



INSPECTION REPORT

Report No	24 / 1		
Sheet	1 of 1		
Date	7/3/24		
Chargeable	Yes	<input checked="" type="checkbox"/>	No
Job No	4830350		

Customer	PREMIER INN		Type of Visit (please tick)	
Customer Address	MAINS OF BALQUHARN		Routine (enter no.)	<input checked="" type="checkbox"/> Call Out
	PORTLETHEN		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 type="checkbox"/>	<input checked="" type="checkbox"/>						

Rodenticides	Usage	Insecticides	Usage	Other	Usage
DIENACOMM 0.005				BAIT BOX	7
BAIT BLOCK	4			DETEX BLOCK	3
				INSECT DETECTOR	1

Observations/Actions	Recommendations	Action by	Completed	
			Date	Customer Signature
INITIAL ROUTINE TREATMENT CARRIED OUT.				
BAITS HAVE BEEN INSTALLED FOR MONITORING AND PROTECTION.				
SEE CHECKLIST FOR BAIT LOCATIONS.				
NO ISSUES FOUND				
Report By: J WEEGEN	Customer Name: JULIA RITCHIE		Customer Signature:	<i>[Signature]</i>

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

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