



Termites Monitoring of Treated Houses Report

Date: _____ Reference Number: _____

Customer Details:

Name: _____

Address: _____

Locality: _____ Date: _____

Signature: _____

FOR OFFICIAL USE ONLY

Monitoring Number: _____ Monitoring Time (Start): _____ (Finish): _____

Host: Building Structure Tree Others: _____

Treatment/Chemical: Termidor – Dust Liquid Others: _____

Mileage (Official Vehicle): Start: _____ Finish: _____

Area Infested: 100% 50% Others: _____

Area Contained: 100% 50% Others: _____

Remarks: _____

Monitoring Officers Name: _____

Signature: _____ Date: _____