Monthly Report of Wood Destroying Insect Control Work Worksheet

This worksheet is not the filing. Enter these facts in MDAC's online Monthly Report of Wood Destroying Insect Control Work by the 20th of each month, for the month before.
Rule 116: "A report shall be filed each month even though no work is performed."

Report Information

Company Name

Report Month

Report Year

Work Performed This Month?
☐ Yes ☐ No

Contact First Name

Contact Last Name

Phone

Contact Email

Is Licensee the same as Contact?
☐ Yes ☐ No

Licensee First Name

Licensee Last Name

Licensee Phone

Licensee Email

Physical Address 1

Physical Address 2

City

State

Zip

☐ Mailing address is same as physical address

Mailing Address 1

Mailing Address 2

Mailing City

Mailing State

Mailing Zip

Continuation of Submission ID

Date entered online

Submission ID

Termiticide Inventory

Item	Brand Name of Termiticide in Inventory	Formulation	Concentrate Amount Beginning of Month	Concentrate Amount Used During Month	Concentrate Amount Purchased During Month	Concentrate Amount End of Month
1						
2						
3						
4						

Treatment Type

B = Bait
CA = Carpenter Ants
CB = Carpenter Bees
EP/IST = Imidacloprid EP/IST
EP/LI = Fipronil EP/LI
ET = Existing/Post Construction
P = Perimeter Final Grade on Pre-Treat
PT = Pre-Construction
R = Retreat / Existing Contract
S = Spot
WBB = Wood Boring Beetles
WT = Wood Treatment Termite

Multiple treatment types may be selected if applying combination treatment on a single property.

Structure Type

C = Crawl
M = Mono
S = Supported
F = Floating
CO = Combo
B = Basement
O = Other

If the structure type is not listed, you may select Other and describe it in the box that appears.

Treatment Records

Up to 20 treatment records may be entered on one report. If you have more than 20 to file for the month, you may submit this report and then start another for the remaining records.

						Pre-Construction / Pre-Treat / Wood Treatment *Termite only*		Existing/Post / Retreat / Spot *Termite only*		Dilute Pesticide / Bait Installation		
#	**Customer / Contractor** First and Last Name	**Treated Property Address** Address, City, State, Zip / Subdivision Name, Lot Number	**Date of Treatment**	**Treatment Type**	**Structure Type**	**Horizontal Barrier Treated (Sq. Ft.)**	**Vertical Barrier Treated (Linear Ft.)**	**Linear Ft. Treated @ 4 Gal per 10 Linear Ft.**	**Linear Ft. Treated @ 2 Gal per 10 Linear Ft.**	**Pesticide Brand Name / Baiting System Brand Name**	**Percent Finished Solution**	**Total Gallons Applied / Number of Bait Stations Installed**
1												
2												
3												
4												
5												
6												
7												
8												
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