

IPM Service Report Form

Report No. _____

Type of Service Visit <input type="checkbox"/> Routine Service/ Inspection <input type="checkbox"/> Follow-up for previous problem <input type="checkbox"/> Response to complaint _____	Client <hr/> Service Address	Date <hr/> Time In : <hr/> Time Out :
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Area Inspected (check all that apply)

Indoors
 Site abbreviations: MK - Main Kitchen, DN - Dining Area, CL - Classroom, BR - Break room, ADM - Administrative Office, LK - Locker Rooms

Service Period Provided

Site	Pest (be specific)	Activity Level	Non-Chemical Actions	Material Used (be specific)	Amount Used (lb,oz,gal,ml,g)	Methods/ Equipment*

Application methods: C&C - crack and crevice, SPOT - spot treatment (less than 2sq ft), BC - broadcast, Fof - fog, BS - bait station, VT - void treatment, BT - burrow treatment

Key Materials/ Chemicals Used

Hardware/ Station/ Chemicals	Active Ingredients	Quantity/ Dosage	Application Method	Formulation*	Location & Hazard Classification (Danger, Warning, Caution/ Colour: Green, Yellow, Red)**

*Formulation abbreviations: S - liquid spray from compressed air sprayer, ACC aerosol crack and crevice, GB - gel bait, BrB - granular bait, SB - station bait, BB - weatherproof bait block, BP - weatherproof bait pallet, GR - granular pesticides, ULV - ultra low volume space spray, F - fumigant, D - dust, O - others (specify)
 ** Justification form must be attached for Yellow and Red List.

Inaccessible Areas Noted:

Area Inspected (check all that apply)

Building Perimeter (outdoors)
 Building Serviced:

Service Provided

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Maintenance Needs:

Pest-proofing :

Conditions conducive to pests (birds, wildlife, termites, etc.) :

Hazards :

Other comments:

Area Inspected (check all that apply)

Landscape/ Grounds
 Building Serviced : _____

Service Provided

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Other Information :

Weather at time of application : Windspeed (mph) : Temperature : Posted Date posting to be removed :

Tree or other hazards noted :

Recommendations for Actions :

Action Required	Site	Priority	Comments

Follow-up Service Required : Yes No Date : _____ Date of next service : _____

Signature/ Name of Contact Person _____ Signature/ Name of Pest Specialists _____

Company's Registration Number: 1343825-T