Pest Control Service Report

Messr	**Mr Sam**	**Service Sheet No.**	**32729**
Area		**Date**	**2022-05-03**
Periodic Task		**Time In**	**14:30**
		Time Out	**15:20**

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

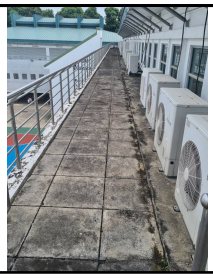
PEST TYPE			
☑ All Pest(Survey)	☑ Ants	☐ Bats	☐ Bees
☐ Beetles	☐ Birds	☐ Cats	☑ Cockroaches
☐ Dogs	☐ Drywood Termites	☐ Fleas	☑ Flies
☐ Hornet	☐ Lice	☐ Mites	☑ Mosquitoes
☑ Rodent	☐ Snake	☑ Subterranean Termites	☐ Wasps
☐ Other Pest(add name)			

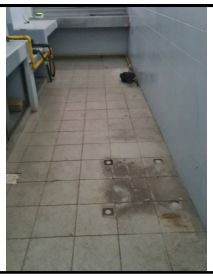
OPERATIONS			
☐ ULV	☐ Fogging	☐ Gassing	☑ Handspray
☐ Misting	☐ Soil Treatment	☐ Spot Treatment	☐ Other Control Operation

Location

☑ Meridian Secondary School

Images





Remarks **attended to complain of ants at staff room. found none. anyway will do treatment tomorrow during after hours. roof no water pounding. Good. checked empty food stalls. found no rodent activity.**

Name Of Technician **Team member A1**

Customer Signature

Technician Signature