# Pest Control Service Report Summary

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|---|---|---|---|
| **Messr** | **OM Kok Weng** | **Service Sheet No.** | **46087** |
| **Area** | | **Date** | **2022-06-23** |
| **Periodic Task** | | **Time In** | **17:45** |
| | | **Time Out** | **18:40** |

| 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 |
|---|
| ☑ Tao Nan School |

| Images |
|---|

**Remarks** **Fogging**

**Name Of Technician** **Team member C1**

**Customer Signature**



**Technician Signature**

