



## PEST MANAGEMENT SERVICE REPORT

NO.

Project Site : \_\_\_\_\_

Date : \_\_\_\_\_

Address : \_\_\_\_\_

Time In : \_\_\_\_\_

Blk No. : \_\_\_\_\_ Unit No. : \_\_\_\_\_ Postal Code : \_\_\_\_\_

Time Out : \_\_\_\_\_

**Report:** Weekly Fortnightly Monthly  
Bi-Monthly Quarterly One-time/Ad-hoc Follow up / \_\_\_\_\_

AREA OF INSPECTION				
Common Area	Playground	Store room	Office / Pantry / Rooms	Others, Please specify
Apron of Building	Bin Centre / Chute	Roof Top	Foot Outlet / Canteen	_____
Common corridor	Car Park	Manhole	Kitchen	
Landscape / Garden	Lightning Conductor Pit	Toilet	Cabinet / Racks	
Drainage	Electrical / Gas Room	Riser	Gully Trap	

PEST INFESTATION STATUS										
TYPE OF PESTS / SERVICE	Infestation Level		Types of Treatment*							Location / Remarks
	Active	Non-Active	F	M	R	B	D	T	O	
										IGS AGS

\* Legend: **F**-Fogging **M**-Misting **R**-Residual Spray **B**-Baits **D**-Dusting **T**- Traps **O**-Others

**Scope of Work:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To Improve:** Housekeeping Sanitation Structural Defects Others \_\_\_\_\_  
\_\_\_\_\_

Technician's Names : \_\_\_\_\_ Client's Name : \_\_\_\_\_  
Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
Client's Feedback : \_\_\_\_\_


*Disclaimer:* Our Specialist has provided the above recommendations to reduce and eliminate pests' harbourage in your premises. This has to be implemented immediately falling which Express Pest Solutions Pte Ltd will not be held liable for any claims.