

## INSPECTION REPORT

Report No	3		
Sheet	1	of	1
Date	9-5-24		
Chargeable	Yes	No	
Job No			

Customer	Premier inn		Type of Visit (please tick)	
Customer Address	East K:1Bride		Routine (enter no.)	3
	4921862		Follow Up	
			Call Out	
			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
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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 dead and in good order. NO issues to report at time of visit.				
Report By	M. Connolly	Customer Name		Customer Signature

OFFICE USE ONLY	Time In	Time Out	Customer Requires			
			Checklist	Summary Sheet	Folder	Specification
	1430	1530				