

ASSET ID / PLANT No.:		DATE :	
SITE ADDRESS:		QUU WORK ORDER:	

**Outcome / Purpose** – Inspect the buildings and facilities for termite, pest and vermin activity and/or infestation and undertake all pest control treatment with appropriate chemicals, baiting systems and treatments.

**TASKS**

*Note: Any treatment on Water Network sites shall only use chemicals and treatments certified as safe for use around potable drinking water and compliant with AS4020 shall be used.*

- 1. Notify QUU**– Notify QUU Control Room and relevant other QUU contacts of arrival on site.
- 2. Termite Inspection of Buildings** - Inspect all buildings on site for activity or infestation of Termites and timber pests in accordance with AS4394.0-2007 and AS4394.3-2010 and report on findings.
- 3. Vermin and Pest Inspection of Buildings** - Inspect all buildings for live activity, infestation or evidence of vermin and pest and report on details of location and action taken and/or recommendations. Other vermin and pests include but are not limited to – wasps, bees, ants, rodents, cockroaches, spiders, possums, etc.
- 4. Dead Vermin or Pests Found** – Remove any dead vermin or pests found on site.
- 5. Treatment** – Undertake treatment and spraying on site for all typical vermin and pests plus any identified activity of specific vermin or pests (including but not limited to – wasps, bees, ants, rodents, cockroaches, spiders, etc.)
- 6. Replenish all Pest Management Systems** – Replenish all pest management systems identified on site including bait boxes, chemical systems, pesticides, barrier systems, etc. and label the system accordingly to record the next date for replenishment.
- 7. Record all Pest Management Systems identified on site** – Record on this document all Pest Management Systems and baiting or monitoring system located on site.
- 8. Vermin and Pest Control Form** – Complete this form (FOR665) in full.
- 9. Third Party Fire Inspectors Reports/Checklists** – All third party Technician Check sheets and Reports describing inspected area, findings and recommendations shall be completed in accordance with AS4393 for Termites and all other Australian Standards and Codes for other Vermin and Pests. The third part reports shall be appended to this form and become part of this form.
- 10. Photos** – Provide photos of any damage identified during the inspection being caused by termites, vermin or pests and any evidence or workings of termites, vermin or pests..
- 11. Notify QUU**– Notify QUU Control Room and Relevant QUU Contacts that the works are complete and any gates have been locked and of departure from site.

VERMIN AND PEST CONTROL OBSERVATION SUMMARY	Yes	No	N/A	Unable to Determine
1. <b>Were live termites found in any buildings?</b> (provide details of location and action taken or recommended )				
2. <b>Were termite workings identified in any building?</b> (provide details of location and action taken or recommended )				
3. <b>Were live termites identified in the grounds or areas other than buildings?</b> (provide details of location and action taken or recommended )				
4. <b>Was a termite nest identified on site?</b> (provide details of location and action taken or recommended )				
5. <b>Were any live vermin or pests (other than termites) found or observed on site?</b> (provide details of location and action taken or recommended )				
6. <b>Were any dead vermin or pests (other than termites) found or observed on site?</b> (provide details of location and action taken or recommended )				

VERMIN & PEST TREATMENTS, REPLENISHMENT & REPORTS	Yes	No	N/A	Unable to Determine
7. Were any immediate treatments implemented for termites, vermin or pests? (provide details of location and action taken or recommended )				
8. Are any treatments recommended for addressing termites, vermin or pests found on site? (provide details of location and action taken or recommended )				
9. Third Party Specialist Report – Has all supporting specialist report by the inspecting technician been appended to this Form listing the specific items inspected and maintained as part of this work?				

SUMMARY OF DETAILS OF LIVE OR ACTIVE TERMITE, VERMIN OR PEST ACTIVITY OBSERVED ON SITE				
Vermin or Pest Activity Identified or Observed (Termites, Rats, Mice, Ants, Wasps, etc.)	Alive / Dead	Location on site	Treatment applied / implemented (	Recommendation for future management

LIST OF ALL TERMITE, VERMIN & PEST MANAGEMENT SYSTEMS IDENTIFIED ON SITE (Including Bait Boxes, Reticulation Systems, Termite Monitoring Stations, Ultrasonic, etc.)				
Item ID/#	Termite/Vermin/Pest Management System (Bait Boxes, Reticulation Systems, Termite Monitoring Stations, Ultrasonics, etc.)	Location on site	Quantity	Comments

ADDITIONAL CORRECTIVE WORKS		Yes	No	N/A	Unable to Determine
10. Are any additional Corrective Works required to rectify termite, vermin or pest activity or infestation on site?					
<p><b>Corrective Works Required/ Quantities /Additional Comments Sketch</b></p> <p>Use the space below to provide full details of all corrective works required including quantities. Photos shall be provided for each item identified as needing corrective works. Also use below space to provide a marked up sketch to show locations of any recommendations:</p>                      					
<p><b>CORRECTIVE WORK PRIORITY</b></p> <div style="display: flex; justify-content: space-between;"> <span>Low    <input type="checkbox"/></span> <span>Medium    <input type="checkbox"/></span> <span>High    <input type="checkbox"/></span> </div>					

Inspected by (Print Name):	Date:
Qualifications / License No.	
Signed:	Date: