# Pest Control Service Report

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|---|---|---|---|
| **Messr** | **khai** | **Service Sheet No.** | **27999** |
| **Area** | | **Date** | **2022-04-18** |
| **Periodic Task** | | **Time In** | **16:30** |
| | | **Time Out** | **17:20** |

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

| 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 |
|---|
| ☑ Ngee Ann Secondary School |

| Images |
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**Remarks** **Mosquitoes control,,, parameters fogging .**

**Name Of Technician** **Team member B2**

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






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