

PREPARATION SHEET FOR ROACHES GEL/DUST TREATMENT

TREATMENT DATE: _____

For gel/dust treatment **you do not need to leave the unit.** If you have a **pet** kindly ensure it is **secure safely** before technician enters your unit. It is recommended that all pet(s) and people are removed from the area while the technician is applying products.

In cockroach control, **sanitation is essential.**

The following preparation **MUST** be completed prior to service:

1. Clean kitchen thoroughly, including floor, stove, range hood, and counter tops.
2. Pull out refrigerator, stove, etc. and clean behind and underneath. All cleaning should be done before, not after treatment.
3. **Everything should be removed from kitchen cupboards**, above and below the sink, drawers and countertops should be cleaned.
4. Wipe/Vacuum all cupboards and drawers inside and out, clean sink and countertops well. Items may be placed on the kitchen table or on a couch or chair and should be covered with a sheet.
5. Bathroom cabinets and under sink should be cleaned. Wipe/vacuum cabinets inside and out, clean sink.
6. **Any old products such as old gel/dust should be removed before new treatment.**



Pest Control Plus
416-532-pest/416-532-7378
info@pestcontrolplus.ca

After Our Treatment Is Complete:

Thoroughly wash (with soap and water) all exposed eating surfaces (including table and counter tops) and any exposed dishes or silverware.

In roach control, sanitation is essential. Keep areas under and behind stoves and refrigerators clean. Do not allow food and garbage to accumulate in areas where roaches feed or hide. Pet food should be stored in sealed containers.

It is normal to see **roaches** for **several days** after the treatment. It may take several days for roaches hiding in inaccessible areas to contact treated surfaces. If your unit is found with cockroach activity please note you may need a follow up treatment within 2-3 weeks.

DETACH AND RETURN TO MANAGEMENT OFFICE

I am aware of the preparations and agree to have Pest Control Plus.....

Perform the service in Suite # _____ located at _____

Date _____ Resident Signature _____