

Unit number: \_\_\_\_\_ Date Notified: \_\_\_\_\_ Staff: \_\_\_\_\_

## **German Cockroach Treatment Checklist**

**You must completely empty all kitchen and bathroom cabinets, especially the plumbing areas under sinks and around dish washers.**

**Kitchen:** Place all dishes, food (canned or boxed) into plastic bags and close tightly. Place the bags in the center of the living room or someplace where they will not interfere with service personnel accessing the cabinets and baseboards. Front areas of refrigerators and stoves will need three (3) feet of clearance.

**Bathroom:** Remove all medicines, toothbrushes, personal care products and place into plastic bags and close tightly. Remove the bags from the bathroom and place in a location where they will not impede access to bathroom. **The bathtub is suggested for this.**

**Bedroom and Closets:** IF pests have been observed in dressers, then remove drawers and place where they will not interfere with service personnel accessing the front and side areas of the dressers. If pests have been observed in closets, then remove all clothes from the rack and any stored items from the shelf. Place where they will not impede access to the closet.

**Basements:** Move all clothing and stored items away from washer, dryer and sink areas. Locations where the walls and ceilings as well as the walls and floors meet need to be accessible to service personnel.

**Garages:** Place all stored people and pet food into plastic bags. Baseboards need to be accessible to service personnel.

**Aquariums or Fish Tanks:** Disable filtering systems at time of treatment and cover with a plastic bag.

For one week to ten (10) days following the treatment, you may notice an increase in pest activity. If this occurs, do not be concerned. This is a result of the treatment driving the pests out of their nesting areas.

**You should not enter your apartment for 4 hours after the treatment is complete.  
Failure to comply may cause illness.**

**Pets must be removed from the home for the same amount of time as the resident.**

**Failure to complete this preparation checklist will result in a \$99.00 trip charge being assessed.**

**Thank you for your cooperation**

