



INSPECTION REPORT

Report No	1		
Sheet	1	of	1
Date	6 FEB 24		
Chargeable	Yes	No	<input checked="" type="checkbox"/>
Job No			

Customer	PREMIER INN			Type of Visit (please tick)			
Customer Address	PAISLEY			Routine (enter no.)	1	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	<input checked="" type="checkbox"/>
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Rodenticides	Usage	Insecticides	Usage	Other	Usage

Observations/Actions	Recommendations	Action by	Completed		
			Date	Customer Signature	
A SITE INSPECTION FOUND NO VISUAL EVIDENCE OF PEST ACTIVITY.					
BAIT/MONITORING POINTS HAVE BEEN REPLACED.					
STORAGE HYGIENE & PROOFING IS GOOD ORDER					
Report By	IAN SIMPLE	Customer Name	L. ANDERSON	Customer Signature	L. Anderson

OFFICE USE ONLY	Time In	Time Out	Customer Requires			
	15.30	16.15.	Checklist	Summary Sheet	Folder	Specification

LSma