

YOUR LOGO

Company name

Address · Phone · License #

Pest Control Service Report

No. _____

CUSTOMER

SERVICE ADDRESS

DATE

TIME ON SITE

TECHNICIAN

SERVICE

☐ Quarterly ☐ Initial ☐ Callback ☐ Monthly (commercial)

TARGET PESTS

AREAS TREATED (CHECK ALL THAT APPLY)

☐ Exterior perimeter ☐ Interior ☐ Garage ☐ Crawlspace ☐ Attic

EXACT PLACE OF APPLICATION

PRODUCTS APPLIED

PRODUCT	EPA REG. #	RATE / CONCENTRATION	AMOUNT APPLIED	METHOD	TARGET

DEVICES USED

DEVICE	COUNT	ACTIVITY

ACTIVITY OBSERVED

☐ None ☐ Low ☐ High

RE-ENTRY INTERVAL

APPLICATOR LICENSE

BUSINESS LICENSE

PHOTOS

Attach photos or list photo numbers: _____

NOTES & RECOMMENDATIONS

TECHNICIAN SIGNATURE

Name: _____ Date: _____

CUSTOMER SIGNATURE

Name: _____ Date: _____