

COCKROACH PREP SHEET



On _____ our technician will be arriving at your home to treat for Cockroaches.

The application will only require you to leave the room being treated for 1 hour, allowing our technician to apply gel/dusts into the cracks and crevices as well as wall voids.

Please complete the following **BEFORE** your treatment. If you have any questions, please call our office for clarification.

1. Please give kitchen and bathroom areas a thorough clean, paying special attention to cupboards.
2. DO NOT remove the gel applied by technicians in cupboard cracks/crevices.

If you have any questions regarding preparation, please call our office for details and clarification.

