ORKIN
COMMERCIAL SERVICES

FLOOR LEVEL INSPECTION REPORT

Time In **1145**

Time Out **1330**

Date **8/1/25**

Steven Craig

Inspector - Print Name

Line	SITE	ACTIVE INFESTATION FOUND Yes	No	PEST FOUND (SPECIFY)	CORRECTIVE ACTION REQUIRED by Orkin	by Customer	DESCRIBE ACTION REQUIRED
1.	Tower 1 Units	☐	☐		☐	☐	
2.	Tower 1 Exterior	☐	☐		☐	☐	
3.	Tower 2 Units	☐	☐	German Roaches	☐	✔	Treating for roaches in one unit.
4.		☐	☐		☐	☐	Please keep unit as clean as possible
5.	Tower 2 Exterior	☐	☐		☐	☐	
6.	Tower 1 Tiki	☐	☐		☐	☐	
7.	Tower 2 Tiki	☐	☐		☐	☐	
8.	Real Estate Office	☐	☐		☐	☐	
9.	General Store	☐	☐		☐	☐	
10.	Restaurant	☐	☐		☐	☐	
11.	Lobby/Business Center	☐	☐		☐	☐	
12.		☐	☐		☐	☐	
13.		☐	☐		☐	☐	
14.		☐	☐		☐	☐	
15.		☐	☐		☐	☐	

Additional Comments

Schedule of room treatment will be provided by Orkin prior to initial service.

Does Customer Have:

	YES	NO		YES	NO
Hands Free Flushing	☐	✔	Drain Odor Present	☐	✔
Restroom Odor Control	☐	✔	Floor Drains Clean	✔	☐
Flying Insect Traps	☐	✔	Door Sweeps Needed	☐	✔
Floor Care Program in place	☐	✔	Dumpster Odor Present	☐	✔

Inspector Signature _____

Customer Signature *Brad Coleman*

ORKIN

Customer Email: lindsay.williams@fsresidential.com