PINELLAS COUNTY SCHOOLS

**TERMITE INSPECTION/TREATMENT**

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

**TIME OUT:**

| Area(s) Inspected | Description of Problem(s) Found |
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| Area(s) Treated | Slab | Chemical | Rate | Amount used | Maint. w/o Initiated |
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Remarks:

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

Technician Signature:

Facility Signature: