

PM Work Order ID: 14567

Completion Date:

| | | | |
|----------------------|---|----------------------|-------------------------|
| Description | Monthly - Pest Inspection - DSC - Refer to PM schedule details. | | |
| Location | Dean Smith Center | Building | |
| Area | | Priority | Medium |
| Area Number | | Craft | Pest Control |
| ChargeBack | | Type | |
| Status | Work In Progress | Estimated Hour | 0.00 |
| Assigned To | Williams, Roy | Requester | Pat Buchanan 8168237 |
| Estimated Start | 10/27/2009 | Request Date | 10/27/2009 |
| Est. Completion Date | | Req. Completion Date | |
| Budget Code | 001-MAINT-PRM | Purpose Code | Preventive Maintenance |
| Project Code | PM | Project Description | Preventive Maintenance |
| Equip Item No. | | Equip Desc | |
| Notes | | | |

Purchases To Date: \$0.00

| Date | Inv/Ref | Description | Supplier | Pool | Qty | Cost Each |
|------|---------|-------------|----------|------|-----|-----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Labor To Date: h

| Date | Name | Hours |
|------|------|-------|
| | | |
| | | |
| | | |

 Technician Name Date

 Confirmation Date

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Completion Date:

| Material | Description | Type Item # | Quantity | Price Each | Total |
|----------|--|--------------------|----------|---------------|--------|
| | Rat and Mice Glue Trap Main Warehouse | Inventory 3LMN9 | 1.00 | \$5.86 | \$5.86 |

Tools

Inspection mirror
 Sticky traps
 Caulk

| Task Completed | | Description / Procedures |
|---|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 1 | Inspect area for overall cleanliness and housekeeping. Note unusual accumulation of paper materials, trash, storage of materials, and/or debris. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 2 | Inspect area for potential food sources. Note any open food storage and other areas where food/snacks are kept. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 3 | Inspect area for signs of pest intrusion. Note any grease trails, droppings, carcasses, skins, etc. Place monitoring sticky traps as appropriate. If visible pest intrusion, note if thresholds are exceeded and therefore warrant treatment. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 4 | Check structure for signs of pest entry. Note holes, gaps, cracks, loose screens, etc. where pests can enter. Seal, repair, or caulk as necessary. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 5 | Check for water sources. Note any plumbing problems or other water sources. Repair/eliminate as necessary. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 6 | If chemical application is necessary, post sign. Post a physical sign or notice of chemical application 24 hours in advance of application. Notification of the application to registered parents is also necessary. Do not apply chemicals at this time. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 7 | 24 hours after notification apply product/treat area. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 8 | 72 hours after application, remove signs. |