



PEST CONTROL INSPECTION

YOUR COMPANY NAME

7755 Your Street
CITY, STATE, ZIP CODE
PHONE AND FAX

ADVERTISING LINE

Date ___/___/___ Termite ___ Exterior ___
Technician ___ Pest Control ___ Interior ___
Account # ___ Moisture Proofing ___ Understructure ___
Co. License # ___ Pretreatment ___ Attic ___

Residential ___
Commercial ___
Inspection ___
Spraying ___

***NOTE: A thorough inspection was performed on your home/building today. Please take time to read this report. It contains important information about the conditions of your property. If you have any questions, please give me a call. I'll be happy to explain.

TARGET PEST	CHEMICAL USED	TYPE SOLUTION	% and AMOUNT USED
Ants ___	Catalyst ___	1. Wettable Powder	0.25 ___
Bees ___	Chloripyrifos ___	2. Emusifiable Concentrate	0.50 ___
Fleas ___	Demon ___	3. Insect Growth Regulator	1.00 ___
Roaches ___	Diaznon ___	4. 2-E, 4-E, 5-E	other ___
Rats/Mice ___	Dursban ___	5. 50-W	1/2 gals. ___
Spiders ___	Ficam ___	6. Dust	1 gals. ___
Ticks ___	Malathion ___	7. Bait	10 gals. ___
Wasps ___	Prevail ___	8. Granules	20 gals. ___
Termites ___	Saga ___	9. Termite Concentrate	# of gals. ___
Silverfish ___	Other ___	10. Other _____	
Other ___			

Name: _____

Address: _____

City: _____ State _____ Zip _____

Total amount due / paid \$ _____

****NOTE: Conditions conducive for Wood Destroying Organisms observed as follows: Your home/building is in need of: _____

___ Subterranean Termites
 ___ Wood Decaying Fungi
 ___ Drywood Termites
 ___ Wood Boring Beetles
 ___ Powder Post Beetles
 ___ Improper Ventilation in the _____
 ___ Heating/Cooling Duct Lines _____
 ___ Standing Water _____
 ___ Wood to Ground Contact _____
 ___ Damage To _____

Notes:

The cost for this service is: _____

If I can be of any further service PLEASE CALL.
Thank You!