Form				
Pest Control Inspection Record				
Form No.:	Revision No.:	Effective Date		
Form-XX1	001	DD-MMM-YYYY		

Date	Location Checked	Signs of pests (Yes / No)	Action taken	Signature

REVISION HISTORY

Rev No:	Document Change Number:	Author	Effective Date	Remarks of Revision
001	XXX	YYY	DD-MMM-YYYY	New Document.

APPROVAL

Date Implemented:	By:
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Date Reviewed: By:

Date Revised: By: