



Report No	6		
Sheet	1 of 1		
Date	23 SEPT 24		
Chargeable	Yes	No	<input checked="" type="checkbox"/>
Job No			

INSPECTION REPORT

Customer	PREMIER INN 0223		Type of Visit (please tick)	
Customer Address	LINDOOD		Routine (enter no.)	Call Out
	PAISLEY		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. ALL MONITORS WERE ALSO CLEAR STORAGE HYGIENE & PROOFING IN GOOD ORDER				
PPM 5097436				
Report By	IAN SEMPLER	Customer Name	Customer Signature	

OFFICE USE ONLY	Time In	Time Out	Customer Requires			
	15:00	15:45	Checklist	Summary Sheet	Folder	Specification

LSM