



## Bed Bug Service Preparation Procedures

To enable our pest control specialist (s) to thoroughly treat your living unit, please complete the following preparatory Steps by \_\_\_\_\_:

- Strip your bed and place its linens (i.e., sheets, pillow cases, blankets, spreads, clothes, etc.) into plastic bags and Remove from unit/home and wash and dry in laundry Facilities.
- Remove all items from:
  - The shelves and floors of your closet (s) / wardrobe (s)
  - The drawers of bureau (s) / dressers (s) and built-in storage unit (s)
  - Desk drawers put those items into plastic bags and store place them into bags.
- Remove all loose floor items, including those stored beneath beds and furniture, put them into plastic bags and place them in the center of your room.
- Remove all picture frames, posters, and other hangings from your walls and place them atop the items stored in the middle of room.
- Leave your travel bags and luggage in plain view.
- Move all items, including furniture, one foot away from all walls.
- Mattress, box spring and frame should be separated and up against wall
- All clothing from closet should be removed
- All curtains should be removed and wash
- Remove all sofa cushions and have all furniture empty and ready for treatment
- **INSPECT ALL ITEMS BEFORE BAGGING, BED BUGS ARE VISIBLE**
- **KEEP EVERYTHING PREPPED UNTIL AFTER 3rd Treatment** and tech clears your unit of Bed Bugs if bed bugs found on final inspections the whole process starts over.

**DO NOT REMOVE ITEMS FROM YOUR ROOM/APARTMENT UNTIL THE TREATMENT IS COMPLETE.**

Your room/apartment will be treated between the hours of \_\_\_\_\_ on \_\_\_\_\_

***DO NOT RE-ENTER UNIT FOR 4-6 HOURS FOLLOWING THE TREATMENT.***

### **BEFORE EACH TREATMENT:**

- You **MUST** launder/dry clean your linens (i.e., sheets, pillow cases, blankets, spreads, etc.)
- It is strongly recommended that you launder/dry clean or tumble dry (high heat) all suspect items.

*Follow-up treatments may be required in 14 and 21 days after the initial treatment: Your hall/area director will contact you to schedule the times and dates of those treatments.*

**Thank you for your cooperation.**

**By signing this document you agree to do all of above: \_\_\_\_\_**