EPS
EXPRESS PEST SOLUTIONS
THE PROFESSIONALS

ATALIAN

PEST MANAGEMENT SERVICE REPORT

NO. 61022

Project Site : FORMER EAST COAST PRIMARY SCHOOL

Address : 4 TAMPINES STREET 91

Blk No. : _____ Unit No.: _____ Postal Code: 528907

Date: 5/3/22

Time In: 09.20

Time Out: 0950

Report: ☐ Weekly ☑ Fortnightly ☐ Monthly ☐ Bi-Monthly
☑ Bi-Weekly ☐ Quarterly ☐ One-time/Ad-hoc ☐ Service Call _____
☐ Follow up _____ ☐ Next Follow up date _____

AREA OF INSPECTION

☑ Common Area	☑ Playground	☐ Store room	☐ Office / Pantry / Rooms	☐ Others, Please Specify
☑ Apron of Building	☑ Bin Centre / Chute	☐ Roof Top	☐ Food Outlet / Canteen	☐ _____
☑ Common corridor	☑ Car Park	☐ Manhole	☐ Kitchen	☐ _____
☑ Landscape / Garden	☐ Lightning Conductor Pit	☐ Toilet	☐ Cabinet / Racks	☐ _____
☑ Drainage	☐ Electrical / Gas Room	☐ Riser	☑ Gully Trap	

PEST INFESTATION STATUS

TYPE OF PESTS / SERVICE	Infestation Level		Types of Treatment*							Location / Remarks
	Active	Non-Active	F	M	R	B	D	T	O	
☑ Mosquitoes	☐	☑	☐	☐	☑	☐	☐	☐	☐	LAVACIDING CARRIED
☑ Commensal Rodents	☐	☑	☐	☐	☑	☐	☐	☐	☐	OUT AT ALL DRAIN
☑ Cockroaches	☐	☑	☐	☐	☑	☐	☐	☐	☐	TO DETER ANY
☑ Common Ants	☐	☑	☐	☐	☑	☐	☐	☐	☐	MOSQUITO ACTIVITY
☑ Flies	☐	☑	☐	☐	☑	☐	☐	☐	☐	
☐ Lizards/Spiders	☐	☐	☐	☐	☐	☐	☐	☐	☐	
☐ Bedbugs	☐	☐	☐	☐	☐	☐	☐	☐	☐	
☐ Ticks/Fleas	☐	☐	☐	☐	☐	☐	☐	☐	☐	
☐ Bees/Wasps/Hornets	☐	☐								
☐ Snakes	☐	☐								
☐ Others /	☐	☐								
☑ Subterranean Termites	☑	☑								
☐ Soil/Corrective Treatment										
☐ Termite Baiting System										☐ IGS_____ ☐ AGS_____
☐ Light Trap Maintenance										

* Legend: **F**-Fogging **M**-Misting **R**-Residual Spray **B**-Baits **D**-Dusting **T**-Traps **O**-Others

Scope of Work: _____

To Improve: ☐ Housekeeping ☐ Sanitation ☐ Structural Defects ☐ Others _____

Pesticide / Material	Qty

Technician's Names : MUSTAFAH Signature: _____

Client's Name : Ganahs Signature: _____
(company stamp)

Client's Feedback : _____

Disclaimer: Our Specialist has provided the above recommendations to reduce and eliminate pests' harbourage in your premises. This has to be implemented immediately failing which Express Pest Solutions Pte Ltd will not be held liable for any claims.

EXPRESS PEST SOLUTIONS PTE LTD
(formerly IPM Pest Management Pte Ltd) Registration No. 200508164C

750D Chai Chee Road #03-06 ESR Bizpark @ Chai Chee Singapore 469004 T. (+65) 6841 4498 vcare.sg.eps@atalianworld.com www.atalian.sg

EPS
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THE PROFESSIONALS

ATALIAN

PEST MANAGEMENT SERVICE REPORT

NO. 61596

Project Site : FORMER EAST VIEW PRIMARY SCHOOL

Address : 4 TAMPINES STREET 91

Blk No. : _____ Unit No.: _____ Postal Code: 528906

Date: 19/3/22

Time In: 10.05

Time Out: 11.25

Report: ☐ Weekly ☑ Fortnightly ☐ Monthly ☐ Bi-Monthly
☑ Bi-Weekly ☐ Quarterly ☐ One-time/Ad-hoc ☐ Service Call _____
☐ Follow up _____ ☐ Next Follow up date _____

AREA OF INSPECTION

☐ Common Area	☐ Playground	☐ Store room	☐ Office / Pantry / Rooms	☐ Others, Please Specify
☐ Apron of Building	☐ Bin Centre / Chute	☐ Roof Top	☐ Food Outlet / Canteen	☐ _____
☐ Common corridor	☐ Car Park	☐ Manhole	☐ Kitchen	☐ _____
☐ Landscape / Garden	☐ Lightning Conductor Pit	☐ Toilet	☐ Cabinet / Racks	☐ _____
☐ Drainage	☐ Electrical / Gas Room	☐ Riser	☐ Gully Trap	

PEST INFESTATION STATUS

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☐ Mosquitoes	☑	☐	☐	☐	☑	☑	☐	☐	☐	1) AVACIDING CARRIED
☐ Commensal Rodents	☐	☑	☐	☐	☑	☐	☐	☐	☐	OUT AT ALL LEVEL
☐ Cockroaches	☐	☑	☐	☐	☑	☐	☐	☐	☐	TO DETER ANY
☐ Common Ants	☐	☑	☐	☐	☑	☐	☐	☐	☐	MOSQUITO ACTIVITY
☐ Flies	☐	☑	☐	☐	☑	☐	☐	☐	☐	
☐ Lizards/Spiders	☐	☐	☐	☐	☐	☐	☐	☐	☐	2) ALL I/C COVER
☐ Bedbugs	☐	☐	☐	☐	☐	☐	☐	☐	☐	AREA IS CHECK
☐ Ticks/Fleas	☐	☐	☐	☐	☐	☐	☐	☐	☐	AND ABOVE IS
☐ Bees/Wasps/Hornets	☐	☐								APPLIED TO ALL
☐ Snakes	☐	☐								I/C COVER
☐ Others /	☐	☐								
☑ Subterranean Termites	☐	☑								
☐ Soil/Corrective Treatment										
☐ Termite Baiting System										
☐ Light Trap Maintenance										☐ IGS _____ ☐ AGS _____

* Legend: **F**-Fogging **M**-Misting **R**-Residual Spray **B**-Baits **D**-Dusting **T**-Traps **O**-Others

Scope of Work: _____

To Improve: ☐ Housekeeping ☐ Sanitation ☐ Structural Defects ☐ Others _____

Technician's Names : M. RAFIEE Signature: _____

Client's Name : Ganesh Signature: _____ (company stamp)

Client's Feedback : _____

Pesticide / Material	Qty

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