40315 Michigan Ave #1093
Canton, MI 48188

www.bugmarx.com
support@bugmarx.com

Facility Name _____ Date _____

**Letters represent conditions that may be contributing to a current, or possibly future pest infestation.

A. Drain Clogged/Dirty
B. Food Debris on Floor
C. Food Debris On Shelf
D. Food Debris Under Appliance
E. Wet Organic Matter in Cracks
F. Grease Deposits on Floor
G. Grease Deposits on Appli.
H. Soiled Dishes Left Over Night
I. Water Leak
J. Mops Improperly Stored
K. Trash Need Cleaning
L. Heavy Dust/Dirt Deposits
M. Cooperation is poor
N. Paper/Litter
O. Repair Floor/Wall/Ceiling
P. Seal holes BTH sink pipeline
R. Seal holes KIT sink pipeline
S. Seal Exterior Cracks/Holes
T. Must declutter/ or hazardous
U. Lease Violation
V. Unit unaccesible
W. Agrumentative
X. Other
TOS- Time of service
NPTE- No permission to enter

SERVICE SHEET

Time	Technician	Maintenance	Unit #	Pest(s)	Action Taken/ Recommendations	Conditions	Activity	# of live	Sanitation	Prep %	Follow Up	Clear
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							heavy ☐ light ☐		heavy ☐ light ☐		☐	☐
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Comments or Encounters -