

PREMIUM PEST CONTROL

P.O. Box 1261 • Linden, NJ 07036

1-917-693-7468

Registration No. 14489

Certified Applicators: C0661127
C0832964

Work Location:

*Aloft Hotel Regular
100-15 Ditmars Blvd
New York*

SERVICE REPORT

TYPE OF SERVICE:

- Commercial
 Residential
 Termite
 Regular
 Follow-up
 Intensive
 Special

Date: *07/15/24*

Time In: _____ Time Out: _____

SEE BACK PANEL FOR PRODUCT, EQUIPMENT AND TREATMENT METHOD CODES/INFORMATION.

SITES INSPECTED

- | | | |
|--|---|---|
| <input type="checkbox"/> 1. Kitchen | <input type="checkbox"/> 9. Crawl Space | <input type="checkbox"/> 17. Laundry |
| <input type="checkbox"/> 2. Living Area | <input type="checkbox"/> 10. Garage | <input type="checkbox"/> 18. Receiving Area |
| <input type="checkbox"/> 3. Bathroom(s) | <input type="checkbox"/> 11. Office Area | <input checked="" type="checkbox"/> 19. Entry/Vestibule |
| <input type="checkbox"/> 4. Dining Room(s) | <input type="checkbox"/> 12. Bar(s) | <input type="checkbox"/> 20. _____ |
| <input checked="" type="checkbox"/> 5. Utility Room(s) | <input checked="" type="checkbox"/> 13. Trash Room(s) | <input type="checkbox"/> 21. _____ |
| <input type="checkbox"/> 6. Storage Room(s) | <input type="checkbox"/> 14. Dishwash Room | <input type="checkbox"/> 22. _____ |
| <input type="checkbox"/> 7. Basement | <input type="checkbox"/> 15. Food Storage | <input type="checkbox"/> 23. _____ |
| <input type="checkbox"/> 8. Exterior Perimeter | <input type="checkbox"/> 16. Liquor Storage | <input type="checkbox"/> 24. _____ |

TARGET PEST

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Carpenter Ants | <input checked="" type="checkbox"/> Organic Breeding Flies | <input checked="" type="checkbox"/> Mosquitoes |
| <input checked="" type="checkbox"/> Odorous House Ants | <input checked="" type="checkbox"/> House Mice | <input type="checkbox"/> Termites |
| <input type="checkbox"/> Pavement Ants | <input type="checkbox"/> Norway Rats | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Ants _____ | <input type="checkbox"/> Stored Product Pests | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> American Cockroaches | <input type="checkbox"/> Ground Beetles | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> German Cockroaches | <input type="checkbox"/> Spiders | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Oriental Cockroaches | <input type="checkbox"/> Silverfish | <input type="checkbox"/> _____ |
| <input checked="" type="checkbox"/> House Flies | <input type="checkbox"/> Millipedes/Centipedes | <input type="checkbox"/> _____ |

WE RECOMMEND

- Repair window and door screen
 Replace door sweeps
 Clean under equipment
 Organize storage area
 Eliminate standing water
 Dispose of trash properly
 Seal pipe chases and utility conduits
 Seal cracks and crevices

TREATMENT METHOD AND PRODUCTS USED

(Preventative or Curative) See reverse side for abbreviations. QUANTITY indicates quantity used.

CODES	SITES	METHOD	EQUIPMENT	QUANTITY
<i>100</i>	<i>1,5,6,7,13,19</i>	<i>208</i>	<i>L</i>	
<i>216</i>	<i>1,5,6,7,13,19</i>	<i>207</i>	<i>J</i>	
<i>126</i>	<i>5,6,7,13,19</i>	<i>201</i>	<i>B</i>	
<i>202</i>	<i>1,5,6,7,13</i>	<i>202</i>	<i>6</i>	

COMMENTS/RECOMMENDATIONS:

General treatment to common areas.

CUSTOMER INSTRUCTIONS:

- Do not touch treated areas until dry.
 Do not tamper with rodent placements.
 Do not return to treated area(s) until ventilated (minimum 2 hours)

Customer
Signature

Technician
Signature

