

INSPECTION REPORT

Report No	9		
Sheet	1	of	1
Date	8 JAN 25		
Chargeable	Yes	No	
Job No			

Customer	Premier Inn 0245		Type of Visit (please tick)	
Customer Address	Cirefnock		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								

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
AN INSPECTION OF THE				
SITE FOUND NO VISUAL				
EVIDENCE OF PEST ACTIVITY				
ALL MONITORS WERE				
ALSO CLEAR				
STORAGE HYGIENE &				
PROOFING IN GOOD ORDER				
PPM 5216925				
Report By Ian Sample	Customer Name		Customer Signature	

OFFICE USE ONLY	Time In	Time Out	Customer Requires			
			Checklist	Summary Sheet	Folder	Specification
	9.25	9.55				