

# SERVICE SLIP

WORK ORDER: 35569  
 WORK DATE: 04/09/19  
 Tuesday

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

**Billing**  
 Address: [100589] 313-577-9426  
 Wayne State School of Medicine  
 1201 Gorden Scott Hall  
 Detroit, MI 48201

**Work**  
 Location: [100590] 313-510-4079  
 Wayne State School of Medicine  
 Shiffman Medical Library  
 320 E Canfield  
 Detroit, MI 48201

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

Work Date	Time	Target Pest	Technician	Name	Time In
04/09/19		BED BUGS	WS	Walter Stringer	8:15
Purchase Order	Terms	Last Service	Map Code	License#	Time Out
	UPON RECEIPT	02/26/19			8:42

*Inspection Only*

Service	Description	Price
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BED BUGS                      Bed Bug Service

PESTICIDE / PRODUCT	PER 1 GAL.	AMOUNT	EPA REG. NO.	PESTICIDE / PRODUCT	%	AMOUNT	EPA REG. NO.
A. Fast Cap Esfenvalerate/Prallethrin/pip-butox	oz		1021-2574	L. Gentrol Aerosol / S-Hydroprene	0.36%		2724-484
B. Talstar One / Bifenthrin	oz		279-3206	M. Gentrol Point Source	90.6%		2724-469
C. Alipine WSG Dinotefuran	grams		499-561	N. DuPont Advion Indoxacarb Roach	0.6%		352-652
D. Termidor SC Fipronil	oz		7969-210	O. Advance® 360A Dual Choice Abamectin B	0.011%		499-496
E. Temprid FX Imidacloprid/Cyfluthrin	mil		432-1544	P. DuPont Advion Indoxacarb Ant Gel	0.05%		352-746
F. GENTROL (S)-Hydroprene	oz		2724-351	Q. Final Soft Bait Brodifacoum	0.0025%		12455-139
G. Temprid Ready Spray Imidacloprid/Cyfluthrin	0.75%		432-1527	R. Fastrac A.I. Bromethalin Place Pac	1.010%		12455-97
H. Maxforce FC Fipronil Bait Stations	0.05%		432-1257	S. <input type="checkbox"/> Insect Monitors <input type="checkbox"/> Glue Boards			
I. Maxforce Impact Clothianidin	1.0%		432-1531	T. <input type="checkbox"/> Bait Stations <input type="checkbox"/> Rat <input type="checkbox"/> Mouse			
J. CB-80 Pyrethrins	0.50%		279-3393	U.			
K. Shock Wave 1 Pyrethrins	0.50%		1021-2804	V.			

**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  
 Shiffman Library  
 320 E. Canfield  
 Detroit, MI 48201

Date 4-9-19  
 Tech Walter Stringer  
 K-9 N/A

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

[ ] Shiffman Library

- |   |                      |                |                            |
|---|----------------------|----------------|----------------------------|
| <input checked="" type="checkbox"/> Computer Lab #112   | ___ Office Room #110 | ___ Cafe' Room | ___ Large Office Area #116 |
| <input checked="" type="checkbox"/> Stapleton Room #111 | ___ Office Room #109 | ___ Room #102  | ___ Room #117              |
| ___ Rooms #111.3, 111.2, 111.1                          | ___ Office Room #108 | ___ Room #103  | ___ Room #118              |
| ___ Atrium Lounge Furniture                             | ___ Office Room #100 | ___ Room #113  | ___ Room #                 |
| ___ Public Computer Area                                | ___ Front Desk Area  | ___ Room #114  | ___ Room #                 |

- |   |  |
|---|--|
| ___ Large Study Room #115   | ___ Large Study Room #115  |
| <input checked="" type="checkbox"/> Six Boomerang Tables & Chairs Left          | <input checked="" type="checkbox"/> Four Large Study Tables & Chairs Center              |
| <input checked="" type="checkbox"/> Six Boomerang Tables & Chairs Right         | <input checked="" type="checkbox"/> Four Large Study Tables & Chairs Left                |
| <input checked="" type="checkbox"/> Six Boomerang Tables & Chairs Center        | <input checked="" type="checkbox"/> Four Large Study Tables & Chairs Right               |
| <input checked="" type="checkbox"/> Six Boomerang Tables & Chairs Left Rear     | <input checked="" type="checkbox"/> Four Large Study Tables & Chairs Center Rear         |
| <input checked="" type="checkbox"/> Six Boomerang Tables & Chairs Right Rear    | <input checked="" type="checkbox"/> 16 Study Tables & Chairs in Front of Room #115.1     |
| <input checked="" type="checkbox"/> Four Tables & Chairs in Front of #123 & 124 | <input checked="" type="checkbox"/> 18 Study Tables & Chairs in Front of Rear Rest Rooms |

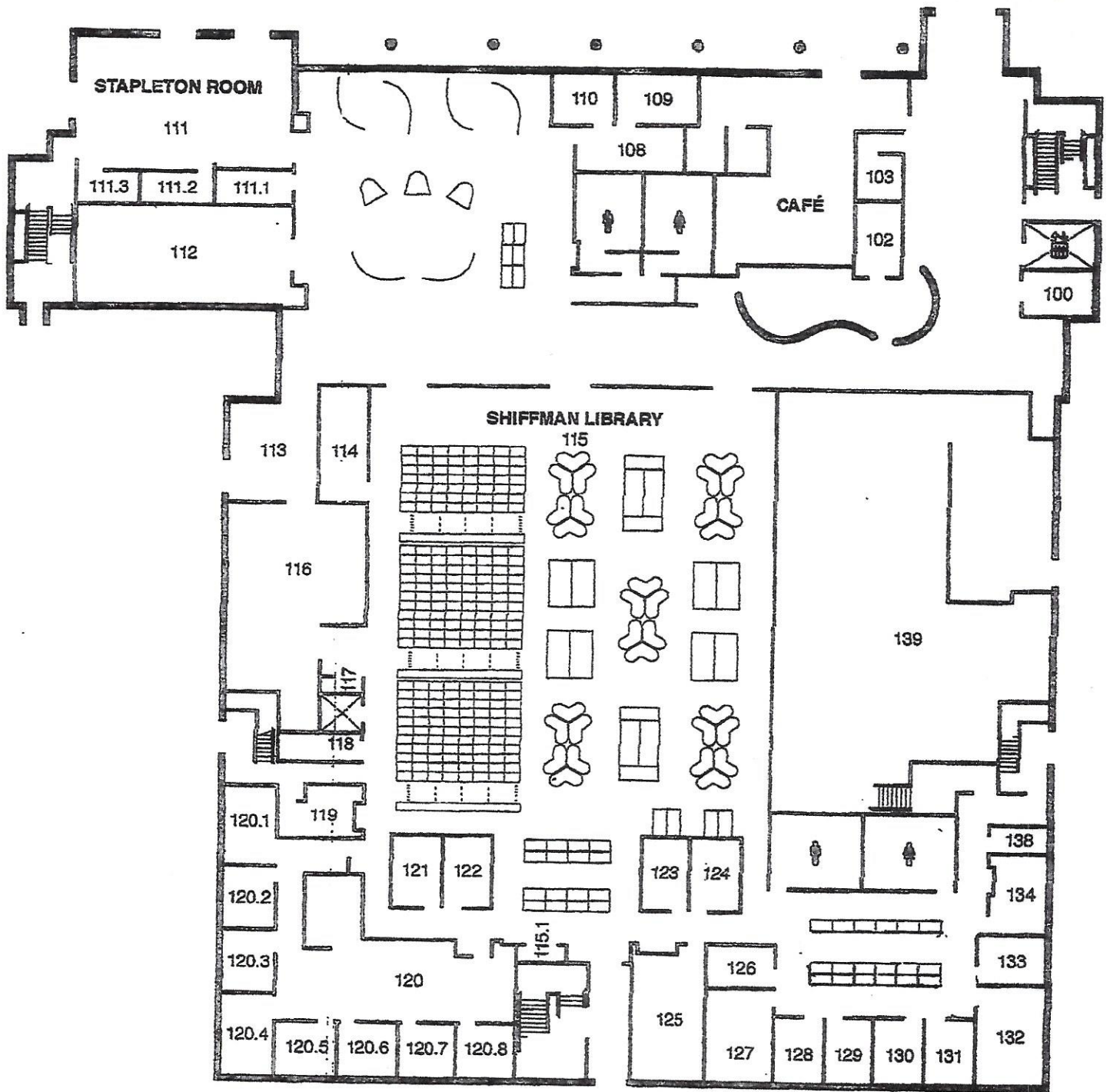
\_\_\_ Study Rooms Tables & Chairs 119, 120.1, 120.2, 120.3, 120.4, 120.5, 120.6, 120.7, 120.8, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 138, Large Room 139

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 Negative

Tech Walter Stringer Date 4-9-19 Customer [Signature] Date \_\_\_\_\_

# MAIN ENTRANCE



NO SUBWAYS 4.9.19