## Form 5: PEST CONTROL RECORD

**Date: Checked By:**

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| **Bait Station #** | **Checked By** | **Comment**(e.g. Bait untouched, nibbled, gone and action taken) | **Sign** |
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| **Flying Insect Control Unit (FICU) #1** |  |  |  |
| **Flying Insect Control Unit (FICU) #2** |  |  |  |
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