**PREPARTION SHEET FOR**

**ROACH SPRAY TREAMENT**

For treatment to be successful the following

preparation must be completed prior to service.

It is required for you to **remove all pets** and cover fish tanks **YOU MUST stay out of the unit during and after treatment for approximately 4 – 6 hours.** If you are pregnant or have any respiratory or medical issues it is recommended that you stay out of the unit for 24 hours.

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 treatment.
3. **Everything should be removed from kitchen cupboards**, above and below the sink, drawers and countertops should be cleaned.
4. Wash cupboards inside and out, wipe out drawers with damp rag, 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. Wash cabinets inside and out, wipe out drawers with damp rag, clean sink.
6. Any **old products such as old gel/dust should be removed** before new treatment.
7. Access to baseboards, flooring of closets and all electrical outlets is a must.

**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. Do not leave empty milk or beverage bottles inside. 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. Management will advise if needed.

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date Resident Signature