Pest Control Service Report Summary

Messr	**MR.MELVYN PETER**	**Service Sheet No.**	**40381**
Area		**Date**	**2022-06-03**
Periodic Task		**Time In**	**18:00**
		Time Out	**19:30**

TYPE OF JOB			
☐ SCHEDULE	☑ SERVICE CALL	☐ ROUTINE WORKS	☐ FOLLOW-UP
☐ TIME SERVICE	☐ OTHERS		

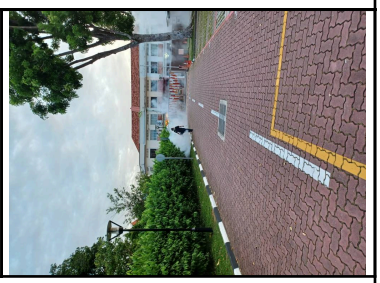
PEST TYPE			
☐ All Pest(Survey)	☐ Ants	☐ Bats	☐ Bees
☐ Beetles	☐ Birds	☐ Cats	☐ Cockroaches
☐ Dogs	☐ Drywood Termites	☐ Fleas	☐ Flies
☐ Hornet	☐ Lice	☐ Mites	☑ Mosquitoes
☐ Rodent	☐ Snake	☐ Subterranean Termites	☐ Wasps
☐ Other Pest(add name)			

OPERATIONS			
☐ ULV	☑ Fogging	☐ Gassing	☐ Handspray
☐ Misting	☐ Soil Treatment	☐ Spot Treatment	☐ Other Control Operation

Location
☑ Haig Girls School

Images





Remarks **DONE FOGGING AROUND PERIMETER INCLUDING ALL DRAINAGE, CANTEEN AREA, BIN CENTRE, EXTERNAL GARDENS AND INTERNAL CORRIDOR INCLUDING STAIRCASE.**
OM NOT AROUND

Name Of Technician **Team member D1**

Customer Signature **Technician Signature**