



|            |             |    |                                     |
|------------|-------------|----|-------------------------------------|
| Date       | 14/05/2025  |    |                                     |
| Order No   |             |    |                                     |
| Job Ref    | PPM-R004184 |    |                                     |
| Chargeable | Yes         | No | <input checked="" type="checkbox"/> |

## INSPECTION REPORT

|                  |                  |                             |                                     |           |                          |
|------------------|------------------|-----------------------------|-------------------------------------|-----------|--------------------------|
| Customer         | DUPONT SECTION 2 | Type of Visit (please tick) |                                     |           |                          |
| Customer Address | Girvan           | Routine (enter no.)         | <input checked="" type="checkbox"/> | Call Out  | <input type="checkbox"/> |
|                  |                  | Follow Up                   | <input type="checkbox"/>            | Biologist | <input type="checkbox"/> |

|                               |                |               |                          |                 |                          |     |                          |          |                          |
|-------------------------------|----------------|---------------|--------------------------|-----------------|--------------------------|-----|--------------------------|----------|--------------------------|
| Electronic Fly Killer Service | Type of Visit  | Major Service | <input type="checkbox"/> | Routine Service | <input type="checkbox"/> | CTA | <input type="checkbox"/> | Call Out | <input type="checkbox"/> |
|                               | Materials Used |               |                          |                 |                          |     |                          |          |                          |
|                               | Observations   |               |                          |                 |                          |     |                          |          |                          |


|          |      |                          |      |                          |       |                          |     |                          |       |                          |             |                          |       |                          |      |                                     |
|----------|------|--------------------------|------|--------------------------|-------|--------------------------|-----|--------------------------|-------|--------------------------|-------------|--------------------------|-------|--------------------------|------|-------------------------------------|
| Activity | Rats | <input type="checkbox"/> | Mice | <input type="checkbox"/> | Flies | <input type="checkbox"/> | SPI | <input type="checkbox"/> | Birds | <input type="checkbox"/> | Cockroaches | <input type="checkbox"/> | Other | <input type="checkbox"/> | None | <input checked="" type="checkbox"/> |
|----------|------|--------------------------|------|--------------------------|-------|--------------------------|-----|--------------------------|-------|--------------------------|-------------|--------------------------|-------|--------------------------|------|-------------------------------------|

|                      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Observations/Actions |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Inspection clear     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|                    |                    |             |
|--------------------|--------------------|-------------|
| Rodenticides Usage | Insecticides Usage | Other Usage |
|                    |                    |             |

|                 |           |
|-----------------|-----------|
| Recommendations | Action by |
|-----------------|-----------|

|  |  |
|--|--|
|  |  |
|--|--|

|           |            |               |     |                    |   |
|-----------|------------|---------------|-----|--------------------|---|
| Report By | Ian Semple | Customer Name | iff | Customer Signature |  |
|-----------|------------|---------------|-----|--------------------|---|