

A Step Above Pest Control, Inc.

"The Name Says It All"

Off (323) 734-2704 Fax (323) 734-5631

www.AStepAbovepestcontrol.com

SERVICE PREPARATION SHEET

Service Date: Monday Tuesday Wednesday Thursday Friday Saturday _____ between _____

Dear Customer:

A Step Above Pest Control (A.S.A.P). has prepared the following information to assist you in preparing your home for pest control service. **Please follow the instructions listed for the problem you are having.**

IMPORTANT: The Environment Protection Agency (E.P.A) will not allow us to treat your home for the designated pests unless the instructions are followed completely as required by the label of the products we use. A Pesticide Disclosure Notice is available from your resident manager, or is posted for your review.

Pest Problem: **Roaches (Follow 1-9)** **Silverfish (Follow 1-9)** **Ants (Follow 1-3;6-9)** **Crickets(Follow 1-3;6-9)**
Earwigs (Follow 1-3;6-9) **Fabric Pests (Follow 4-9)** **Fleas (See Below)** **Stored Product Pests (See Below)**

- KITCHEN & BATHROOM:** Remove everything from all kitchen and bathroom cabinets, drawers, and counters. Do not forget the medicine cabinet, toothbrushes, can openers, toasters, etc. Take items out of kitchen and bathroom and place on the table/floor in another room and cover with a sheet.
DO NOT WASH CABINETS!! Wash cabinets **before** we treat, **not after!** Washing cabinets destroys the effectiveness of the chemical and eliminate any results. **AFTER TREATING**, you may wash counter tops, stovetops and breadboards only. Leave the cabinets alone; chemical will be in cracks and crevices and will not harm dishes/food.
- DRAWERS:** Must be emptied completely. If the problem persists in the bedroom areas **all** dresser drawers must also be emptied.
- CLOSETS:** Clothing on hangers may be left in place if you simply pull it to the center of the rack and cover with a sheet. We recommend lifting the clothing off the rack and placing the items on the bed.
- FURNITURE:** Move all furniture out from wall 2-3 feet. We need to treat **all** cracks and baseboards.
- REMOVE ALL ANIMALS:** (Dogs, Cats, Birds, Reptiles, ETC). Fish may be left in the unit; however, the filtration unit must be turned off and wrapped in plastic. The pump must remain off for 4-6 hours after treatment. (Please check with your local fish dealer regarding the lack of aeration). ASAP, Inc will not be responsible for pets left in the unit during treatment.
- WINDOWS/FANS:** Windows, fans, air conditioners, and doors must be closed or turned off before treating.
- KEYS:** Make sure you have your keys! We lock all doors when we leave.
- TIME TO STAY OUT:** Leave your home for **1 HOUR**. After treatment you can ventilate all treated areas before reoccupying, by opening doors and windows, or something similar for at least **30 MINS** to exchange inside air with outside air. Indications of ventilated area include: no visible haze of insecticide remaining and little or no detectable insecticide odor.
- WHEN YOU RETURN HOME:** Place items back in cabinets, closets and drawers. **Do not be alarmed if you see insects after treatment.** This will decrease as the insecticide takes effect. Condition should be all clear in 14-21 days.

FOR FLEAS and TICKS:

Remove all items from all floors and carpets (i.e.-toys, shoes, pillows, magazines, racks, plants, stereo equipment, etc) except your furniture. Vacuum all carpets before treatment, then dispose of the vacuum bag in an outside trash container (to get rid of flea eggs). **FOR CATS & DOGS: must be taken to the vet for a flea dip, the same day of service.**

WE CAN NOT WARRANTY TREATMENT UNLESS THIS IS DONE. Follow **6, 7, & 8.** (Always follow #5)

FOR STORED FOOD PESTS: Remove all infested cereals, grain, silk flowers and wicker products, spices, etc. Wrap infested products in plastic bags and throw in a trash bin. Follow **1, 2, 4, 6, 7, 8** and **9.** (Always follow #5)

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I authorize ASAP Inc. to perform pest control services in my property. I have received and reviewed the service preparation sheet and the pesticide disclosure. I understand that I am responsible to complete the preparations as outlined above for the pest problem I have listed. I give my permission for ASAP Inc. technician to enter my property for the purpose of pest control treatment on the date stated above. If preparations are not completed I understand I will not get maximum results needed to get rid of my pest problem.

Signature: _____ Title: _____ Date: _____

Thank you