Pest Control Service Report Summary

Messr	**MR.NG**	**Service Sheet No.**	**40355**
Area		**Date**	**2022-06-02**
Periodic Task		**Time In**	**05:15**
		Time Out	**06:30**

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

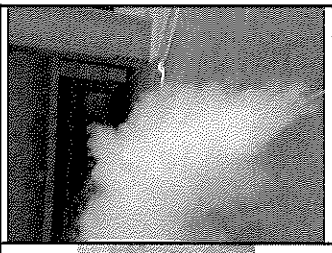
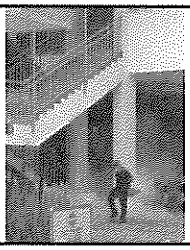
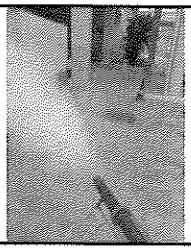
PEST TYPE			
☐ All Pest(Survey)	☐ Ants	☐ Bats	☐ Bees
☐ Beetles	☐ Birds	☐ Cats	☐ Cockroaches
☐ Dogs	☐ Drywood Termites	☐ Fleas	☐ Flies
☐ Hornet	☐ Lice	☐ Mites	☑ Mosquitoes
☐ Rodent	☐ Snake	☐ Subterranean Termites	☐ Wasps
☐ Other Pest(add name)			

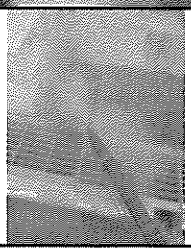
OPERATIONS			
☐ ULV	☑ Fogging	☐ Gassing	☐ Handspray
☐ Misting	☐ Soil Treatment	☐ Spot Treatment	☐ Other Control Operation

Location

☑ Tao Nan School

Images



Remarks

Name Of Technician **Team member C1**

Customer Signature

Technician Signature