

# Bed Bug History

Address:

Street \_\_\_\_\_ Apt# \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

1. Square footage of home, unit, or room: \_\_\_\_\_

2. Square footage of infested area, if known: \_\_\_\_\_

3. When and why were bed bugs first suspected?  
(Date of travel / when a friend visited / when bites where first noticed.)

4. Are there ill people, pets, pregnant women, or children at home?

5. Who will be responsible for the contract and payment if a professional is needed?

6. Other details about the problem:  
(are neighbors cooperative, allergies, etc ...)

## 7. Evidence and Action Taken

Initials of recorder	Date <i>Every time you inspect.</i>	What Was Seen Bite, blood spot, cast skin, egg, dead or live bed bug	Where Was It Seen Room and location within the room. Be specific!	What Was Done If chemical, also fill in table 8.

<b>Initials of recorder</b>	<b>Date</b> <i>Every time you inspect.</i>	<b>What Was Seen</b> Bite, blood spot, cast skin, egg, dead or live bed bug	<b>Where Was It Seen</b> Room and location within the room. Be specific!	<b>What Was Done</b> If chemical, also fill in table 8.

**8. Chemical Control**

<b>Initials</b>	<b>Date</b>	<b>Chemical Name &amp; EPA Reg. #</b>	<b>Where Applied</b>	<b>How Much</b>	<b>Observations</b>