

## INSPECTION REPORT

Report No	2		
Sheet	1 of 1		
Date	3-4-24		
Chargeable	Yes	No	
Job No			

Customer	Premier inn	Type of Visit (please tick)	
Customer Address	East Kilbride	Routine (enter no.)	2
	4861881	Follow Up	Biologist

Electronic Fly Killer Service	Type of Visit	Major Service		Routine Service		CTA		Call Out	
	Materials Used								
	Observations								

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 pest control inspection was carried out All Bait Stations checked All clear and in good order No issues to report at time of visit.				
Report By M. Connelly	Customer Name KAREN GIBSON	Customer Signature K. Gibson		

OFFICE USE ONLY	Time In	Time Out	Customer Requires			
			Checklist	Summary Sheet	Folder	Specification
	11-40	12-45				