Site Survey

Date_____

BASIC INFORMATION

Property Name: _____

Address: _____

City: _____ Zip: _____

Phone: (_____) _____-_____

Email: _____

Manager: _____

Property Type: Multi-family - Hospitality - Commercial

Total Studio Style rooms: _____ Sq. Ft._____

Total 1 Bedroom: _____ Sq. Ft._____

Total 2 Bedroom: _____ Sq. Ft._____

Total Suites: _____ Sq. Ft._____

Graph of Property, Findings, and Proposed Treatment Areas

BED BUGS

Total Amps to each room: _____

Location of Panel: _____

50 Amp Present: Yes No

30 Amp Present: Yes No

Type of Breakers: _____ (Picture)

Electric Stove in room: Yes No

Plug type:

A/C Unit in room: Yes No

Plug type:

Electric Dryer: Yes No

Average bed bug calls per month: _____

Sprinklers Yes No Number: _____

Heat Sensors Yes No Number: _____

Notes and suggested equipment & set-up:

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