

Your Company Name
Address
City, State Zip
Phone Number

MONITORING LOG SHEET

Name _____
Address _____
City, St., Zip _____
Phone _____

Date _____

During our inspection today, there was: Active feeding indicated No Activity indicated

I monitored _____ In-Ground Stations and _____ Above Ground Stations.

I baited _____ New In-Ground Station(s): #'s _____

I added _____ additional station(s): #'s _____

I removed _____ In-Ground Station(s): #'s _____

I installed _____ Above Ground Station(s): Location: _____

I removed _____ Above Ground Station(s): Location: _____

I visually inspected Crawl Space Basement Garage Main Living Area

Technician Comments:

With regular monitoring, the Sentricon Termite Colony Elimination System will:

- Eliminate an existing termite colony
- Stop damage to your property
- Monitor to protect against new termite colonies

If there is any way we can improve our service to you, please contact our office.

SERVICE COMMITMENT: We will service and monitor the Sentricon System according to the guidelines provided by the manufacture and in compliance with all federal and state regulations. If you have any questions regarding your service, please contact our office.

Quality Assurance: I was home today and verify that the above listed work was completed to my satisfaction. The technician has explained the progress of my Sentricon System to me and answered all of my questions regarding this service.

Customer's Initials:

Technician _____ Signature _____