

PREPARATION LIST FOR A COMMERCIAL ROACH INTENSIVE SERVICE

ACCT.#: _____ CUSTOMER NAME: _____

DATE: _____ ADDRESS: _____

CONTACT: _____ PHONE #: _____

Dear Customer:

Below we have outlined the procedures to be performed by your staff prior to our intensive treatment. Our Service Technicians have been instructed not to render any treatment unless all preparations have been made. These preparations will make it possible to perform an Intensive Treatment in a safe and effective way. Please follow these instructions carefully. Our crew will arrive on _____ at _____ AM/PM.

PLEASE HAVE PREPARATIONS DONE BY THAT TIME SO WE MAY PROMPTLY START YOUR SERVICE.

REVIEWED WITH CUSTOMER (If not applicable, write N.A.)

COMPLETED

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|--|--------------------------|
| <input type="checkbox"/> Remove all exposed foodstuffs; place in walk in freezers, refrigerator or place in plastic bags. | <input type="checkbox"/> |
| <input type="checkbox"/> Clear all shelves of pots, pans, utensils and dishes. Remove to outside of treatment area, cover with plastic or place in plastic bags. | <input type="checkbox"/> |
| <input type="checkbox"/> Unlock and empty cabinets of pots, pans, glassware and dishes. Remove to outside of treatment area, cover with plastic or place in plastic bags. | <input type="checkbox"/> |
| <input type="checkbox"/> Empty tray carts and lowerators; keep the tray carts and lowerators in the kitchen area. | <input type="checkbox"/> |
| <input type="checkbox"/> Empty oil from deep fry machines or cover them with metal trays or foil. | <input type="checkbox"/> |
| <input type="checkbox"/> Turn off ALL gas pilot lights, fans, exhaust systems and smoke alarms. Notify the alarm company. | <input type="checkbox"/> |
| <input type="checkbox"/> Identify those electrical switches that will be necessary to be kept on (i.e. walk-ins), freezers, refrigerators. | <input type="checkbox"/> |
| <input type="checkbox"/> Rake down ice and cover with plastic bags. Close ice machine doors. | <input type="checkbox"/> |
| <input type="checkbox"/> Clean out serving line of all food handling materials, dishes, silverware, pots and pans. Remove to outside treatment area, cover with plastic or place in plastic bags. | <input type="checkbox"/> |
| <input type="checkbox"/> Open ALL locked doors, offices, storerooms and janitors closets. | <input type="checkbox"/> |
| <input type="checkbox"/> Remove garbage prior to treatment. Leave master garbage container open. | <input type="checkbox"/> |
| <input type="checkbox"/> Bar areas: remove all glasses, utensils, strainers, etc. from the bar area. Leave the electric motors or mixers on the bars. Remove all bottles such as liquor or sodas from the area making sure that boxes and bags do not have roaches in them. Inspection of these areas is very important to us so that we do not reintroduce the infestations back in to these areas. | <input type="checkbox"/> |
| <input type="checkbox"/> Floor mats are to be picked up, cleaned and removed from the area during treatment. | <input type="checkbox"/> |
| <input type="checkbox"/> Open all cabinets and remove all boxes, bags, napkins, etc. from the areas to be treated. | <input type="checkbox"/> |

- ☐ Empty and clean all employee lockers and have ready for treatment
- ☐ Clean and empty all waiter and waitress stations.
- ☐ Remove dirty linens. Take clean linen off shelf and place in plastic bags.
- ☐ Identify and insure access to all rooms including office and storage areas.
- ☐ All employees and guests must be out of the area during treatment.
- ☐ **ALL SURFACES MUST BE CLEANED AND/OR WIPED DOWN PRIOR TO REOPENING THE FACILITY.**

HAVE CUSTOMER SIGN: _____

- ☐ Break open booths.
- ☐ Turn tables and chairs upside down.
- ☐ Remove or bag all items from tables (i.e. salt, pepper, sugar, etc.)
- ☐ Additional item(s): _____

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Customer's Signature: _____ Horizon Representative: _____