

SERVICE SLIP

Ridder Pest Control, Inc
 1874 Thunderbird
 Troy, MI 48084
 248-362-0200

WORK ORDER: 34566
 WORK DATE: 01/09/19
 Wednesday

Billing
 Address: 100429]

Work
 Location: [100658]
 Wayne State University
 Scott Hall
 540 E. Canfield St.
 Detroit, MI 48202

Type of Inspection: Pest Bed Bug Roaches General Other: Evidence Found? Yes No

Work Date	Time	Target Pest	Technician	Name	Time In
01/09/19		BED BUGS	SV SV	Shane VanDerHam	7:50
Purchase Order	Terms	Last Service	Map Code	License#	Time Out
	UPON RECEIPT	12/19/18		Lic#: C007030925	8:25

Service	Description	Price
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BED BUGS Bed Bug Service

PESTICIDE / PRODUCT	%	AMOUNT	EPA REG. NO.	PESTICIDE / PRODUCT	%	AMOUNT	EPA REG. NO.
A. Fast Cap Esfenvalerate/Prallethrin/pip-butox	16%		1021-2574	L. Phantom Pressurized Insecticide Chlorfenapyr	0.05%		7969-285
B. Talstar One / Bifenthrin	0.06%		279-3206	M. GENTROL (S)-Hydroprene	9%		2724-351
C. Talstar PL / Bifenthrin Granular	0.2%		279-3168	N. Gentrol Aerosol / S-Hyrdoprene	0.36%		2724-484
D. Demand® CS Lambda-cyhalothrin1	0.03%		100-1066	O. Gentrol Point Source	90.6%		2724-469
E. Temprid SC Imidacloprid/Cyfluthrin	0.27%		432-1483	P. DuPont Advion Indoxacarb Roach	0.6%		352-652
F. Temprid Ready Spray Imidacloprid/Cyfluthrin	0.75%		432-1527	Q. Advance® 360A Dual Choice Abamectin B	0.011%		499-496
G. Maxforce FC Fipronil Bait Stations	0.05%		432-1257	R. DuPont Advion Indoxacarb Ant Gel	0.05%		352-746
H. Maxforce Impact Clothianidin	1.0%		432-1531	S. Final Soft Bait Brodifacoum	0.0025%		12455-139
I. CB-80 Pyrethrins	0.50%		279-3393	T. Fastrac A.I. Bromethalin Place Pac	0.010%		12455-97
J. Ditrac trac powder Diphacinone	0.005%		12455-56	U. <input type="checkbox"/> Insect Monitors <input type="checkbox"/> Glue Boards			
K. Termidor SC Fipronil	0.06%		7969-210	V. <input type="checkbox"/> Bait Stations <input type="checkbox"/> Rat <input type="checkbox"/> Mouse			

LOCATION OF TREATMENT: Letters correspond to line letters above

<input type="checkbox"/> Kitchen	<input type="checkbox"/> Bathroom	<input type="checkbox"/> Living Room	<input type="checkbox"/> Dining Room	<input type="checkbox"/> FR / Den
<input type="checkbox"/> Bedroom	<input type="checkbox"/> Attic	<input type="checkbox"/> Garage	<input type="checkbox"/> Lounges	<input type="checkbox"/> Basement
<input type="checkbox"/> Bar	<input type="checkbox"/> Office	<input type="checkbox"/> Store Room	<input type="checkbox"/> Utility Room	<input type="checkbox"/> Dumpster
<input type="checkbox"/> Common Areas	<input type="checkbox"/> Crawlspace	<input type="checkbox"/> Store	<input type="checkbox"/> Other	

SITE OF TREATMENT: Letters correspond to line letters above

<input type="checkbox"/> Kit. Equipment	<input type="checkbox"/> Baseboard	<input type="checkbox"/> Wall Voids	<input type="checkbox"/> Sill Area	<input type="checkbox"/> Carpeting
<input type="checkbox"/> Cabinets	<input type="checkbox"/> Eaves	<input type="checkbox"/> Outside Bedding	<input type="checkbox"/> Outside Perimeter	<input type="checkbox"/> Furniture
<input type="checkbox"/> Drains	<input type="checkbox"/> Other	<input type="checkbox"/> Washer/Dryer	<input type="checkbox"/> Other	

METHOD OF TREATMENT: Letters correspond to line letters above

<input type="checkbox"/> Spot Treat	<input type="checkbox"/> C&C Aerosol	<input type="checkbox"/> Fan Spray	<input type="checkbox"/> Broadcast	<input type="checkbox"/> Granulate
<input type="checkbox"/> Dust Voids	<input type="checkbox"/> C&C Bait	<input type="checkbox"/> Mouse Stations	<input type="checkbox"/> Rat Stations	<input type="checkbox"/> Ant Stations
<input type="checkbox"/> Roach Stations		<input type="checkbox"/> Ant Bait	<input type="checkbox"/> IGR Disk	<input type="checkbox"/> Monitors

* Charges outstanding over 30 days from the date of service are subject to a 1.5% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.
 Customer agrees to pay accrued expenses in the event of collection.

I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above. X

Risk / Benefit Info Sticker

CUSTOMER SIGNATURE

RIDDER PEST CONTROL LLC.

1874 Thunderbird Road Troy, MI 48084 Tel 248-362-0200 fax 248-629-6330

BED BUG INSPECTION REPORT

Inspection Address
 []
 Wayne State University
 School of Medicine
 1201 Gordon Scott Hall
 Detroit, MI 48201

Date 1-9-19
 Tech Shane
 K-9 N/A

Visual Findings	Scent Detection	___ Skins	___ Bed Bug Evidence	___ 4th Stage
___ Yes	___ Yes	___ Eggs	___ Live Bed Bugs	___ 5th Stage
<input checked="" type="checkbox"/> No	___ No <u>N/A</u>	___ 2nd Stage	___ Dead Bed Bugs	___ Adults
		___ 3rd Stage	___ Droppings	___

[] Mazurek Medical Education Commons

- | | | | |
|--|--|--|--------------------------|
| <input checked="" type="checkbox"/> Clinical Skills-Suite #206 | <input checked="" type="checkbox"/> Classroom #301 | <input checked="" type="checkbox"/> Classroom #306 | ___ Computer Lab #309 |
| <input checked="" type="checkbox"/> Classroom #240 | <input checked="" type="checkbox"/> Classroom #302 | <input checked="" type="checkbox"/> Classroom #307 | ___ Computer Lab #324 |
| <input checked="" type="checkbox"/> Classroom #241 | <input checked="" type="checkbox"/> Classroom #303 | <input checked="" type="checkbox"/> Classroom #308 | ___ Computer Lab #325 |
| <input checked="" type="checkbox"/> Classroom #242 | <input checked="" type="checkbox"/> Classroom #304 | ___ Classroom # | ___ Student Lounge #146 |
| <input checked="" type="checkbox"/> Classroom #243 | <input checked="" type="checkbox"/> Classroom #305 | ___ Classroom # | ___ Meditation Room #200 |

___ Other

Recommend Chemical Bed Bug Treatment ___ YES NO
 Recommend Thermal Bed Bug Treatment ___ YES NO

Was Management Notified YES ___ NO
 Is This A Problem Unit To Treat ___ YES ___ NO

REMARKS

Tech [Signature] Date 1-9-19 Customer _____ Date _____