



## INSPECTION REPORT

|            |         |    |   |
|------------|---------|----|---|
| Report No  | 19      |    |   |
| Sheet      | 1       | of | 1 |
| Date       | 30-1-25 |    |   |
| Chargeable | Yes     | No |   |
| Job No     | 5216916 |    |   |

|                  |            |                             |           |
|------------------|------------|-----------------------------|-----------|
| Customer         | Beefeaters | Type of Visit (please tick) |           |
| Customer Address | Black Bear | Routine (enter no.)         | Call Out  |
|                  |            | Follow Up                   | Biologist |

|                               |                |                                            |                 |     |          |
|-------------------------------|----------------|--------------------------------------------|-----------------|-----|----------|
| Electronic Fly Killer Service | Type of Visit  | Major Service                              | Routine Service | CTA | Call Out |
|                               | Materials Used |                                            |                 |     |          |
|                               | Observations   | X4 ISW Bubs All Units<br>Now in good order |                 |     |          |

|                        |      |      |       |     |       |             |       |      |
|------------------------|------|------|-------|-----|-------|-------------|-------|------|
| Activity (please Tick) | Rats | Mice | Flies | SPI | Birds | Cockroaches | Other | None |
|------------------------|------|------|-------|-----|-------|-------------|-------|------|

|              |       |              |       |       |       |
|--------------|-------|--------------|-------|-------|-------|
| Rodenticides | Usage | Insecticides | Usage | Other | Usage |
|              |       |              |       |       |       |
|              |       |              |       |       |       |

| Observations/Actions                                                              | Recommendations | Action by | Completed          |                    |
|-----------------------------------------------------------------------------------|-----------------|-----------|--------------------|--------------------|
|                                                                                   |                 |           | Date               | Customer Signature |
| Routine inspection was carried out                                                |                 |           |                    |                    |
| All Bait stations checked and in good order. No issues TO REPORT AT time of visit |                 |           |                    |                    |
| Monitors and Hygiene in good order.                                               |                 |           |                    |                    |
| Report By: U. Connolly                                                            | Customer Name   |           | Customer Signature |                    |

| OFFICE USE ONLY | Time In | Time Out | Customer Requires |               |        |               |
|-----------------|---------|----------|-------------------|---------------|--------|---------------|
|                 |         |          | Checklist         | Summary Sheet | Folder | Specification |
|                 | 13:40   | 14:50    |                   |               |        |               |