ATL MAINTENANCE PTE LTD

SWIPETASK

Ministry of Education SINGAPORE

# Pest Control Service Report Summary

| | | | |
|---|---|---|---|
| **Messr** | **Mayflower Sec Sch** | **Service Sheet No.** | **238606** |
| **Area** | | **Date** | **2023-09-04** |
| **Periodic Task** | | **Time In** | **11:35** |
| | | **Time Out** | **12:25** |

| 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 s & d |

| Location |
|---|
| ☑ Mayflower Secondary School |

| Images |
|---|

**Remarks** **Inspection and treatment done at the above mentioned location.No termite or mosquito activity found at the time of service.**

**Name Of Customer**

**Customer Signature**

**Name Of Technician** **Rosli Bin Sinwan**

**Technician Signature**



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# Pest Control Service Report Summary

| | | | |
|---|---|---|---|
| **Messr** | **Mayflower Sec Sch** | **Service Sheet No.** | **239632** |
| **Area** | | **Date** | **2023-09-07** |
| **Periodic Task** | | **Time In** | **12:40** |
| | | **Time Out** | **13:35** |

| 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 larviciding |

| Location |
|---|
| ☑ Mayflower Secondary School |

| Images |
|---|

**Remarks** **Inspection and treatment done at the above mentioned location.No termite or mosquito activity found at the time of service.**

| | | | |
|---|---|---|---|
| **Name Of Customer** | **Mt Tay** | **Name Of Technician** | **Rosli Bin Sinwan** |
| **Customer Signature** | | **Technician Signature** | |





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# Pest Control Service Report Summary

| | | | |
|---|---|---|---|
| **Messr** | **Mayflower Sec Sch** | **Service Sheet No.** | **240692** |
| **Area** | | **Date** | **2023-09-11** |
| **Periodic Task** | | **Time In** | **12:20** |
| | | **Time Out** | **13:25** |

| 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 s & d |

| Location |
|---|
| ☑ Mayflower Secondary School |

| Images |
|---|

**Remarks** **Inspection and treatment done at the above mentioned location.No pest or mosquito activity found at the time of service.**

**Name Of Customer**

**Customer Signature**

**Name Of Technician** **Rosli Bin Sinwan**

**Technician Signature**



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# Pest Control Service Report Summary

| | | | |
|---|---|---|---|
| **Messr** | **Mayflower Sec Sch** | **Service Sheet No.** | **241748** |
| **Area** | | **Date** | **2023-09-14** |
| **Periodic Task** | | **Time In** | **11:05** |
| | | **Time Out** | **12:00** |

| 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 s & d |

| Location |
|---|
| ☑ Mayflower Secondary School |

| Images |
|---|

**Remarks** **Inspection and treatment done at the above mentioned location.No pest or mosquito activity found at the time of service.**

**Name Of Customer**

**Customer Signature**

**Name Of Technician** **Rosli Bin Sinwan**

**Technician Signature**



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# Pest Control Service Report Summary

| | | | |
|---|---|---|---|
| **Messr** | **Mayflower Sec Sch** | **Service Sheet No.** | **242812** |
| **Area** | | **Date** | **2023-09-18** |
| **Periodic Task** | | **Time In** | **11:55** |
| | | **Time Out** | **13:05** |

| 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 s & d |

| Location |
|---|
| ☑ Mayflower Secondary School |

| Images |
|---|

**Remarks** **Inspection and treatment done at the above mentioned location.No termite or mosquito activity found at the time of service.**

| | | | |
|---|---|---|---|
| **Name Of Customer** | **Mr Rashid** | **Name Of Technician** | **Rosli Bin Sinwan** |
| **Customer Signature** | | **Technician Signature** | |





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# Pest Control Service Report Summary

| | | | |
|---|---|---|---|
| **Messr** | **Mayflower Sec Sch** | **Service Sheet No.** | **243859** |
| **Area** | | **Date** | **2023-09-21** |
| **Periodic Task** | | **Time In** | **11:20** |
| | | **Time Out** | **12:20** |

| 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 larvaciding |

| Location |
|---|
| ☑ Mayflower Secondary School |

| Images |
|---|

**Remarks** **Inspection and treatment done at the above mentioned location.No termite or mosquito activity found at the time of service.**

| | | | |
|---|---|---|---|
| **Name Of Customer** | **Mr Tay** | **Name Of Technician** | **Rosli Bin Sinwan** |
| **Customer Signature** | | **Technician Signature** | |





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# Pest Control Service Report Summary

| | | | |
|---|---|---|---|
| **Messr** | **Mayflower Sec Sch** | **Service Sheet No.** | **244915** |
| **Area** | | **Date** | **2023-09-25** |
| **Periodic Task** | | **Time In** | **12:10** |
| | | **Time Out** | **13:10** |

| 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 larvaciding |

| Location |
|---|
| ☑ Mayflower Secondary School |

| Images |
|---|

**Remarks** **Inspection and treatment done at the above mentioned location.No pest or mosquito activity found at the time of service.**

| | | | |
|---|---|---|---|
| **Name Of Customer** | **Mr Tay** | **Name Of Technician** | **Rosli Bin Sinwan** |
| **Customer Signature** | | **Technician Signature** | |





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# Pest Control Service Report Summary

| | | | |
|---|---|---|---|
| **Messr** | **Mayflower Sec Sch** | **Service Sheet No.** | **245978** |
| **Area** | | **Date** | **2023-09-28** |
| **Periodic Task** | | **Time In** | **11:05** |
| | | **Time Out** | **12:05** |

| 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 larvaciding |

| Location |
|---|
| ☑ Mayflower Secondary School |

| Images |
|---|

**Remarks** **Inspection and treatment done at the above mentioned location.No post or mosquito activity found at the time of service.**

| | | | |
|---|---|---|---|
| **Name Of Customer** | **Mr Tay** | **Name Of Technician** | **Rosli Bin Sinwan** |
| **Customer Signature** | | **Technician Signature** | |



