Pest Control Service Report Summary

Messr	**Mr Sam**	**Service Sheet No.**	**46219**
Area		**Date**	**2022-06-24**
Periodic Task		**Time In**	**10:00**
		Time Out	**11:00**

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)			

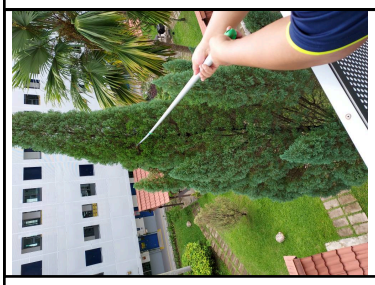
OPERATIONS

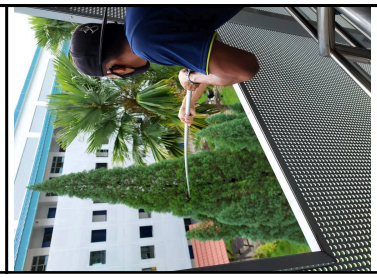
☐ ULV	☐ Fogging	☐ Gassing	☑ Handspray
☐ Misting	☐ Soil Treatment	☐ Spot Treatment	☐ Other Control Operation

Location

☑ Meridian Secondary School

Images





Remarks **Removed one bee hive at school compound**

Name Of Technician **Team member B1**

Customer Signature **Technician Signature**