PEST CONTROL INSPECTION REPORT

COMPANY INFORMATION

Name:	Phone:
Address:	Email:
Website:	License No:

Technician:	
Inspection date:	Work Order No:

Inspection Type

- Routine Inspection
- Response to Pest Complaint
- Follow-Up Inspection

CUSTOMER INFORMATION

Name:	
Address:	
Contact No:	Email:

PROPERTY INFORMATION

• Residential	• Commercial
Size (Sq ft):	Age:

INSPECTION CHECKLIST

Exterior	Pest Type	Signs of Activity	Severity
• Foundation • Siding • Landscaping	• Ants • Termites • Rodents		• High • Medium • Low

• Entry points • Roof & eaves Other:	• Spiders • Wasps/Bees Other:		Notes:
Interior	**Pest Type**	**Signs of Activity**	**Severity**
• Attic • Crawl spaces • Kitchen & pantry • Basement • Bedrooms • Living areas • Bathrooms Other:	• Ants • Termites • Rodents • Cockroaches • Bedbugs • Spiders • Fleas • Wasps/Bees Other:		• High • Medium • Low Notes:

Inspection Area Details (specify rooms & locations)

Evidence of Damage (specify issues found)

Possible Entry Points (specifics)

Attach Photos

Photo description:	Photo description:

Attach Diagram

Priority Level	**Recommendations**	**Treatment plan**
• High • Medium • Low		
• High • Medium • Low		

RECOMMENDED IMMEDIATE ACTION:

FOLLOW-UP SCHEDULE	
Services	**Dates**

Client Acknowledgment: I acknowledge that the above information is accurate and that I authorize the recommended treatment.	
Client Signature:	**Date:**

Technician Certification: I certify that the inspection was conducted as per standard protocols and that the information recorded is accurate.	
Technician Signature:	**Date:**

Disclaimer: The inspection and report are based on visible conditions present at the time the inspection was performed.