

Customer Name: _____ Date: ___/___/___
 Treatment Address: _____ Phone: _____
 City, State: _____ Zip Code: _____

Bed Bug Signs or Live Bugs			Bed Bug Signs or Live Bugs		
Bedroom 1	<input type="checkbox"/> None <input type="checkbox"/> Walls <input type="checkbox"/> Bed Frame <input type="checkbox"/> Mattress <input type="checkbox"/> Box Spring	<input type="checkbox"/> Wall Plates <input type="checkbox"/> Dressers <input type="checkbox"/> Closets <input type="checkbox"/> Electronics	Bedroom 2	<input type="checkbox"/> None <input type="checkbox"/> Walls <input type="checkbox"/> Bed Frame <input type="checkbox"/> Mattress <input type="checkbox"/> Box Spring	<input type="checkbox"/> Wall Plates <input type="checkbox"/> Dressers <input type="checkbox"/> Closets <input type="checkbox"/> Electronics
# of Beds:	# of Live Bugs in Area		# of Beds:	# of Live Bugs in Area	
Bedroom 3	<input type="checkbox"/> None <input type="checkbox"/> Walls <input type="checkbox"/> Bed Frame <input type="checkbox"/> Mattress <input type="checkbox"/> Box Spring	<input type="checkbox"/> Wall Plates <input type="checkbox"/> Dressers <input type="checkbox"/> Closets <input type="checkbox"/> Electronics	Bedroom 4	<input type="checkbox"/> None <input type="checkbox"/> Walls <input type="checkbox"/> Bed Frame <input type="checkbox"/> Mattress <input type="checkbox"/> Box Spring	<input type="checkbox"/> Wall Plates <input type="checkbox"/> Dressers <input type="checkbox"/> Closets <input type="checkbox"/> Electronics
# of Beds:	# of Live Bugs in Area		# of Beds:	# of Live Bugs in Area	
Living Area 1	<input type="checkbox"/> None <input type="checkbox"/> Walls <input type="checkbox"/> Wall Plates	<input type="checkbox"/> Closets <input type="checkbox"/> Electronics	Living Area 2	<input type="checkbox"/> None <input type="checkbox"/> Walls <input type="checkbox"/> Wall Plates	<input type="checkbox"/> Closets <input type="checkbox"/> Electronics
# of couches:	# of Live Bugs in Area		# of couches:	# of Live Bugs in Area	
Bathrooms	<input type="checkbox"/> None <input type="checkbox"/> Walls <input type="checkbox"/> Cabinets	<input type="checkbox"/> Wall Plates <input type="checkbox"/> Electronics	Kitchen	<input type="checkbox"/> None <input type="checkbox"/> Walls <input type="checkbox"/> Pantry	<input type="checkbox"/> Wall Plates <input type="checkbox"/> Electronics
	# of Live Bugs in Area			# of Live Bugs in Area	

Complete the following prior to your scheduled service time.

- Remove all clutter from floors and from beneath beds.
- Inform All Dead Termite Co. of any health concerns or issues such as pregnancy or allergies.
- Document the places where bed bugs have been seen.
- Bedding - Strip beds place the items in a trash bag and seal the bag tightly. Take items to a laundromat. Dry all items first, then wash and dry as usual. Place these items in a New trash bag and seal it. Not to be opened until after your treatment has been performed.
- Clothing - Same as bedding. Do not empty clothes from dressers or closets unless bedbugs have been confirmed inside.
- Vacuum floors and use the crack and crevice tool along the edges of the baseboards where the carpet meets the baseboard and dispose of bag or filter.
- Remove curtains or draperies and launder.
- Cover fish/reptile tanks & turn off pumps it may be necessary to remove these animals from the premises.
- Remove all electrical plates, phone jack covers and light switch plates in the infested areas.

Re-Entry We recommend elderly, small children and health concerned people remain out for a minimum of six hours after service completion. All others must wait at least three hours. Inform All Dead Termite Co. of any health concerns or issues such as pregnancy and allergies.

Repair cracks in plaster and glue down loosened wallpaper to eliminate bed bug harborage sites.

Recommendations Prior to Service

Estimated Cost: _____
 Inspector #: _____