



INSPECTION REPORT

Report No	24 / 7
Sheet	1 of 1
Date	12 / 11 / 24
Chargeable	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Job No	5154369

Customer	PREMIER INN SOUTH	Type of Visit (please tick)	
Customer Address	MAINS OF BALQUHAIN PORTLEITHEN, ABERDEEN	Routine (enter no.)	Call Out <input checked="" type="checkbox"/>
		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
YOUR PREMISES HAS BEEN INSPECTED FOR SIGNS OF PEST ACTIVITY.				
IM PLEASED TO REPORT THAT NO ISSUES WERE IDENTIFIED AT THIS TIME.				
Report By	J Weeden	Customer Name	CZERNIK ANNA	Customer Signature

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

