ATALIAN
GLOBAL SERVICES
SWIPETASK

EPS MOE Form F4 Report

School: Victoria School	**Month:** October
Vector Control Technicians/ Workers Names:	**Work Performed**
Azlam Shah Alias,Avinan Avinan,Team member A1,Team member A2,Team member B1,Team member B2,Team member C1,Team member C2,Team member D1,Team member D2,	**Type of Services** / **No of Services Performed**
	Common Pest / 126
	Mosquitoes / 126
	Subterranean Termites / 126
	All Pest / 126

Week	Date of Visit	Checkpoint 1 checkpoint	Checkpoint 2 checkpoint	Checkpoint 3 checkpoint	Checkpoint 4 checkpoint	Checkpoint 5 checkpoint	Checkpoint 6 checkpoint	Checkpoint 7 checkpoint	Checkpoint 8 checkpoint	Checkpoint 9 checkpoint	Checkpoint 10 checkpoint	Checkpoint 11 checkpoint	Checkpoint 12 checkpoint	Checkpoint 13 checkpoint	Checkpoint 14 checkpoint	Checkpoint 15 checkpoint
1st																
1st																
2nd	**2022-10-04**	12:09	12:10	12:10	12:11	12:11	12:12	12:12	12:13	12:13	12:14	12:14	12:15	12:15	12:16	12:16
2nd	**2022-10-07**	12:03	12:03	12:04	12:04	12:05	12:05	12:06	12:06	12:07	12:07	12:08	12:08	12:09	12:09	12:10
3rd	**2022-10-11**	13:28	13:28	13:29	13:29	13:29	13:30	13:30	13:31	13:31	13:31	13:32	13:32	13:33	13:33	13:34
3rd	**2022-10-14**	12:42	12:42	12:43	12:44	12:45	12:46	12:47	12:48	12:49	12:50	12:51	12:52	12:53	12:54	12:55
4th	**2022-10-18**	13:38	13:40	13:40	13:40	13:42	13:43	13:43	13:44	12:27	13:44	13:45	13:45	13:46	13:46	13:47
4th	**2022-10-21**	13:23	13:39	13:40	13:41	13:42	13:43	13:44	13:45	13:46	13:47	13:48	13:49	13:50	13:51	13:52
5th	**2022-10-25**	13:04	13:06	13:25	13:13	13:26	13:28	13:29	13:30	13:31	13:34	13:35	13:36	13:38	13:39	13:40
5th	**2022-10-28**	16:15	16:20	16:22	16:24	16:26	16:28	16:30	16:32	16:34	16:36	16:38	16:40	16:42	16:44	16:46
6th																
6th																

Acknowledged by Managing Agent