ATALIAN
GLOBAL SERVICES
SWIPETASK

EPS MOE Form F4 Report

School: Tao Nan School	**Month:** February	
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 2	Checkpoint 3	Checkpoint 4	Checkpoint 5	Checkpoint 6	Checkpoint 7	Checkpoint 8	Checkpoint 9	Checkpoint 10	Checkpoint 11	Checkpoint 12	Checkpoint 14	Checkpoint 13 checkpoint	Checkpoint 15 checkpoint
1st																
1st	**2023-02-02**	12:26	12:36	12:36	12:22	12:17	12:28	12:35	12:23	12:21	12:19	12:27	12:33	12:38	12:18	12:16
2nd	**2023-02-06**	12:39	12:40	12:38	12:30	12:28	12:32	12:26	12:29	12:36	12:37	12:36	12:27	12:45	12:29	12:44
2nd	**2023-02-09**	12:18	12:40	12:47	12:03	12:12	12:54	12:38	12:19	12:04	12:55	12:41	12:18	12:05	12:03	12:54
3rd	**2023-02-13**	15:20	15:19	15:43	15:36	15:35	15:37	15:43	15:48	15:38	15:50	15:10	15:42	15:49	15:07	15:23
3rd	**2023-02-16**	14:31	14:45	14:37	14:56	14:38	14:54	14:34	14:38	14:48	14:51	14:45	15:06	14:33	14:31	14:49
4th	**2023-02-20**	13:14	13:08	13:15	13:16	13:09	13:05	13:16	13:06	13:05	13:03	13:06	13:04	13:09	13:15	13:07
4th	**2023-02-23**	13:50	13:54	13:58	14:02	14:06	14:10	14:14	14:18	14:22	14:26	14:30	14:34	14:38	14:42	14:46
5th	**2023-02-27**	14:45	14:49	14:53	14:57	15:01	15:05	15:09	15:13	15:17	15:21	15:25	15:29	15:33	15:37	15:41
5th																

Acknowledged by Managing Agent