PINELLAS COUNTY SCHOOLS

TERMITE INSPECTION/TREATMENT

FACILITY: **TIME IN:** **DATE:**

TIME OUT:

Area(s) Inspected	Description of Problem(s) Found

Area(s) Treated	Slab	Chemical	Rate	Amount used	Maint. w/o Initiated

Remarks:

Area(s) Treated	Slab	Chemical	Rate	Amount used	Maint. w/o Initiated

Remarks:

Technician Signature: | Facility Signature: