PLATINUM PEST CONTROL

Date: _____
Time In: _____
Time Out: _____

Pesticide Application Report

Customer Name: _____ #: _____ Technician: _____
Address: _____ License #: _____

Target Pest:

❑ Wasps ❑ Exterior Spiders ❑ Yellow Jackets ❑ Mice/Rats ❑ Cluster Flies
❑ Ants: _____ ❑ Bees: _____ ❑ Flies: _____ ❑ Stink Bug ❑ Other: _____

Safety Precautions:

❑ Allow treatment to dry before going in or out of structure ❑ Follow specimen label ❑ None
❑ Other _____ ❑ Customer has received a specimen label for pesticide(s) used: _____

PESTICIDES AND EQUIPMENT USED

❑ _____ **E.P.A. #** _____ [ ] oz. mixed with [ ] gallons of water at a rate of [ ] % applied with gas powered sprayer to: ❑ Foundation (2-3 feet up) ❑ Around doors and windows ❑ Eaves, facias ❑ Soffits ❑ Porch ceiling(s) ❑ Around exterior light fixtures ❑ Exterior surface of shutters/behind ❑ Underside of accessible decking, steps and handrails. ❑ Entire exterior surface of house (not roof) ❑ Corner seams ❑ Sides of building ❑ Roof vents ❑ Skirting ❑ Under lip of siding at point of foundation ❑ Wall cavity ❑ Eave cavity.
Other, please specify: Applied as per label directions. _____

❑ _____ **E.P.A. #** _____ [ ] oz. mixed with [ ] gallons of water at a rate of [ ] % applied with gas powered sprayer to: ❑ Foundation (2-3 feet up) ❑ Around doors and windows ❑ Eaves, facias ❑ Soffits ❑ Porch ceiling(s) ❑ Around exterior light fixtures ❑ Exterior surface of shutters/behind ❑ Underside of accessible decking, steps and handrails. ❑ Entire exterior surface of house (not roof) ❑ Corner seams ❑ Sides of building ❑ Roof vents ❑ Skirting ❑ Under lip of siding at point of foundation ❑ Wall cavity ❑ Eave cavity.
Other, please specify: Applied as per label directions. _____

❑ **Drione Dust E.P.A. #432-992** [ ] oz. applied at a rate of 1.0% with a bulb duster, applied to: _____

❑ **ULD BP-300 E.P.A. #499-450** [ ] fl. oz. applied at a rate of 3.0% with a Micro-Injector/Actisol machine to: _____

❑ **Maxforce** _____ **E.P.A. #432-** [ ] [oz./lbs.] applied at a rate of [%] applied with _____ to _____

❑ _____ **E.P.A#** _____/_____oz.applied at a rate of _____ % in tamper resistant bait stations, applying 1-3 oz. / station as needed _____

❑ **Contrac Bait Blox E.P.A# 12455-79** _____oz. applied at a rate of .005% in tamper resistant bait stations, applying 1-3 oz. / station as needed _____

Technician PRE-Application Check List

☞ All windows and doors are closed.
❍ Yes ❍ No

☞ All toys, lawn furniture, grills, etc. are moved or covered.
❍ Yes ❍ No

☞ If applicable: fish ponds are covered.
❍ Yes ❍ No

☞ Any pre-existing insect problems?
❍ Yes ❍ No _____

☞ All downspouts drain away from bodies of water, cisterns or water storage.
❍ Yes ❍ No

☞ Service Completed.
❍ Yes ❍ No, due to problems listed above and/or too windy. We will call you to reschedule.

Comments: _____

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www.platinumpest.com NYSDEC Registration Number — 14733