



Bed Bug Treatment Preparation Checklist

Burr Pest Control has completed an inspection of your home and has found that bed bugs are present or there is evidence of activity. Our service technician needs your full cooperation in order to control these pests. For a successful bed bug treatment, you must follow and complete the tasks set forth below, and initial next to each item to affirm that the task has been completed. **A completed and signed checklist must be provided to Burr's Technician prior to treatment.** In the event that the Client fails to provide the signed checklist or Burr's Technician discovers that the items on the checklist have not been completed, no service will be rendered and a \$125.00 trip charge will be assessed to the Client.

Scheduled Treatment Date: _____ Client Name: _____

Address: _____

PREPARATION CHECKLIST

_____ All infested materials have been left in place in the areas specified in the Bed Bug Remediation Agreement. Except for items specifically set forth below, Client affirms that he/she DID NOT remove infested materials from the infested areas and has left everything in place.

_____ All pets such as cats, dogs, fish, etc., have been removed from the premises. Client affirms that everyone will leave the premises for the entire day.

_____ All items that the Client, and any individual residing in the premises, plans on wearing or taking with him/her such as purses, handbags, backpacks, shoes, briefcases, etc. have been inspected and determined to be bed bug free.

_____ All electronic equipment (TV's, computers, radios, clocks) have been unplugged from wall outlets.

_____ Heating/Air Conditioning systems have been turned off.

_____ All densely packed clothing has been placed loosely in open-weave baskets or left in place.

_____ All loose papers and plastic trash bags that would be blown about by a stiff wind have been gathered and placed in boxes.

_____ All valuable articles on shelves that might be damaged if someone brushes against them have been removed.

_____ Waterbeds or air beds (if present on the premises) have been drained or deflated.

_____ A path approximately the width of a door has been cleared for the movement of large equipment.

_____ All items that could hamper movement of equipment and treatment have been removed, reducing the amount of "clutter" in the treatment area.

_____ Each of the following items have been placed in containers/boxes and left by the door for inspection by the Technician:

- Compressed gases, flammable or combustible chemicals including gasoline, propane, butane, cigarette lighters, lighter fluid/fuel, gun powder, black powder, ammunition, lamp fuel, oxygen tanks, fire extinguishers, etc.
- All aerosols and pressurized cans including hairspray, spray-on deodorants, bug sprays, spray paints, asthma inhalers, any aerosol containers.
- All foodstuffs including any candy that melts. These items may be placed in the refrigerator.
- All medicines. These may be placed in the refrigerator.
- All wax figurines, candles, fruit, etc. or oil paintings or items you are unsure of that may be affected by the treatment.
- All musical instruments that could be damaged by heat, such as guitars, drums, woodwinds, piano's etc.
- All indoor plants including seeds and bulbs. Fresh fruits and vegetables may be kept in the refrigerator.
- Carbonated beverages or drinks under pressure such as 2 liter colas, wine bottles, canned soda and/or beer, etc. (These items may be left in the refrigerator.)
- Any items of value that might be damaged by temperatures ranging between 120F – 150F. After treatment you will notice clothing, mattress, blankets, sofa cushions, etc. are not the way you left them. We must move these items to get even heat distribution.

Resident Name/Signature _____

Date _____

Burr Technician _____

Date _____