

Heat Treatment Notice and Instruction Sheet

Job Address: _____ Date of Job: _____

Owner/Agent: _____ Target Pest: _____

Important: Read Carefully—Your signature is required.

During the time required to heat your structure, the potential for damage to furnishings and fixtures is minimal. The following precautions are suggested in order to protect items of a more delicate nature.

HEAT SENSITIVE CHECKLIST

Please remove from the treatment area the following items:

Articles that are impractical to remove may either be wrapped with an insulating material or moved to an area of the structure that cool air may be circulated around said article to ensure safe temperatures. Please indicate any such items that are present in your home.

- | | |
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| <ul style="list-style-type: none"><input type="checkbox"/> Persons, plants, animals and fish.<input type="checkbox"/> Candles, wax, crayons, lipstick and other meltable cosmetics.<input type="checkbox"/> Medicines and vitamins.<input type="checkbox"/> Software, records, CD's, tapes (audio and video).<input type="checkbox"/> Vinyl mini and/or vertical blinds.<input type="checkbox"/> Arts and craft items that are assembled with hot melt glue).<input type="checkbox"/> Cigarette lighters and flammable liquids.<input type="checkbox"/> Photographs in open areas.<input type="checkbox"/> Magnets (like those used to hold notes on refrigerators).<input type="checkbox"/> Musical instruments (may detune due to expansion and contraction).<input type="checkbox"/> Remote controls (TV,VCR, garage door openers).<input type="checkbox"/> Remove all "knick-knacks" from the tops of furniture. | <ul style="list-style-type: none"><input type="checkbox"/> Fresh fruit and vegetables, chocolates, carbonated beverages, wines, liquors and artificial sweeteners. In lieu of removal small items can be placed in the refrigerator.<input type="checkbox"/> Oil paintings, acrylics (art work), paintings and pictures.<input type="checkbox"/> Antique furniture with finish or fragile glue points.<input type="checkbox"/> All Aerosols, bullets, firearms and valuables<input type="checkbox"/> Computers and other electronic equipment should be removed or shut down and unplugged.<input type="checkbox"/> Soft vinyl items (i.e. Tupperware).<input type="checkbox"/> Vegetation near house should be trimmed back at least 12 inches where possible.<input type="checkbox"/> We need access to all areas serviced. |
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It is the owner's or agent's responsibility to notify our company of the presence of the following items: Fire sprinklers and heat sensors, vinyl wallpaper, vinyl windows, vinyl clad cabinet doors, "self-stick" floor tiles and any other items that may be damaged by Heat. Also, please remove batteries from smoke detectors.

Sometimes no matter how careful we are, plant damage will occur. Any plants that are covered during the heat process will most likely be damaged. Damage may also occur to any plants or vines that have to be detached during the heat process or that are in contact with our tarpaulin. Many times if cut back the plant will "come back".

REQUIREMENTS AND CONDITIONS

This company assumes no liability for damage to structures not built to local codes, or for faulty gas meters, pipes or wires. It is necessary to have electrical power and we may have to shut off natural gas lines during the treatment. We will attempt to re-light all pilot lights, but if difficulty arises, it is the responsibility of the owner to contact the utility company to restore service. We are not liable for damage to old, oxidized or improperly applied, peeling or chipped finishes. We also assume no liability for damage to painted surfaces. We can not assume any liability for valuables including, but not limited to, cash, jewelry, and collectibles. These must be removed prior to service.

I/we the undersigned have read, reviewed and agree to all of the provisions contained herein and have acknowledged receipt of an exact copy of this Notice and Instruction Sheet. In the event that I/we do not comply with the requirements of this notice, I/we agree to hold the Company/Operator and any others involved in the completion of stated treatment, harmless of any liabilities connected with this treatment.

Owner/Agent Signature

Title

Date

JB PEST CONTROL, LLC
BED BUG TREATMENT RELEASE FORM

To be used in conjunction with heat treatment preparation and instruction form only.

Service Address _____ Date _____

Tenant/Home Owner _____

Your home/apartment will be receiving a bed bug heat remediation service. Experience has shown that we will have better results when combining this service with a standard pest control insecticide application. While this added service will enhance the results, we do not recommend a chemical application where residents and /or pets suffer from health conditions that can be affected by chemical applications. Please make sure to follow the instructions below. If you have any questions please feel free to contact our office.

Do you or a family member suffer from any health issues? **Yes / No** (Circle One)

If yes please describe _____

Do you object to having pesticides used in your apartment/home? **Yes / No** (Circle One)

All persons and pets must stay out of the treated area for at least 4 (four) hours following treatment with the windows open. For those with health issues we recommend that you stay out of the treated area for a minimum of 24(twenty four) hours. We recommend that you consult your physician prior to service.

Following treatment, do not touch any wet items until thoroughly dried.

A copy of the chemical label is being made available to you.

This is to certify that I/We agree to a chemical treatment and have been offered copies of the pesticide labels being used. In addition by signing below you certify that neither you, your family or pets suffer from health conditions that may be affected by the pesticides applied. JB Pest Control, LLC can not be held responsible for staining, damage or contamination to contents of apartment. We agree to remain outside of the treatment area for a minimum of 4 (four) hours following treatment with windows open and longer if recommended by a Physician. We agree to allow JB Pest Control, LLC to re-inspect and treat if necessary your apartment with in ten days of heat treatment.

ADDRESS _____ Customer _____

Date _____ Customer _____

Print

Date of Follow up Inspection /Treatment _____