## Four Seasons Pest Solutions, Inc.

1399 East Hwy 452—Suite 2

Eubank, KY 42567

South KY: 606-677-2437 North KY: 606-879-0129 Local: 606-379-9994 Toll Free: 1-877-999-BUGX



## **Bed Bug Service Report**

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SERVICE DATE			CUSTOMER					FSPS REPRESENTATIVE	
SERVICE AL	DDRESS				UNIT NUMBER	CITY, STATE, ZIP			
SERVICE TY	rpe ial Servic	е 🗖	1st Follow Up	☐ 2nd Follow	Up 🗖 O	ther			
SERVICE PREPARATION  YES NO  1. Customer allowed access to all required areas for proper service.  2. All pets have been removed from premises prior to treatment.  3. Areas are properly prepped, free of clutter, excessive storage and personal belongings and are ready for treatment.  4. Dressers, nightstands, closets and other storage has been emptied to allow treatment.  5. All personal items like toys and clothing have been placed in sealed containers or plastic bags.  6. Industry approved mattresses and box spring encasements provided by Four Seasons Pest Solutions, Inc. have been installed.  7. Tenant/Customer has installed UNAPPROVED mattress/box spring encasements which may not exclude bedbugs from the mattress or box springs.  8. All clothing, stuffed toys and any other washable items were laundered as required.  9. Tenant/Owner understands that dust covers on mattresses and furniture will be removed and discarded to allow for proper treatment.  10. If necessary, food, medicines, medicines, medical supplies and hygienic supplies have been placed in sealed containers.  11. Furniture with visible bedbugs has been properly discarded as previously recommended.  12. New furniture has been brought in since the previous treatment which may contain new bedbugs.  13. Carpeting, furniture, etc. have been vacuumed and the vacuum bag and contents discarded.  14. Tenant/customer has read, signed and performed the responsibilities on our Bedbug Preparation Checklist Sheet.									
INSPECTION FINDINGS  NOTE: Level of infestation: 1 - 5 (1= very light, 2=light, 3=moderate, 4=heavy, 5=extremely heavy  MASTER BEDROOM (or equivalent)									
Other Bedrooms									
Family	/Living	Room							
Other	Area (D	escribe)							
Additional Comments:									
	Service has been performed, however, preparation was not adequately performed making the Service Agreement void.								
	_	•	preparation and/or	conditions (not on t	the part of Four Se	•	•		
Custor	mer/Ter	nant PRI	NTED NAME			Customer	/Tenant SIGNAT	TURE	Date