# Pest Control Service Report

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|---|---|---|---|
| **Messr** | **Ms Lily Choo** | **Service Sheet No.** | **32726** |
| **Area** | | **Date** | **2022-05-05** |
| **Periodic Task** | | **Time In** | **01:20** |
| | | **Time Out** | **02:20** |

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

| Images |
|---|

**Remarks** **Lavacading carried oit at drain to dtere mosquito breedingif any.**

**Name Of Technician** **Team member B1**

**Customer Signature** 

**Technician Signature** 