

Pest Control Survey Sheet

SHEET MUST BE COMPLETELY FILLED OUT. ALL ANSWERS REQUIRED.

Customer Name: _____ Store #: _____ Date of Work: _____

Technician Name: _____

- Mice or Rats
 Bats
 Birds
 ****PICTURES MUST BE TAKEN of All Damage to Justify Scope of Work***
 Foul Odor
 Other: _____

Pest Control Provider: _____ Report #/ Rep Name: _____

City Inspection: No Yes Requirements: _____

***** All walls must be labeled by North, South, East, & West when describing the room & where the damage exists *****
***** Need to state how many holes in each room/wall, and pictures must be taken of the damage *****

Store Area	Score	Comments
Sales Floor	<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0	
Stock/Storage Room	<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0	
Exterior Building	<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0	
Loading Docks	<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0	
Bathrooms	<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0	
Breakrooms	<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0	
Front Entrance Doors	<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0	
Rear Entrance Doors	<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0	
Scoring Key:		
3 – Severe holes or openings. Pest Activity High		
2 – Moderate holes, recent activity reported.		
1 – Small or minor holes, little activity seen.		
0 – No holes, no signs of activity		
For all ratings of 1, 2, or 3, technician must comment why and what the necessary repair is		

Additional Work Needed

Are there any areas or scopes that will require overnight work? Yes No

If Yes, what is needed? _____

Manager Signature _____

Date: _____