EPS MOE Form F4 Report

School: Springfield 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 8	Checkpoint 9	Checkpoint 10	Checkpoint 11	Checkpoint 12	Checkpoint 13	Checkpoint 14	Checkpoint 15	Checkpoint 7 checkpoint
1st	2022-05-04	11:01	11:03	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
1st	2022-05-05	11:19	11:21	11:23	11:25	11:27	11:29	11:31	11:33	11:35	11:37	11:39	11:41	11:43	11:45	11:47
2nd	2022-05-09	13:02	13:05	13:08	13:11	13:14	13:17	13:20	13:23	13:26	13:29	13:32	13:35	13:38	13:41	13:44
2nd	2022-05-12	09:00	09:03	09:06	09:09	09:12	09:15	09:18	09:21	09:24	09:27	09:30	09:33	09:36	09:39	09:42
3rd	2022-05-17	13:05	13:08	13:11	13:14	13:17	13:20	13:23	13:26	13:29	13:32	13:35	13:38	13:41	13:44	13:47
3rd	2022-05-19	09:00	09:03	09:06	09:09	09:12	09:15	09:18	09:21	09:24	09:27	09:30	09:33	09:36	09:39	09:42
4th	2022-05-23	09:07	09:09	08:31	09:11	09:13	09:15	09:09	09:19	09:20	09:22	09:23	09:25	09:26	09:28	09:17
4th	2022-05-26	10:23	10:30	10:29	10:32	10:33	10:35	10:37	11:10	10:39	10:40	10:42	10:43	10:45	10:46	10:36
5th	2022-05-30	09:14	09:18	09:09	09:20	09:22	09:23	09:26	09:28	09:30	09:31	09:32	09:33	09:35	09:36	09:25
5th																
6th																
6th																

Acknowledged by Managing Agent