

**PEST MANAGEMENT**

Licence Number 1752

ABN 27 422 482 252

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| **PEST MANAGEMENT TREATMENT PROPOSAL & ADVICE NOTIFICATION FORM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client Name: | | | Mrs Hutchinson | | | | | | | | | | | | | | | | | Address: | | | | | | | | 27 Boldrewood Place Cherrybrook | | | | | | | | | | | | | | | | | | | | | | |
| Treatment Address: | | | | | | | | as above | | | | | | | | | | | | | | | | | | | | State: | | | | | | NSW | | | | | | Postcode: | | | | | | | | 2126 | | |
| Phone: | | 98754027 | | | | | | | | | | | | Fax: | | | | | | |  | | | | | | | | | | | | | Date: | | | | | | 3/10/2015 | | | | | | | | | | |
| Technicians Name: | | | | | | | | Terence Walsh | | | | | | Licence No: | | | | | | | | | | 1752 | | | | | | | Trainee: | | | | | | | |  | | | | | | | | | | | |
| Property Description: | | | | | | | | | Residential Commercial  Industrial  Other | | | | | | | | | | | | | | If Other: | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Start Time: | | | | 0800 | | | | | | | | | | | | | | | | | | | | | Finish Time: | | | | | | | | | | 1030 | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pest Management Services Required: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | Ants | | | | | | | | Rats & Mice | | | | | | | | | Bird Lice | | | | | | | | | | Webbing Spiders | | | | | | | | | | |  | | | | |
|  | | | | | | | | Carpet Beetles | | | | | | | | Possums | | | | | | | | | Ground Spiders | | | | | | | | | | Case Making Moths | | | | | | | | | | | |  | | | |
|  | | | | | | | | Borers | | | | | | | Cockroaches | | | | | | | | | | Silverfish | | | | | | | | | | European Wasps | | | | | | | | | | | |  | | | |
|  | | | | | | | | Fleas | | | | | | | | Bees | | | | | | | | | Paper Wasps | | | | | | | | | | Bed Bugs | | | | | | | |  | | | | | | | |
|  | | | | | | | | If Birds or Other Please Specify: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inspection | Hygiene Advice | Details of Pest Management Program | Occupational Health & Safety Advice | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Premises totally comply with in the guidelines of an Integrated Pest Management System (IPMS).  Premises did not comply with in the guidelines of the Integrated Pest Management System (IPMS). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Water Tank Safety : | | | | | | | | | See Page 2 - Section 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Weather Conditions | | | | | | | | | Temp: | | | 20 | | | | 0C | | Wind Direction: | | | | | | | | | | nil | | | | | | | | | | Speed: | | | | nil | | | | | | | Kph | |
| Re-Entry Precaution: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Treatment Method(s): | | | | | | | | | HAND | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Blue Mountains | Central Coast | Newcastle | Southern Highlands | South Coast | North Coast | Sydney Central West | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Initial treatment | Areas to be treated** | | | | | | | **Control Agents**  **Trade Name** | | | | | | | | | | | | **Active Ingredient** | | | | | | | | | | | | | | | | | | **Rate Use** | | | | | | | **Amount Use** | | | | | | |
|  | Roof Void & Sub Floor | | | | | | Dragnet Dust | | | | | | | | | | | | 20g per Kg Permethrin 40:60 | | | | | | | | | | | | | | | | | | 5g per Mq | | | | | | | 50g  75g  100g | | | | | | |
|  | Interior | | | | | | Starycide Insect Growth Regulator  Blitz | | | | | | | | | | | | 48g per Litre Triflumuron  10g per Litre Delta Methrin | | | | | | | | | | | | | | | | | | MSDS | | | | | | | 1 Litre  2 Litre  3 Litre  4 Litre  5 Litre | | | | | | |
|  | Exterior | | | | | | Biflex Ultra-Lo-Odour | | | | | | | | | | | | 100g per Litre Bifenthrin / Solvent: 533g per Litre Liquid Hydrocarbons | | | | | | | | | | | | | | | | | | 50 mL per 10L | | | | | | | 50 Litre  100 Litre  150 Litre  200 Litre | | | | | | |
| **Other:** |  | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |
| **Optional Routine Service Agreement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Recommended Frequency: | | | | | | 3 Months  6 Months  9 Months  12 Months | | | | | | | | | | Investment: | | | | | | | | | |  | | | | | | | | | | Per: | | | | | | | | |  | | | | | |
| Paid: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nozzle Type & Size: | | | | | 6A Adjustable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wind Direction: | | | | | nil | | | | | | Wind Speed: | | | | | | nil | | | | | Humidity: | | | | | 45 | | | | | % | Temperature: | | | | | | | | 21 | | | | | | | | | 0C |
| Pump Pressure: | | | | | 85 | | | | | Kpa | | | Date Equipment Calibrated: | | | | | | | | | | | | | | | | 3rd October 2015 | | | | | | | | | | | | | | | | | | | | | |
| Label(s) read: | | | | | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Protective Clothing Worn: | | | | | Respirator, Impervious Hat, Elbow length gloves, Safety Boots | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| There was a risk to: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Risks: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **IMPORTANT!** | | | | | The Re-entry or withholding period after Treatment is: | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | The Actions taken to minimize any risk noted above was as follows: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | covered fish and removed dogs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Significant Weather changes during treatment details: | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |

**Important Information Concerning Your Pest Management Program**

**Occupational Health and Safety Information**

1. You must advise us of any pets or of any personal or family/staff allergies, or other concerns.
2. Any persons who are particularly sensitive, or who suffer from allergic reactions, should, as a matter of precaution, remain out of the premises for a period of 24 hours and not return until after the premises have been fully ventilated.
3. You must remove or protect any people, animals, birds or fish during the treatment period.
4. You must cover all food items and all food utensils.
5. You must avoid contact with treated surfaces until the control agent has dried.
6. You must observe any verbal advice provided by our firm or our licensed operator at the time of treatment.
7. You must ensure your premises are properly ventilated after treatment. Leave any air-conditioners on 'vent mode' (so they circulate outside air into the building) for a period of at least four hours after the treatment or after re-occupying.
8. **Water Tanks:** No treatment can be carried out around water tanks not fully sealed or to water collection areas. You must advise us of water tanks installations.

**Payment Terms and Details of FREE Service Period**

1. If during the course of the program it is found that structural or environmental conditions prevent us performing any sections of the Management Program then the FREE Service Period or the cost of your investment may have to be reviewed.
2. Unless specific written arrangements have been provided the full contract price shall be due and payable and recoverable by this Firm on commencement of the initial treatment.
3. Any FREE Service Period shall be null and void unless all monies due and payable to this Firm have been paid in full within the standard terms of business above.
4. Where a FREE Service Period has been provided then, upon notification by you, we agree to provide you with any remedial treatment(s) as may be required to the nominated property, AT NO COST TO YOU. Any FREE Service Period is conditional upon you notifying us of signs of pest infestation.
5. **No responsibility is accepted, or warranty implied, for any damage or consequential losses that may occur as the result of past, current or future pest activity.**
6. The proposed treatment only applies to the pest species named overleaf on this Pest Management Proposal. The program does not provide protection against any other pest/s.

**Treatment Details and Control Agents**

1. Only control agents approved by the Department of Primary Industry and Energy's Australian Pesticides & Veterinary Medicines Authority (APVMA) and registered for use in the relevant State or Territory or in accord with a Permit issued by APVMA or State Authority will be used.
2. While every care will be taken, this firm will not be held liable should staining of timbers, fabrics, wall coverings, floor coverings or any other articles occur.
3. WARNING. Where drilling and or cutting is required; no liability is accepted should damage result to concealed services such as power, gas, water, etc. You indemnify us against any costs that may arise from such possible damages. Clear and accurate plans should be provided by you before we commence.
4. You accept that this pest management program can be rendered ineffective if you fail to implement our recommended hygiene procedures, by making building alterations, or by the introduction of conducive or infested materials.

**Termites and Other Timber Pests**

1. This program does not cover treatment for, or inspection for, termites (white ants).

**Disclaimer Of Liability To Third Parties**

1. Compensation will only be payable for loses arising in contract or tort sustained by the client named on the front of this Pest Management Treatment Proposal & Advice Notice. Any third party acting or relying on this Pest Management Treatment Proposal & Advice Notice, in whole or in part, does do so entirely at their own risk.