Pest Control Service Report Summary

Messr	**MR.MELVYN PETER**	**Service Sheet No.**	**43096**
Area		**Date**	**2022-06-13**
Periodic Task		**Time In**	**10:15**
		Time Out	**11:30**

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
☑ Haig Girls School

Images






Remarks **ALL BIN AT BIN CENTRE HAVE STAGNANT WATER.**

Name Of Technician **Team member D1**

Customer Signature **Technician Signature**