EPS EXPRESS PEST SOLUTIONS
ATALIAN

PEST MANAGEMENT SERVICE REPORT

NO. 61433

Project Site : MAHA BODHI PRI SCH
Address : 10 UBI AVE 1
Date: 26/8/22
Time In: 1030
Time Out: 1130

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

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	☐	☑	☑	☐	☐	☐	☐	☐	☐	FOGGING DONE AT ABOVE AREA
☑ Commensal Rodents	☐	☑	☑	☐	☐	☐	☐	☐	☐	
☑ Cockroaches	☐	☑	☑	☐	☐	☐	☐	☐	☐	
☐ Common Ants	☐	☑	☑	☐	☐	☐	☐	☐	☐	
☐ 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 : AZI / FAIZI Signature: _____
Client's Name : CHANG Signature: _____
Client's Feedback : _____ (company stamp) 26/8/22

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.

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