

Rat Infestation Report

RM of _____ No. _____ Date: _____

Name of Owner/Occupant: _____ Phone: _____

Address: _____

Land Location: Qtr _____ Sec _____ Twp _____ Rge _____ West of _____
 Qtr _____ Sec _____ Twp _____ Rge _____ West of _____
 Qtr _____ Sec _____ Twp _____ Rge _____ West of _____

This was inspection number				
1	2	3	4	5 (in this year)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

All lands owned/controlled by above named owner _____

- Type of Operation:**
- Agricultural
 - Residential
 - Industrial
 - Waste Disposal Site
 - Other

- Type of Contact:**
- Personal
 - Telephone
 - No Contact

Comments: _____

Progress Since Last Visit: _____

Rodenticides Issued Or Recommended Or Placed By Occupant **Fee For Service**

Formulation	Product Name	(packet size)	x	(no. of packets)	=	Quantity	Cost	Service Fee	Paid Y N
• Meal/Pellets (packets)	_____	_____	x	_____	=	_____	_____	_____	<input type="text"/>
	(packets)	_____	x	_____	=	_____	_____	_____	<input type="text"/>
• Meal/Pellets (bulk)	_____	_____	x	_____	=	_____	_____	_____	<input type="text"/>
• Water Soluble	_____	_____	x	_____	=	_____	_____	_____	<input type="text"/>
• Parafinized blocks	_____	_____	x	_____	=	_____	_____	_____	<input type="text"/>
• Other	_____	_____	x	_____	=	_____	_____	_____	<input type="text"/>

I certify that I have received instructions from a Pest Control Officer, appointed under *The Plant Health Act*, in the proper and safe handling of the above rodenticides, fully realizing the dangers and implications which may result from careless handling of same; and I authorize the Pest Control Officer to place rodenticides as required on the property described above;

Total _____ + _____ = _____

Signature of Occupant _____
 (or Reeve/Administrator)

PCO Signature _____