EPS MOE Form F4 Report

School: Kong Hwa School	**Month:** May
Vector Control Technicians/ Workers Names:	**Work Performed**
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,	**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**	17:45	17:05	17:03	17:43	17:16	17:43	17:00	17:07	17:15	17:22	17:01	17:40	17:41	17:02	17:59
1st	**2022-05-06**	13:45	13:48	13:51	13:54	13:57	14:00	14:03	14:06	14:09	14:12	14:15	14:18	14:21	14:24	14:27
2nd	**2022-05-10**	16:41	16:27	16:35	16:36	17:19	16:19	16:18	16:26	16:20	16:25	16:38	16:39	16:16	16:23	17:22
2nd	**2022-05-13**	9:17	9:10	9:09	9:19	9:08	9:02	10:34	9:00	9:03	9:14	9:05	9:07	9:11	9:04	9:09
3rd	**2022-05-17**	17:00	17:04	17:08	17:12	17:16	17:20	17:24	17:28	17:32	17:36	17:40	17:44	17:48	17:52	17:56
3rd	**2022-05-20**	12:40	12:43	12:46	12:49	12:52	12:55	12:58	13:01	13:04	13:07	13:10	13:13	13:16	13:19	13:22
4th	**2022-05-24**	17:37	17:27	17:32	17:33	17:35	17:32	17:29	17:35	17:27	17:15	17:33	17:35	17:33	17:27	17:32
4th	**2022-05-27**	14:57	15:00	15:03	15:06	15:09	15:12	15:15	15:18	15:21	15:24	15:27	15:30	15:33	15:36	15:39
5th	**2022-05-31**	16:01	16:04	16:07	16:10	16:13	16:16	16:19	16:22	16:25	16:28	16:31	16:34	16:37	16:40	16:43
5th																
6th																
6th																

Acknowledged by Managing Agent