

**Four Seasons Pest Solutions, Inc.**

1399 East Hwy 452—Suite 2  
Eubank, KY 42567  
South KY: 606-677-2437  
North KY: 606-879-0129  
Local: 606-379-9994  
Toll Free: 1-877-999-BUGX



## Bed Bug Service Report

SERVICE DATE	CUSTOMER	FSPS REPRESENTATIVE
SERVICE ADDRESS	UNIT NUMBER	CITY, STATE, ZIP
SERVICE TYPE <input type="checkbox"/> Initial Service <input type="checkbox"/> 1st Follow Up <input type="checkbox"/> 2nd Follow Up <input type="checkbox"/> Other _____		

### SERVICE PREPARATION

YES NO

- 1. Customer allowed access to all required areas for proper service.
- 2. All pets have been removed from premises prior to treatment.
- 3. Areas are properly prepped, free of clutter, excessive storage and personal belongings and are ready for treatment.
- 4. Dressers, nightstands, closets and other storage has been emptied to allow treatment.
- 5. All personal items like toys and clothing have been placed in sealed containers or plastic bags.
- 6. Industry approved mattresses and box spring encasements provided by Four Seasons Pest Solutions, Inc. have been installed.
- 7. Tenant/Customer has installed UNAPPROVED mattress/box spring encasements which may not exclude bedbugs from the mattress or box springs.
- 8. All clothing, stuffed toys and any other washable items were laundered as required.
- 9. Tenant/Owner understands that dust covers on mattresses and furniture will be removed and discarded to allow for proper treatment.
- 10. If necessary, food, medicines, medical supplies and hygienic supplies have been placed in sealed containers.
- 11. Furniture with visible bedbugs has been properly discarded as previously recommended.
- 12. New furniture has been brought in since the previous treatment which may contain new bedbugs.
- 13. Carpeting, furniture, etc. have been vacuumed and the vacuum bag and contents discarded.
- 14. Tenant/customer has read, signed and performed the responsibilities on our Bedbug Preparation Checklist Sheet.

### INSPECTION FINDINGS

NOTE: Level of infestation: 1 - 5 (1= very light, 2=light, 3=moderate, 4=heavy, 5=extremely heavy)

MASTER BEDROOM (or equivalent) \_\_\_\_\_

Other Bedrooms \_\_\_\_\_

Family/Living Room \_\_\_\_\_

Other Area (Describe) \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_ Service has been performed, however, preparation was not adequately performed making the Service Agreement  
\_\_\_\_\_ Due to inadequate preparation and/or conditions (not on the part of Four Seasons) service could not be performed as scheduled.

Customer/Tenant PRINTED NAME	Customer/Tenant SIGNATURE	Date
------------------------------	---------------------------	------