

SERVICE SLIP

WORK ORDER: 35894
 WORK DATE: 05/14/19
 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
05/14/19		BED BUGS	WS	Walter Stringer	9:07
Purchase Order	Terms	Last Service	Map Code	License#	Time Out
	UPON RECEIPT	04/23/19			9:30

Inspection

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

Kitchen Bathroom Living Room Dining Room FR / Den
 Bedroom Attic Garage Lounges Basement
 Bar Office Store Room Utility Room Dumpster
 Common Areas Crawlspace Store Other _____

SITE OF TREATMENT: Letters correspond to line letters above

Kit. Equipment Baseboard Wall Voids Sill Area Carpeting
 Cabinets Eaves Outside Bedding Outside Perimeter Furniture
 Drains Other _____ Washer/Dryer Other _____

METHOD OF TREATMENT: Letters correspond to line letters above

Spot Treat C&C Aerosol Fan Spray Broadcast Granulate
 Dust Voids C&C Bait Mouse Stations Rat Stations Ant Stations
 Roach Stations _____ Ant Bait IGR Disk 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

J Barber
 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 5-14-19
Tech Walter Stringer
K-9 NIA

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

[] Shiffman Library

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Large Study Room #115 | <input type="checkbox"/> 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

Tech Walter Stringer Date 5-14-19 Customer _____ Date _____