facilio

Pest Control Work Order

Record a treatment visit with the device readings, the pesticide application detail and the restricted entry interval that a regulator or auditor will ask for.

✦ Part A — The visit

1. Work order details

Work order number *e.g. PCO-2026-0355*	
Date of service	
Visit type *Scheduled / Callout / Follow-up / Initial survey / Audit support*	
Customer and account number	
Site address	
Site contact and phone	
Site type *Food production / Food service / Healthcare / Warehouse / Office / Residential / Retail*	
Contract reference and frequency	
Time on site — arrived and departed	

2. Target pest and findings

Target pest *Rodent / Cockroach / Fly / Stored product insect / Bird / Ant / Wasp / Bed bug / Other*	
Reported by the customer	
Activity level found *None / Low / Moderate / High / Infestation*	
Evidence seen *Droppings, gnawing, live sightings, smear marks, casings — say where*	
Areas inspected	
Areas not accessible and why	

✦ Part B — Devices and treatment

3. Device and station log

Device no.	Type	Location	Activity	Count	Action taken	Replaced
EB-014	*External bait*	*North wall, bay 3*	*Gnawing*	*2*	*Rebaited*	*No*

Device no.	Type	Location	Activity	Count	Action taken	Replaced
Total catch or activity count						

✦ Every device gets a row every visit, including the ones with nothing in them. A missing row reads as a device that was not checked, and on an audit that is what it will be treated as.

4. Pesticide application record

Product	Reg. no.	Active ingredient	Dilution	Qty	Method	Area treated
Rodent bait block	*REG-88214*	*Bromadiolone*	*Ready to use*	*0.4 kg*	*Bait station*	*External perimeter*

✦ This table is the legal record of the visit. Registration number and active ingredient are not optional detail — they are what an inspector asks for first.

5. Safety and re-entry

Restricted entry interval	
Area may be re-entered from	
Ventilation required before re-entry *Yes / No — how long*	
Food, utensils or surfaces covered or removed *Yes / No / Not applicable*	
Warning notices posted *Yes / No — where*	
Customer briefed on precautions *Yes / No — who*	
Safety data sheets provided *Yes / No*	

Non-target species precautions	

✦ Part C — Recommendations, cost and sign-off

6. Conducive conditions and proofing

Condition	Present	Location	Recommended action	Priority
Gaps around doors or seals	☐			
Holes in walls, floors or ceilings	☐			
Open drains or uncapped pipes	☐			
Standing water or leaks	☐			
Food debris or spillage	☐			
Waste stored uncovered	☐			
Vegetation against the building	☐			
Stock stored directly on the floor	☐			
Poor rotation of stored goods	☐			
Damaged or missing fly screens	☐			

✦ Treatment without proofing is a subscription. This section is what turns a visit into a fix.

7. Charges

Item	Qty	Unit price	Line total	Covered by contract
Additional bait stations installed	*4*	*18.00*	*72.00*	*No*
Chargeable total				

8. Outcome and next visit

Treatment outcome *Resolved / Improving / Unchanged / Worsening*	
Follow-up visit required *Yes / No — target date*	
Recommendations to the customer	
Work the customer must do before the next visit	
Next scheduled visit	

9. Sign-off

Technician name	
Licence or certification number	
Signature	
Customer representative name and position	
Signature	
Date and time	