

Name: Marlene Neill Company Name: _____ 290689
 ABN: _____ Trading As: _____
 Address: _____ Suburb: _____ Postcode: _____
 Phone: _____ Fax: _____ Email: _____
 Site Address: 38 Romford Rd Suburb: Frenchs Forest Postcode: 2086
 Phone: 94521806 Fax: _____ Email: _____
 Contact Name: Marlene Neill Job Number: _____ Date: 7/6/17

RESIDENTIAL PREMISES - ONLY

☒ VISUAL INSPECTION AND REPORT ONLY

☐ VISUAL INSPECTION AND TREATMENT REPORT

2 AREAS INSPECTED*

*NOTE: Inspection is limited to visually accessible areas. No inspection was made of concealed timbers, voids or cavities. Structures, fences, and trees/stumps/posts within a 50 metre radius of the main building and within the boundary of the property were inspected.

INTERIOR

- ☐ Basement ☒ Sub Floor
☒ Bathroom(s) ☒ Bedroom(s)
☒ Kitchen ☒ Roof Void
☒ Lounge/Dining ☐ Other
☒ Laundry ☐ Monitoring Stations
☐ Garage ☐ Baiting Stations
 Trapdoor(s) cut ☐ Yes ☐ No

Sub Floor drainage is generally considered to be

- ☐ Inadequate ☒ Adequate
☐ Unable to comment (not accessible/applicable)

Sub Floor ventilation is generally considered to be

- ☐ Inadequate ☒ Adequate
☐ Unable to comment (not accessible/applicable)

Termite shielding (and Caps) or other physical barriers are generally considered to be

- ☒ Inadequate ☐ Adequate
☐ Unable to comment (not accessible/applicable)

EXTERIOR

- ☒ Steps ☒ Porches/Verandahs
☒ Garage ☒ Walls/Cladding
☒ Outbuildings ☒ Fences
☒ Window & Door Frames ☐ Other
☒ Trees/stumps/posts/garden beds ☐ Monitoring Stations
☐ Baiting Stations

3 AREAS NOT INSPECTED

INTERIOR

- ☐ Basement ☐ Sub Floor
☐ Bathroom(s) ☐ Bedroom(s)
☐ Kitchen ☐ Roof Void
☐ Lounge/Dining ☒ Wall Cavities
☐ Laundry ☐ Other
☐ Garage ☐ Monitoring Stations
☐ Baiting Stations

Reason(s)

- ☒ No access available for visual inspection
☐ Visual inspection obscured by debris/formwork

☒ Other (specify)

Insulation - Sarking +
Alc Picking + low Areas
Furnishings + stored goods
with the Floor Coverings

EXTERIOR

- ☐ Steps ☐ Porches/Verandahs
☐ Garage ☒ Walls/Cladding
☐ Outbuildings ☐ Fences
☐ Window & Door Frames ☐ Other
☐ Trees/stumps/posts/garden beds ☐ Monitoring Stations
☐ Baiting Stations

Reason(s)

- ☒ No access available for visual inspection
☐ Visual inspection obscured by debris/formwork
☒ Other (specify)

Vegetation + pavement

4 AREAS OF TERMITE DAMAGE*

*NOTE: Damage identified is limited to visually accessible areas. Further damage may be present within inaccessible areas including wall linings, cavities and timber framework.

INTERIOR

- ☐ Basement ☐ Sub Floor
☐ Bathroom(s) ☐ Bedrooms
☐ Kitchen ☐ Roof Void
☐ Lounge/Dining ☐ Other
☐ Laundry ☐ Monitoring Stations
☐ Garage ☐ Baiting Stations

Extent of Past Damage (interior)

- ☐ Moderate ☐ Moderate to extensive
☐ Extensive

EXTERIOR

- ☐ Steps ☐ Porches/Verandahs
☐ Garage ☐ Walls/Cladding
☐ Outbuildings ☐ Fences
☐ Window & Door Frames ☐ Other
☐ Trees/stumps/posts/garden beds ☐ Monitoring Stations
☐ Baiting Stations

Extent of Past Damage (exterior)

- ☐ Moderate ☐ Moderate to extensive
☐ Extensive

5 AREAS WHERE TERMITE ACTIVITY (LIVE TERMITES) WAS LOCATED AND/OR TREATED*

*NOTE: Areas identified is limited to visually accessible areas. Concealed termite infestations may also be present. In this regard see the "Recommendations" section within this Report.

INTERIOR

- ☒ No Termite activity located
☐ Basement ☐ Sub Floor
☐ Bathroom(s) ☐ Bedroom(s)
☐ Kitchen ☐ Roof Void
☐ Lounge/Dining ☐ Other
☐ Laundry ☐ Monitoring Stations
☐ Garage ☐ Baiting Stations

Extent of activity (interior)

- ☐ Moderate ☐ Moderate to extensive
☐ Extensive

EXTERIOR

- ☒ No Termite activity located
☐ Steps ☐ Porches/Verandahs
☐ Garage ☐ Walls/Cladding
☐ Outbuildings ☐ Fences
☐ Window & Door Frames ☐ Other
☐ Trees/stumps/posts/garden beds ☐ Monitoring Stations
☐ Baiting Stations

Extent of current activity (exterior)

- ☐ Moderate ☐ Moderate to extensive
☐ Extensive

TERMITE SPECIES IDENTIFIED

- ☐ YES ☒ NO
☐ *Coptotermes* sp
☐ *Schedorhinotermes* sp
☐ *Nasutitermes*
☐ *Heterotermes* sp
☐ *Mastotermes*

A termite nest was located (state location)

Not located

The termite nest was

- ☐ Treated ☐ Destroyed ☐ Removed
 Is there evidence of previous Termite Treatment(s)
☒ YES ☐ NO If yes please describe

Drill holes - chemical treated zone

6 SERVICE PERFORMED

- ☒ No Treatment required - Visual Inspection and Report only.

All Treatments and Inspections are carried out in accordance with AS 3660 Protection of Building from Subterranean Termites - prevention, detection and treatment of infestation and the Termiticide Manufacturer's specifications.

☐ **OPTION 1 - Colony Control Treatment**

The Pest Control Retreatment

Warranty does not apply to this Treatment.

Refer to your Pest Control Subterranean Termite Management & Proposal Report dated / / for explanation of treatment performed.

☐ **OPTION 2**

Chemical Soil Barrier Treatment

The Pest Control Retreatment

Warranty applies to this Treatment.

In accordance with your Pest Control Subterranean Termite Visual Inspection Report and Proposal dated / / the following treatment was performed.

INTERNAL TREATMENT

☐ **Accessible Sub Floor areas**

Trenched and treated soil with termiticide emulsion around base of accessible piers, pipes and foundations to the

☐ Main Building ☐ Garage ☐ Outbuildings

☐ **Solid concrete floors (on ground)**

Holes drilled at 150mm to 300mm intervals along internal walls of the

☐ Main Building ☐ Garage ☐ Outbuildings

All drill holes were plugged on completion.

☐ **Holes drilled at 150mm to 300mm intervals in critical areas eg. expansion joints, cracks in slabs or service entry points of the**

☐ Main Building ☐ Garage ☐ Outbuildings

All drill holes were plugged on completion.

EXTERNAL TREATMENT

☐ **Holes drilled at 150mm to 300mm intervals along exterior walls of the**

☐ Main Building ☐ Garage ☐ Outbuildings

All drill holes were plugged on completion.

☐ **An external termiticide barrier was applied along all exterior walls of the**

☐ Main Building ☐ Garage ☐ Outbuildings

forming a complete and continuous treated soil barrier by trenching and rodding around the structures.

☐ **Perimeter fencing treated by rodding, trenching and flooding with termiticide****

****NB This treatment may be unsuccessful because of direct contact with the soil. All fencing should have a 50mm gap between the fence railings and the soil to minimise risk of termite attack or fungal decay.**

☐ **OPTION 3 -**

Termite Management System (TMS)

The Pest Control Retreatment

Warranty does not apply to this Treatment.

In accordance with your Pest Control Subterranean Termite Visual Inspection Report and Proposal dated / / the following treatment was performed.

☐ **Install/Inspect TMS Interception and Baiting Systems all stations**

☐ **Install/Inspect TMS Interception and Baiting System above ground only**

☐ **Install/Inspect TMS Monitoring Stations only**

☐ **OPTION 4 - Reticulation System**

☐ **Inspect and/or re-inject system as per specification**

7 RECOMMENDATIONS

The following recommendations are made in accordance with AS 3660.

☒ **Client to engage licensed builder/trades person gain access to concealed areas identified in this Report to allow further visual inspection by a Pest Control Technician. Client to contact Pest Control when this is done.**

☐ **Trapdoors in the floor should be provided to allow inspection of all sub floor timbers. Client to contact the Company when this is complete. For a charge your Pest Controller can arrange to provide trapdoors to gain access to sub floor areas for inspection.**

☒ **Client to engage a licensed builder/trades person to inspect premises to determine**

☐ **Whether to install high air flow vents (and/or fans if necessary) to improve sub floor ventilation in accordance with AS 3660 minimum specifications.**

☐ **The nature and extent of structural damage caused by termites and to replace or support all termite affected timbers.**

☒ **Whether to install/replace/repair physical termite barriers and shielding under the house in accordance with AS 3660.**

☒ **Client to remove all debris (and other materials conducive to termite infestation) from**

☐ **all sub floor areas**

☒ **areas adjacent to exterior walls**

☒ **garden beds**

☒ **perimeter fencing.**

☒ **Client to arrange to improve drainage in order to reduce moisture levels**

☐ **under the premises**

☒ **area adjacent to exterior walls of the premises.**

☒ **Client to arrange replacement of affected timber fencing with termite resistant materials**

☒ **Regular inspections at a maximum interval of 12 months are recommended by AS 3660. Due to local environmental factors that may attract or support termite activity, future termite risk to your property is considered to be**

☐ **Minimal**

☒ **Moderate**

☒ **High**

☒ **Having regard to local environmental factors we recommend ongoing regular inspections at intervals of**

☐ **3mths** ☒ **6mths** ☒ **12mths** ☐ **.....**

You will need to contact the Company to make an appointment for all ongoing inspections.

☐ **Other (specify)**

8 YOUR INVESTMENT

☐ **Inspection and /or Treatment \$** * **Report Fee**

☐ **Inspection and Treatment service in accordance with Service Agreement No.**

(Termite Baiting and Monitoring System)

dated

*** The above quoted fees are inclusive of the Goods and Services Tax (GST) applicable to this agreement which the client agrees to pay.**

Client's Signature

Date / /

Additional Comments:

There are no sightings of termites to visible accessible areas at this time of inspection.

CERTIFICATE OF INSPECTION AND/OR TREATMENT APPLICATION

I certify that the above property has been inspected and/or treated in accordance with AS 3660 subject to the Limitations and Terms and

Conditions as detailed within this Report and the Subterranean Termite Visual Inspection Report and Proposal (where applicable) Dated: _____

Pest Control Technician: *Danny*

Licence No: *1510060002*

Date *7/6/17*

Signed by Client acknowledging receipt of this Report: *M. Deil*

Termiticide Used

Rates Used ml/litre

Total Emulsion Used

Batch No.

Graph No.