Pest Control Service Report Summary

Messr	**Mrs Eileen**	**Service Sheet No.**	**43095**
Area		**Date**	**2022-06-13**
Periodic Task		**Time In**	**09:30**
		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

Location
☑ Springfield Secondary School

Images

Remarks **Carried out larvaciding spray at perimetwr drains,field,stagnant water and potential areas. Found no activity during time of service.**

Name Of Technician **Team member B2**

Customer Signature 

Technician Signature 