EPS MOE Form F4 Report

School: Pasir Ris Secondary 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	**2022-05-04**	10:01	10:03	10:05	10:07	10:09	10:11	10:13	10:15	10:17	10:19	10:21	10:23	10:25	10:27	10:29
1st	**2022-05-05**	13:01	13:03	13:05	13:07	13:09	13:11	13:13	13:15	13:17	13:19	13:21	13:23	13:25	13:27	13:29
2nd	**2022-05-09**	11:05	11:07	11:09	11:11	11:13	11:15	11:17	11:19	11:21	11:23	11:25	11:27	11:29	11:31	11:33
2nd	**2022-05-12**	10:36	10:38	10:40	10:42	10:44	10:46	10:48	10:50	10:52	10:54	10:56	10:58	11:00	11:02	11:04
3rd	**2022-05-17**	08:45	08:48	08:51	08:54	08:57	09:03	09:05	09:07	09:09	09:11	09:13	09:15	09:17	09:19	09:21
3rd	**2022-05-19**	13:03	13:05	13:07	13:09	13:11	13:13	13:15	13:17	13:19	13:21	13:23	13:25	13:27	13:29	13:31
4th	**2022-05-23**	12:52	13:06	13:09	13:10	13:11	13:12	13:13	13:17	13:13	13:21	13:22	13:25	13:27	13:28	13:29
4th	**2022-05-26**	08:00	08:03	08:06	08:09	08:12	08:15	08:18	08:21	08:24	08:27	08:30	08:33	08:36	08:39	08:42
5th	**2022-05-30**	08:54	08:56	08:57	08:58	09:00	09:01	09:02	09:03	09:05	09:05	09:07	09:08	09:09	09:10	09:12
5th																
6th																
6th																

Acknowledged by Managing Agent