Pest Control Service Report

Messr	**Mr Chandra**	**Service Sheet No.**	**30803**
Area		**Date**	**2022-04-28**
Periodic Task		**Time In**	**08:01**
		Time Out	**09:15**

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 **larva ciding carried out at drain to deter mosqùito breeding if any.**

Name Of Technician **Team member B2**

Customer Signature **Technician Signature**



