



AN ANTICIMEX COMPANY

Service Agreement Inspection Report / Treatment Proposals

4541 S Decatur St Englewood, CO, 80110

Date _____

Name _____

Address (treating) _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Fax/e-mail _____

EnviroPest Representative _____ License Number _____ Date _____

Pertinent Graph Information:

- Treatment Corrective Preventative
- Graph Type Sentricon Post-Construction Other: _____
- Weed
- Relative Footage Lineal _____ Square _____
- Scale 1 : 1 Other: _____ : _____

[Large grid area for graphing or notes]									
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IT IS POSSIBLE YOU COULD HAVE HIDDEN DAMAGE IN THE STRUCTURE. ENVIROPEST IS NOT RESPONSIBLE FOR ANY DAMAGE.

Recommended Pesticide, Agent or Device: _____ Alternative Treatment: _____

Inspector's Comments: _____ Technician's Comments: _____

Wood Destroying Organism Key: Refer to diagram for description of WDO pest(s), evidence of infestation, damage, treatment, or conditions conducive.

<p>Trapping</p> <ul style="list-style-type: none"> <input type="checkbox"/> Protectas = P <input type="checkbox"/> Live Trap = LT <input type="checkbox"/> Tin Cats = TC <input type="checkbox"/> 24/7's = 24 <input type="checkbox"/> Gopher Trap = GT <input type="checkbox"/> Giant Destroyer = GD 	<p>Desert Guard</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sill Plate = SP <input type="checkbox"/> Fascia Board = FB <input type="checkbox"/> Bird Holes = BH <input type="checkbox"/> Roof Vents = RV <input type="checkbox"/> Louvers = L 	<ul style="list-style-type: none"> <input type="checkbox"/> Yard Drain Holes = YD <input type="checkbox"/> BBQ Screening - BBQ <input type="checkbox"/> Bird Spike = BS <input type="checkbox"/> Plumbing Protrusions = PP 	<p>Structure Repairs</p> <ul style="list-style-type: none"> <input type="checkbox"/> Wall Repair = WR <input type="checkbox"/> Stucco Repair = SR <input type="checkbox"/> Painting = P <input type="checkbox"/> Roof = R 	<p>Notes: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Slab Type: Monolithic Post Tension/Raft Floating/Supported Crawl Basement Other: _____

<p>WDO Pest</p> <ul style="list-style-type: none"> <input type="checkbox"/> Subterranean Termites = X <input type="checkbox"/> Drywood Termites = D <input type="checkbox"/> Wood Boring Beetles = WB <input type="checkbox"/> Other: = O <p><small>(Circled symbol indicates damage)</small></p>	<p>Treatment Specifications</p> <ul style="list-style-type: none"> <input type="checkbox"/> Vertical Drill = 1 <input type="checkbox"/> Trench = 2 <input type="checkbox"/> Horizontal Drill = 3 <input type="checkbox"/> Wall Injection = 4 <input type="checkbox"/> Void Injection = 5 <input type="checkbox"/> Hollow Block = 6 <input type="checkbox"/> Direct Inject = 7 <input type="checkbox"/> Plumbing Trap = 8 <input type="checkbox"/> Surface Treat = 9 <input type="checkbox"/> Other: = 10 	<p>Conditions Conducive</p> <ul style="list-style-type: none"> <input type="checkbox"/> Excessive Moisture = EM <input type="checkbox"/> Faulty Grade = FG <input type="checkbox"/> Earth-Wood Contact = WB <input type="checkbox"/> Inaccessible Areas = IA
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