



Termite Detector Station / Toxicant Usage Report

_____ Date

Firstline

HomeChoice

Station #	Detector Location	Activity YES / NO	Toxicant Used # of Stakes	Replace YES / NO	REMARKS (Excess Moisture, Dryness, Ants, Etc.)
1					
2					
3					
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22					
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26					
27					Next Inspection Due:
28					
29					
30					