



MANNvsPEST
Serving San Diego County

PREPARATION INSTRUCTIONS FOR ANTS, SILVERFISH, ROACHES, & STORED FOOD PEST
(ALL PESTICIDES WILL BE USED IN ACCORDANCE WITH MANUFACTURES LABEL)

HOMEOWNER'S PREPARATION PRIOR TO TREATMENT

1. Kitchen and Bathroom:

- A. Remove ALL items from kitchen and bathroom cabinets. (NO EXCEPTIONS)**
- B. Remove ALL drawers from kitchen and bathrooms. (NO EXCEPTIONS)**
- C. Remove ALL items from counter tops in kitchen and bathrooms. (NO EXCEPTIONS)**
- D. Place all items on dining room table or in living room and cover.**

2. Remove ALL items in closets. (NO EXCEPTIONS)

3. Move furniture 6" from walls so that we can treat the baseboards.

4. Aquariums to be sealed off with plastic ½ way down the tank and the filter unplugged for a four (4) hour period. MANDATORY

5. Ensure that ALL windows are closed prior to technician arriving for your treatment.

6. ALL cabinets and drawers must be washed out "with disinfectant cleanser" prior to the date of treatment. NOTE: "THE TREATMENT IS ONLY AS EFFECTIVE AS IS THE CLEANLINESS OF THE HOME."

7. All persons and pets may re-enter the premises four (4) hours after time posted on the door tag. NOTE: persons with pregnancy, ailing health, or infants under one (1) year old should consult a physician prior to service. In the event you are unable to contact a physician MANNvsPEST recommends a minimum of twenty four (24) hours before re-entering.

NOTE: STATE LAW PROHIBITS SPRAYING WHEN AREAS LISTED ARE NOT PROPERLY PREPARED. AND IN ORDER FOR YOUR TREATMENT TO BE EFFECTIVE, THESE PROCEDURES MUST BE FOLLOWED COMPLETELY

HOMEOWNERS FOLLOW-UP

1. Upon returning to the premises, open all windows to air out residence.

2. Remove plastic from aquariums and plug filter back in.

3. Cleanup of dead roaches, egg capsules, and fecal droppings is necessary. Vacuum or brush them out. DO NOT USE LIQUID CLEANSERS OR WATER TO CLEAN after treatment as this will wash away residual barriers in treated areas.

4. NOTE: You may continue to see activity for 7-10 days after service. If after this time you continue to see activity, contact manager or MANNvsPEST to schedule follow-up.

YOUR TREATMENT IS SCHEDULED FOR: _____

Customer signature:

Date

Customer address: