

# Royal Pest Management

1-800-546-5353

53 McCullough Dr. • New Castle, DE 19720

Customer \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

<b>General Inspection</b>	<b>FOUNDATION/SLAB</b> <input type="checkbox"/> Slab on Grade/Monolithic <input type="checkbox"/> Basement <input type="checkbox"/> Floating or Supported Slab <input type="checkbox"/> Manufactured / Mobile Home <input type="checkbox"/> Crawlspace _____ # of Piers <input type="checkbox"/> Other _____		<b>EXTERIOR WALL CONSTRUCTION</b> <input type="checkbox"/> Concrete Block <input type="checkbox"/> Other _____ <input type="checkbox"/> Wood Frame <input type="checkbox"/> Metal Frame		<b>EXTERIOR FINISH</b> <input type="checkbox"/> None <input type="checkbox"/> Stucco <input type="checkbox"/> Brick <input type="checkbox"/> Wood <input type="checkbox"/> Stone <input type="checkbox"/> Vinyl/Alum		Linear Feet around structure _____  Square footage house & garage _____
<b>Pest Control Inspection</b>	<b>ROACHES</b> American <input type="checkbox"/> Yes <input type="checkbox"/> No Australian <input type="checkbox"/> Yes <input type="checkbox"/> No Florida Woods <input type="checkbox"/> Yes <input type="checkbox"/> No German <input type="checkbox"/> Yes <input type="checkbox"/> No Asian <input type="checkbox"/> Yes <input type="checkbox"/> No Brown Banded <input type="checkbox"/> Yes <input type="checkbox"/> No Oriental <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Signs of Infestation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>ANTS</b> Argentine <input type="checkbox"/> Yes <input type="checkbox"/> No Pavement <input type="checkbox"/> Yes <input type="checkbox"/> No Carpenter <input type="checkbox"/> Yes <input type="checkbox"/> No Pharaoh <input type="checkbox"/> Yes <input type="checkbox"/> No Crazy <input type="checkbox"/> Yes <input type="checkbox"/> No Ghost <input type="checkbox"/> Yes <input type="checkbox"/> No Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Signs of Infestation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>OTHER</b> Crickets <input type="checkbox"/> Yes <input type="checkbox"/> No Fleas <input type="checkbox"/> Yes <input type="checkbox"/> No Mice <input type="checkbox"/> Yes <input type="checkbox"/> No Rats <input type="checkbox"/> Yes <input type="checkbox"/> No Silverfish <input type="checkbox"/> Yes <input type="checkbox"/> No Spiders <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Signs of Infestation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>KEY SYMBOLS</b> <b>ST</b> Subterranean termites <b>FST</b> Formosan termites <b>DWT</b> Drywood termites <b>PPB</b> Powderpost beetles <b>WDF</b> Wood-decaying fungi <b>MD</b> Moisture damage <b>E/W</b> Earth to wood contact <b>S/G</b> Stucco-to-ground <b>PHD</b> Possible hidden damage <b>L</b> Before symbol indicates live activity <b>X</b> Visible damage
<b>Termite Inspection</b>	<b>INFESTATION STATUS:</b> <input type="checkbox"/> Preventive (no observed evidence) <input type="checkbox"/> Presumptive (affected wood but no live termites) <input type="checkbox"/> Existing (affected wood and live termites)						
	<b>Area</b> Exterior Walls <input type="checkbox"/> Yes <input type="checkbox"/> No Attic <input type="checkbox"/> Yes <input type="checkbox"/> No Floor Joists <input type="checkbox"/> Yes <input type="checkbox"/> No Framing <input type="checkbox"/> Yes <input type="checkbox"/> No Drywall <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Signs of Infestation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Infestation Comments</b> _____ _____ _____	<b>Area</b> Finished Floor <input type="checkbox"/> Yes <input type="checkbox"/> No Sub Floor <input type="checkbox"/> Yes <input type="checkbox"/> No Interior Trim <input type="checkbox"/> Yes <input type="checkbox"/> No Door Frames <input type="checkbox"/> Yes <input type="checkbox"/> No Window Frames <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Signs of Infestation</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Infestation Comments</b> _____ _____ _____	



If visible evidence of active or previous termite infestation or damage is noted by the technician during the inspection of your property, it should be evaluated by a licensed building contractor of customer's choice, because it is highly probable customer could have hidden damage in the structure. **YOUR COMPANY NAME** IS NOT RESPONSIBLE FOR PRE-EXISTING DAMAGE. This graph 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, drywall, etc. to search for hidden damage was made. For each infestation status there is always the potential for hidden damage.

Technician's Name (print) \_\_\_\_\_ Technician's No. # \_\_\_\_\_

Technician Signature \_\_\_\_\_ Customer Acknowledgement \_\_\_\_\_

## ADDITIONAL INFORMATION

### CONSTRUCTION INFORMATION

TYPE OF CONSTRUCTION:  BASEMENT  CRAWL  SLAB

TYPE OF SIDING:  WOOD  BRICK  ALUMINUM  VINYL  OTHER \_\_\_\_\_

TYPE OF CEILING:  PLASTER  SUSPENDED  DROPPED  TILE  OTHER \_\_\_\_\_

CATHEDRAL?  YES  NO

ACCESSIBLE ATTIC:  YES  NO # BATHROOMS \_\_\_\_\_

ATTACHED FENCES:  YES  NO

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### TREATMENT INFORMATION

SPECIAL DRILLING / TREATMENT INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LOCATION OF ANT ACTIVITY (FORAGERS / SWARMERS / SAWDUST / ETC.) \_\_\_\_\_

\_\_\_\_\_

### SECONDARY PEST PROBLEMS

NONE  FLEAS  CENTIPEDES /MILLIPEDES

ROACHES TYPE \_\_\_\_\_  CRICKETS  RODENTS TYPE \_\_\_\_\_

HOUSEHOLD ANTS TYPE \_\_\_\_\_  SILVERFISH  OTHER \_\_\_\_\_

LOCATION OF SECONDARY PEST PROBLEMS: \_\_\_\_\_

### CUSTOMER INFORMATION

INFANT (LESS THAN 2 YEARS OLD)  YES  NO

PETS  YES  NO TYPE: \_\_\_\_\_

DOES ANYONE HAVE ANY ALLERGIES, RESPIRATORY PROBLEMS OR OTHER RELEVANT MEDICAL CONDITIONS?  YES  NO EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

ARE ODORLESS/ LOW ODOR MATERIALS REQUIRED?  YES  NO

LIST ANY DAYS OR TIME WHEN SERVICE CANNOT BE RENDERED: \_\_\_\_\_

\_\_\_\_\_