Pest Control Service Report Summary

Messr	**Ms Lili CHOO**	**Service Sheet No.**	**43116**
Area		**Date**	**2022-06-13**
Periodic Task		**Time In**	**17:10**
		Time Out	**17:40**

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
☑ Ngee Ann Secondary School

Images

Remarks **Fogging**

Name Of Technician **Team member B1**

Customer Signature

Technician Signature