EXTREME TERMITE & PEST CONTROL

Extreme Termite & Pest Control
5491 Bob-O-Link Rd.
Pensacola, FL 32507
850-492-9225

Service Slip/Invoice

ORDER: 21895
WORK DATE: 10/12/17
Thursday

1070

Bill To:

[103917]
Gina Boyleston @ Boyleston Realty
3612 N 12th Ave
Pensacola, FL 32503-3102

Work Location:

[103917] 850-393-1152
Gina Boyleston @ Boyleston Realty
3612 N 12th Ave
Pensacola, FL 32503-3102

Work Date	Time	Target Pest	Technician		Time In
10/12/17	10:00 AM		DREW	Drew Kennedy	

Service	Description	Price
WDO	WDO Real Estate Inspection	$100.00

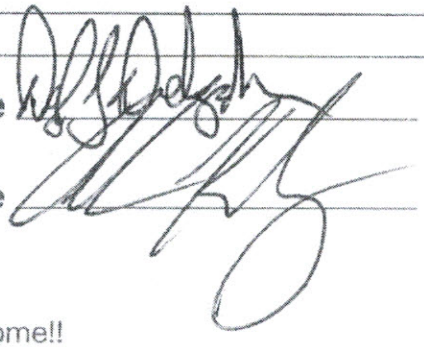
Daryl to meet you there

SUBTOTAL	$100.00
TAX	$0.00
TOTAL	$100.00
AMOUNT DUE	$100.00

COMMENTS Completed WDO inspection

PAYMENT INFO

CASH _____
CHECK _____
CCARD _____ CARD TYPE _____
_____

Customer Signature 

Tech Signature

Thank you for trusting us to service your home!!

Florida Department of Agriculture and Consumer Services
Division of Agricultural Environmental Services

WOOD-DESTROYING ORGANISMS INSPECTION REPORT

Rule 5E-14.142, F.A.C.
Telephone Number (850) 617-7996

ADAM H. PUTNAM
COMMISSIONER

SECTION 1 – GENERAL INFORMATION

Inspection Company:

Extreme Termite & Pest Control
Inspection Company Name

Business License Number: JB152389

5491 Bob-O-Link Rd
Company Address

Phone Number: 850-492-9225

Pensacola, FL 32507
Company City, State and Zip Code

Date of Inspection: 10/12/2017

Inspector's Name and Identification Card Number: Drew Kennedy (Print Name) 247406 (ID Card No.)

Address of Property Inspected: 3612 N 12th Ave, Pensacola, FL 32503-3102

Structure(s) on Property Inspected: House

Inspection and Report requested by: Gina Boyleston @ Boyleston Realty
Name and Contact Information

Report Sent to Requestor and to: same
Name and Contact Information if different from above

SECTION 2 – INSPECTION FINDINGS – CONSUMERS SHOULD READ THIS SECTION CAREFULLY

THIS REPORT IS MADE ON THE BASIS OF WHAT WAS VISIBLE AND READILY ACCESSIBLE AT THE TIME OF INSPECTION AND DOES NOT CONSTITUTE A GUARANTEE OF THE ABSENCE OF WOOD-DESTROYING ORGANISMS (WDOs) OR DAMAGE OR OTHER EVIDENCE UNLESS THIS REPORT SPECIFICALLY STATES HEREIN THE EXTENT OF SUCH GUARANTEE.

This report does not cover areas such as, but not limited to, those that are enclosed or inaccessible, areas concealed by wall-coverings, floor coverings, furniture, equipment, stored articles, insulation or any portion of the structure in which inspection would necessitate removing or defacing any part of the structure.

This property was not inspected for any fungi other than wood-decaying fungi, and no opinion on health related effects or indoor air quality is provided or rendered by this report. Individuals licensed to perform pest control are not required, authorized or licensed to inspect or report for any fungi other than wood-destroying fungi, nor to report or comment on health or indoor air quality issues related to any fungi. Persons concerned about these issues should consult with a certified industrial hygienist or other person trained and qualified to render such opinions. ***A wood-destroying organism (WDO) means an arthropod or plant life which damages and can reinfest seasoned wood in a structure, namely, termites, powder post beetles, old house borers, and wood-decaying fungi.***

NOTE: This is NOT a structural damage report. it should be understood that there may be damage, including possible hidden damage present. FURTHER INVESTIGATION BY QUALIFIED EXPERTS OF THE BUILDING TRADE SHOULD BE MADE TO DETERMINE THE STRUCTURAL SOUNDNESS OF THE PROPERTY.

Based on a visual inspection of accessible areas, the following findings were observed:
(See Page 2, Section 3 to determine which areas of the inspected structure(s) may have been inaccessible.)

A. ☐ **NO visible signs of WDO(s) (live, evidence or damage) observed.**

B. ☒ **VISIBLE** evidence of WDO(s) was observed as follows:

☐ **1. LIVE WDO(s):** _____
(Common Name of Organism and Location – use additional page, if needed)

☒ **2. EVIDENCE** of WDO(s) (dead wood-destroying insects or insect parts, frass, shelter tubes, exit holes, or other evidence):
Wood Rot (see attached diagram)
(Common Name, Description and Location – Describe evidence – use additional page, if needed)

☒ **3. DAMAGE** caused by WDO(s) was observed and noted as follows:
same as above
(Common Name, Description and Location of all visible damage – Describe damage – use additional page, if needed)

CONTINUED ON PAGE TWO

SECTION 3 – OBSTRUCTIONS AND INACCESSIBLE AREAS: The following areas of the structure(s) inspected were obstructed or inaccessible. NO INFORMATION on the status of wood-destroying organisms or damage from wood-destroying organisms in these areas is provided in this report.

In addition to those areas described in consumer information on Page 1, Section 2; the following specific areas were not visible and/or accessible for inspection. The descriptions and reasons for inaccessibility are stated below:

☒ Attic **SPECIFIC AREAS:** most areas of attic space
REASON: very limited access

☐ Interior **SPECIFIC AREAS:** _____
REASON: _____

☐ Exterior **SPECIFIC AREAS:** _____
REASON: _____

☐ Crawlspace **SPECIFIC AREAS:** _____
REASON: _____

☐ Other: **SPECIFIC AREAS:** _____
REASON: _____

SECTION 4 – NOTICE OF INSPECTION AND TREATMENT INFORMATION

EVIDENCE of previous treatment observed: ☐ Yes ☒ No If Yes, the structure exhibits evidence of previous treatment. List what was observed: _____
(State what visible evidence was observed to suggest possible previous treatment – use additional page, if needed)

NOTE: The inspecting company can give no assurances with regard to work done by other companies. The company that performed the treatment should be contacted for information on treatment history and any warranty or service agreement which may be in place.

A Notice of Inspection has been affixed to the structure at: Electric Panel
(State the location)

This Company has treated the structure(s) at the time of inspection ☐ Yes ☒ No

If Yes: Common name of organism treated: _____
(Common name of organism)

Name of Pesticide Used: _____ Terms and Conditions of Treatment: _____

Method of treatment: ☐ Whole structure ☐ Spot treatment: _____

Specify Treatment Notice Location: _____

SECTION 5 – COMMENTS AND FINANCIAL DISCLOSURE

Comments: _____
(Use additional pages, if necessary)

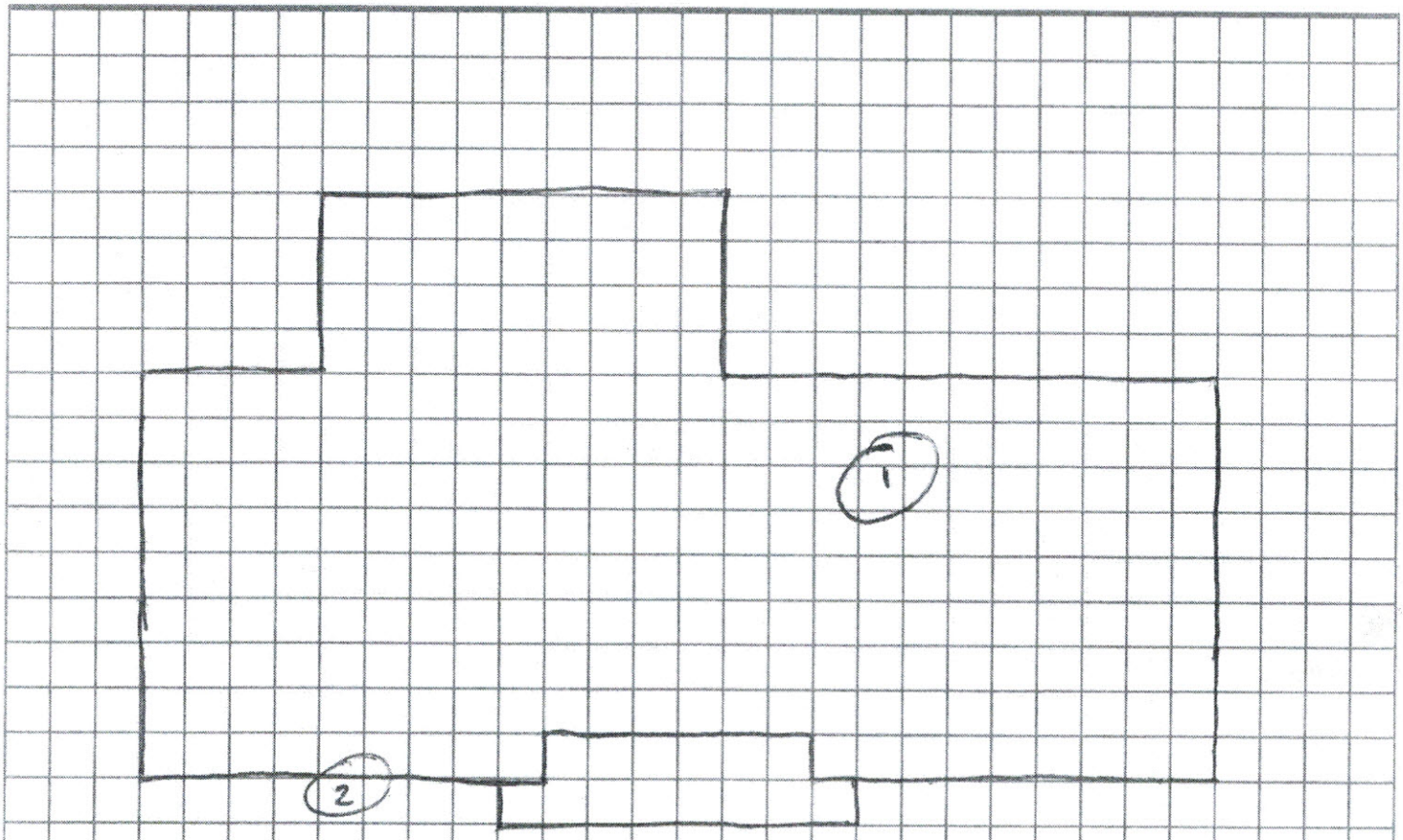
Neither the company (licensee) nor the inspector has any financial interest in the property inspected or is associated in any way in the transaction or with any party to the transaction other than for inspection purposes.

Signature of Licensee or Agent: David Mandel Date: 10/12/2017

Address of Property Inspected: 3612 N 12th Ave, Pensacola, FL Inspection Date: 10/12/2017

EXTREME TERMITE & PEST CONTROL
5491 Bob-O-Link Rd. • Pensacola, FL 32507
Ph: (850) 492-9225 • Fax: (850) 492-9284

CUSTOMER Gina Boyleston
ADDRESS 3617 N 12th Ave
CITY, STATE, ZIP Pensacola, FL 32503
EXTERIOR FINISH Brick DATE 10/12/17 INSPECTOR Drew Kennedy
FOUNDATION TYPE Crawlspace OCCUPIED ☐ YES ☒ NO
CONSTRUCITON TYPE Wood frame FULL ☒ YES ☐ NO



1. wood rot present in crawlspace
2. wood rot to base corners of door

180 LF

No evidence of previous treatment
Very limited access/visibility in attic
Possible hidden damage in attic although none observed

X = Damage F = Fungus PPB = Powder Post Beetle ST = Subterranean Termites PHD = Possible Hidden Damage