

## Pest Reporting Slip

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

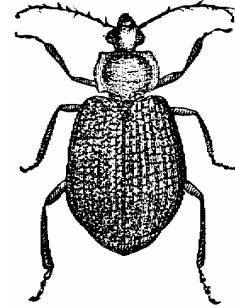
Pest: \_\_\_\_\_

Number of pests: \_\_\_\_\_

Where was the pest sighted?

Room: \_\_\_\_\_ Location in room: \_\_\_\_\_

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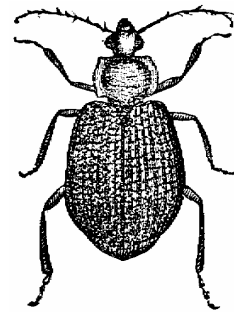
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