



Heat Treatment Notice and Instruction Sheet- Bed bugs

A copy of the notice must be signed before the Heat Treatment begins.

Please remove from the treatment area the following items:

- o Wax items anything made of wax such as (candles, crayons etc.)
- o Flammables items such as (solvents, lighters, or lighter fluids, matches etc.)
- o Firearms, Ammunitions.
- o Pressurized cans such as (deodorants, hair spray, bug killer sprays, furniture polish soda bottles and cans etc.)
- o Plants, flowers etc.
- o All pets including fish, lizards, etc.
- o All medications.
- o All batteries or anything explosive.
- o Any cosmetics such as lipstick etc.
- o All oil paintings.
- o All mini blinds should be pulled up and removed from the window area. Lay the mini blinds on the floor next to the window as this will allow the blinds to be treated but not warp.
- o Please vacuum thoroughly before and after treatment and discard bag.
- o A clutter free environment is required for a proper heat treatment.
- o The dust cover under the box springs, chairs or couches may need to be removed if heavily infested.
- o If the home or business has an active fire alarm, heat sensors or sprinkler system it is the owner's or agent's responsibility to notify their alarm company that a heat treatment is being performed and request that the system be turned off or bypassed for a minimum of 5 hours from the time the treatment starts.
- o Please remove batteries from smoke detectors.
- o Please let us know of any items that you're not sure of removing before treatment. Remember we answer the phones 24 hrs. a day 7 days a week.
- o Please do not reenter the structure until enough time has passed (USUALLY 2-3 HOURS) to allow time to cool down. If after 2-3 hours and it is still too hot, open windows and turn on air to cool down before staying inside.

REQUIREMENTS AND CONDITIONS

I/we the undersign have read, reviewed and agreed to all safety requirements listed above. In the event I/we do not comply with the requirements of this notice/instruction sheet, I/we agree to hold Action Pest Management, Inc and operator, and any others involved in the completion of stated treatment, harmless of any liabilities connected with this treatment.

Signature _____ Address _____ Date _____