# Pest Control Service Report Summary

| | | | |
|---|---|---|---|
| **Messr** | **Rashids** | **Service Sheet No.** | **39822** |
| **Area** | | **Date** | **2022-06-01** |
| **Periodic Task** | | **Time In** | **12:00** |
| | | **Time Out** | **12:30** |

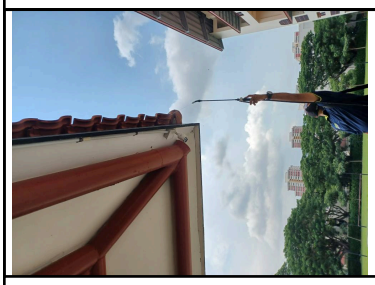
| TYPE OF JOB | | | |
|---|---|---|---|
| ☐ SCHEDULE | ☐ SERVICE CALL | ☐ ROUTINE WORKS | ☑ FOLLOW-UP |
| ☐ TIME SERVICE | ☐ OTHERS | | |

| 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 |
|---|
| ☑ CHIJ Katong Convent |

Images



**Remarks** **Done spraying and cleared remaining beehive.**

**Name Of Technician** **Team member A2**

**Customer Signature** **Technician Signature**