

# Integrated Pest Management

## SERVICE REPORT

Building #	Dept/Rm #	Req #
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☐

RUP

☐

GUP

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☐

Follow Up

☐

Bed Bug

☐

Inspection

☐

Sanitation

☐

Repairs

☐

Interior

☐

Exterior

☐

Term Clean

☐

Gen Clean

☐

Pesticide Usage

☐

Complete

☐

Suspected Actual



# VA

PEST CONTROLLER

**E.M.S**

Environmental Management Service

**SERVICE TIME** M T W Th F S S

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Time in: \_\_\_\_ : \_\_\_\_ a.m./p.m.

Time out: \_\_\_\_ : \_\_\_\_ a.m./p.m.

CALLER: \_\_\_\_\_

LOCATION: \_\_\_\_\_ POC: \_\_\_\_\_ X 4 \_\_\_\_\_

Complaint: \_\_\_\_\_

Call Time: \_\_\_\_ : \_\_\_\_ a.m. / p.m. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ M T W Th F S S

**INSPECTION:** (Bed Bugs, Roaches, Ants, Spiders, Bees, Beetles, Flies, Rodents, Stored Product Pest, Occasional Invaders, Wild Life, Sanitation, Other)

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☐ \*see back page/attachment(s) ☐ Temp \_\_\_\_ F ☐ Spot Treatment ☐ Crack & Crevice ☐ Granular Application ☐ Dust Application ☐

**PESTICIDE NAME**

**EPA REG#**

**ACTIVE INGREDIENT %**

**AMOUNT**


**NOTE:**

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Sign: \_\_\_\_\_ Print: \_\_\_\_\_



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