prokill
professional pest prevention

# PEST CONTROL REPORT

| Site | MANSTONE HOUSE |
|---|---|

| P/Code | NW1 0SS |
|---|---|

CON / JOB No: 5

Site No:

Date: 01/08/18

Call Type: ☐ 5 ☐ ☐ ☐ ☐

☐ Pest Plus ☐ Pest Advanced

## RISK ASSESSMENT

You should consider all risks before commencement of any works. If there are no risks then leave this section blank

| Description | Hazard | Risk | Who can be Harmed | Control Measures |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## SITE REPORT

ATTENDED SITE TO ASSESS ANY RODENT ISSUES THAT MAY ARISE DURING THE DEMOLITION STAGE.

- NO CONTROL ISSUES FOUND AROUND THE SITE, MANUAL CONTROL POINTS MAY BE REQUIRED AROUND THE PERIMETER TO CONTAIN/PROTECT AGAINST RODENTS.

- INSTALLED, 4 RODENT CONTROL POINTS AROUND THE STAFF WELFARE AREA AND 6 MOUSE CONTROL POINTS TO INTERNAL STAFF AREAS.

## RECOMMENDATIONS

20 RODENT CPS, 6 MOUSE CPS

## ACTIONS TAKEN, DATE & SIGN

Visit Number ( ) of ( )

| Active Ingredient | AMT |
|---|---|
| BROMADIOLONE 0.005% | 20 BLOCKS. |
| DIFENACOUM 0.005% | 6 BLOCKS. |

| Arrive Times | TrT Times |
|---|---|
| 09:30 | 60 |

PESTS FOUND ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ HKPG ☐ PRFG ☐

External ☐ Internal ☐

| SIGNED BY CONSULTANT | | SIGNED FOR CUSTOMER | |
|---|---|---|---|
| PRINT NAME | A. CHARSTIN | PRINT NAME | L. MILLER |

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# PEST CONTROL REPORT

| Site | MANSTONE HOUSE. | P/Code | NW1 0SS |
|---|---|---|---|

CON / JOB No | Site No | Date 18/07/18 | Call Type ☐ F ☐ ☐ ☐ ☐ | ☐ Pest Plus | ☐ Pest Advanced

## RISK ASSESSMENT

You should consider all risks before commencement of any works. If there are no risks then leave this section blank

| Description | Hazard | Risk | Who can be Harmed | Control Measures |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## SITE REPORT

FOLLOW UP CHECK TO RE-ASSESS SITE. AND DISCUSS THE RODENT CONTRACT.

MANY AREAS ARE INACCESSIBLE DUE TO CONTRACT WORKS

NO REPORTS OF ANY RODENT ISSUES BUT PLEASE CAN YOU ADVISE ON WHEN ACCESS TO AREAS MAY BE POSSIBLE.

## RECOMMENDATIONS

ON GOING BAITING ADVISED.

## ACTIONS TAKEN, DATE & SIGN

Visit Number ( F ) of ( F ) FOLLOW UP CALL.

| Active Ingredient | AMT |
|---|---|
| | |

| Arrive Times | TrT Times |
|---|---|
| 10:00 | 60 |

PESTS FOUND ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ HKPG ☐ PRFG ☐

External ☐ Internal ☐

| SIGNED BY CONSULTANT | | SIGNED FOR CUSTOMER | |
|---|---|---|---|
| PRINT NAME | A. CHRISTIE. | PRINT NAME | B. [illegible] |