EPS MOE Form F4 Report

School: Casuarina Primary School	**Month:** May
Vector Control Technicians/ Workers Names: Azlam Shah Alias,Avinan Avinan,Team member A1,Team member A2,Team member B1,Team member B2,Team member C1,Team member C2,Team member D1,Team member D2,	**Work Performed**

Type of Services	No of Services Performed
Common Pest	136
Mosquitoes	136
Subterranean Termites	136
All Pest	136

Week	Date of Visit	Checkpoint 1	Checkpoint 2	Checkpoint 3	Checkpoint 4	Checkpoint 5	Checkpoint 6	Checkpoint 7	Checkpoint 8	Checkpoint 9	Checkpoint 10	Checkpoint 11	Checkpoint 12	Checkpoint 13	Checkpoint 14	Checkpoint 15
1st	**2022-05-03**	10:00	10:03	10:06	10:09	10:12	10:15	10:18	10:21	10:24	10:27	10:30	10:33	10:36	10:39	10:42
1st	**2022-05-06**	10:07	10:08	10:10	10:32	10:14	10:31	10:16	10:19	10:21	10:22	10:27	10:23	10:28	10:25	10:30
2nd	**2022-05-10**	12:35	11:31	11:32	11:30	11:34	10:57	11:37	11:40	11:41	11:42	11:04	11:43	11:48	11:45	11:55
2nd	**2022-05-13**	10:48	10:49	10:50	10:51	10:52	10:53	10:55	10:58	11:01	11:02	11:05	11:08	11:07	11:09	11:10
3rd	**2022-05-17**	10:24	10:25	10:26	10:30	10:29	10:30	10:32	10:34	10:36	10:37	10:38	10:40	10:39	10:42	10:43
3rd	**2022-05-20**	13:47	13:48	13:49	13:40	13:51	13:52	13:53	13:54	13:55	13:57	13:56	13:58	13:59	14:00	14:01
4th	**2022-05-24**	15:00	15:10	15:11	15:12	15:13	15:14	15:15	15:16	15:17	15:18	15:20	15:22	15:23	15:24	14:49
4th	**2022-05-27**	13:26	13:32	13:33	13:34	13:35	13:37	13:38	13:39	13:40	13:43	14:19	13:45	13:47	13:48	13:50
5th	**2022-05-31**	13:01	13:04	13:07	13:10	13:13	13:16	13:19	13:22	13:25	13:28	13:31	13:34	13:37	13:40	13:45
5th																
6th																
6th																

Acknowledged by Managing Agent