[Company name]

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Pest control follow-up schedule

Planned return visits - scheduled, assigned and tracked.

Customer: _____

Site address: _____

Contract ref: _____

Scheduled visits

Visit	Due date	Purpose	Technician	Done (date)
1	[Date]	[e.g. initial treatment]		
2	[Date]	[e.g. check monitors, re-treat as needed]		
3	[Date]	[e.g. final check and sign-off]		

Sign-off

Prepared by: _____ **Signature:** _____ **Date:** _____