



INSPECTION REPORT

Report No	24 / 6		
Sheet	1 of 1		
Date	3/10/24		
Chargeable	Yes	<input checked="" type="checkbox"/>	No
Job No	5097460		

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

Rodenticides	Usage	Insecticides	Usage	Other	Usage
/		/		/	

Observations/Actions	Recommendations	Action by	Completed	
			Date	Customer Signature
YOUR PREMISES HAS BEEN CHECKED FOR SIGNS OF PEST ACTIVITY.				
NONE WERE FOUND OR REPORTED AT THIS TIME.				
Report By	J WEEGEN	Customer Name	CHERNIK ANNA	Customer Signature

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

