑ Rodent	☐ Snake	☑ Subterranean Termites	☐ Wasps
☐ Other Pest(add name)			

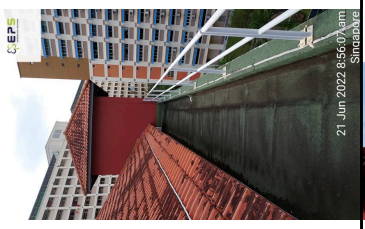
OPERATIONS			
☐ ULV	☐ Fogging	☐ Gassing	☑ Handspray
☐ Misting	☐ Soil Treatment	☐ Spot Treatment	☐ Other Control Operation

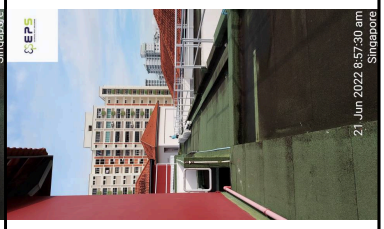
Location
☑ Park View Primary School

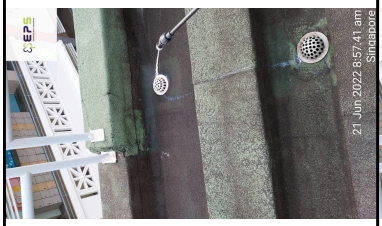
Images













Remarks **lavaciding done at all drains and rooftop area to deter mosquitoes activities.**

Name Of Technician **Team member A1**

Customer Signature

Technician Signature