Unit # _____

Technician's Report

Treatment Preparation: ☐ Initial service - Resident given written "Treatment Preparation Instruction" sheet. ☐ Properly Prepared ☐ Partially Prepared ☐ Not Prepared ☐ Not Treatable

Evidence Found: ☐ Live Bed Bugs ☐ Dead Bed Bugs ☐ Blood Stains ☐ Droppings ☐ Eggs ☐ None

Level of live bed bugs: ☐ Light ☐ Medium ☐ Heavy ☐ Very Heavy ☐ Extremely Heavy ☐ None Visible

Level of Sanitation: ☐ Clean ☐ Somewhat Cluttered ☐ Extremely Cluttered ☐ Dirty ☐ Filthy

Treated: ☐ Mattresses ☐ Box-springs ☐ Bed Frames ☐ Furniture ☐ Ceilings ☐ Baseboards ☐ Electrical Outlets ☐ All of the above areas

Recommendations: ☐ Discard Mattress ☐ Discard Box-Spring ☐ Discard Headboard ☐ Discard Other:_____ ☐ Improve sanitation ☐ Seal Mattress and Box-Spring in Covers & Duct Tape Zipper ☐ Must clean-up clutter

Follow-up Treatment Recommendations: ☐ 1 Week ☐ 2 Weeks ☐ 1 Month ☐ No Follow-up needed

☐ Recommend inspecting adjoining units ☐ Follow-up Inspection Only

Memo: