All Coast Exterminating Co.
P.O. Box 55025 • Virginia Beach, VA 23471 • **(757) 486-7552**

☐ **INSPECTION REPORT**
☐ **TREATMENT SPECIFICATIONS**

Name: _____ Date: _____

Treatment Address: _____ City: _____ State: _____ Zip Code: _____

H: Phone: _____ W: Phone: _____ FAX: _____

☐ Residence, ☐ Commercial, ☐ Multi-Family, ☐ Other: _____ Structure(s): _____ Bldg.# _____ Contact: _____

CROWNMAX SAMPLE

If visible evidence of active or previous infestation is noted by the inspector during the inspection of your property, IT SHOULD BE ASSUMED THAT SOME DEGREE OF DAMAGE IS PRESENT and it should be evaluated by a licensed building contractor. BECAUSE IT IS HIGHLY PROBABLE CUSTOMER COULD HAVE HIDDEN DAMAGE IN THE STRUCTURE, **Your Company Name** IS NOT RESPONSIBLE FOR PRE-EXISTING DAMAGE. This inspection/treating report is based on visible evidence of readily accessible areas and does not make any attempt to reveal damage which may be present. No attempt to remove insulation, carpeting, paneling, etc. to search for hidden damage was made.

Scale: _____ **Disclosure:** ☐ Pre-Treatment ☐ Post-Treatment ☐ **FULL** *(Pre-Treatment Only)* ☐ **PARTIAL** ☐ **SPOT** **Treatment Feet** _____

Termiticide: _____ **Gallons** _____/_____%. **Construction:** ☐ **Crawl, Slab** ☐ Floating, ☐ Monolithic, ☐ Supported, ☐ **Other:** _____

Roof: ☐ Composition, ☐ Wood, ☐ Other: _____. **Siding:** ☐ Block, ☐ Brick, ☐ Concrete, ☐ Dryvit, ☐ Stucco, ☐ Wood. **Floor Covering:** ☐ Carpet, ☐ Marble, ☐ None, ☐ Tile, ☐ Vinyl, ☐ Wood.

Obstructed Inspection		Soil Above Foundation		Stucco to Ground		Wood to Ground		Shrubbery		Improper Drainage		Moisture Condition		Attic Inspected		Internal Patios/Entrances		Accessible Crawl		Well, Stream, Pond, Lake, etc.		Utilities Available		Sub-Slab Heating	
YES	NO	YES	NO	YES	NO	YES	NO	Light	Heavy	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	Electricity	Water	YES	NO

Treatment Specifications: ☐ See additional specifications above, ☐ See attached addendum.

1 - Drill and treat.
2 - Trench and rod soil. *(Rodding to be done at 4-8 inch intervals).*
3 - Crawl space soil: ☐ Foundation, ☐ Piers, ☐ Plumbing, ☐ Remove cellulose debris, ☐ Scuttle Hole Required.
4 - Borate wood treatment: ☐ Crawl space sub-structure, Other: _____.
5 - Treat accessible bath traps on ground floor: ☐ Install *(Qty.)* _____ Access(s), ☐ Drill and treat *(Qty.)* _____ bath traps.
5A - Install *(Qty.)* _____ bath trap access(s) through outside wall. Type wall: ☐ Brick, ☐ Concrete/Block, ☐ Stucco, ☐ Dryvit, ☐ Wood.
6 - Treat plumbing penetrations: ☐ Conventional Drill & Injection, ☐ Borate wall void treatment.
7 - Correct conducive conditions: ☐ Lower high soil, ☐ Stucco to ground, ☐ Wood to ground.
8 - Owner/Manager will be required to correct conducive conditions as marked above or reported at completion of treatment.
9 - Install Baiting Components: Type: _____ ☐ In Ground **(IG)** - Qty: _____, ☐ Above Ground **(AG)** - Qty: _____.
Notes: _____

Signature of CA or Licensed Technician _____ *Lic. #:* _____ *Customer's Signature* _____ *Date* _____

KEY

☐ A-	Active Infestation
☐ P-	Previous Infestation
☐ S-	Suspected
☐ X-	Damage
☐ B-	Beetles - Wood Boring
☐ H-	Carpenter Ants
☐ D-	Drywood Termites
☐ F-	Formosan Termites
☐ T-	Subterranean Termites
☐ MF-	Mold, Fungus
☐ CC-	Conducive Conditions
☐ HS-	High Soil
☐ MC-	Moisture Condition
☐ OBS-	Obstructed Visibility
☐ STG-	Stucco to Ground
☐ WTG-	Wood to Ground
☐ FB-	Form boards left in place