

RM of \_\_\_\_\_ No. \_\_\_\_\_

# PCO Inspection Report

For Month of \_\_\_\_\_, 20\_\_\_\_

Date (Day)	Name (Occupant, company or site)	Vacant or Occupied	Location (Twp-Range)	Comments – If necessary (Cooperation, progress, recommendations)	Infestation Index	Rodenticides Issued by PCO			Hours Worked @ \$_____/hr (Only daily totals)	Mileage @ \$_____/km (Only daily totals)	Other Expenses (Specify)
						Warfarin Dry Bait (kg)	Product (kg)	Product (kg)			
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
<b>Infestation Index</b> 0 – Rat free 1 – Infested 2 – Preventative Baiting						<b>Signature of PCO</b> _____	<b>Signature of</b> _____ <b>RM Official</b>	<b>Total</b>	<b>Total</b>		