

APPENDIX A

CRISIS COMMUNICATIONS

At the onset of a crisis, news is likely to spread quickly. Nevertheless, a formal plan must be in place and supporting protocols must be followed to ensure that all necessary notifications are reliably made.

The two key TAMU communications hubs are the UPD dispatcher and the Physical Plant Communications Center. Only the UPD dispatcher is a communication link with the Brazos County 911 District. UPD and the Communications Center shall ensure that any notification of a crisis is shared.

The Communications Center shall be responsible for contacting EHSD and Physical Plant Administration per internal procedures.

The Vice President for Facilities or designee shall be responsible for contacting the President, the Executive Vice President and Provost, the Vice President for Student Affairs, and others, as appropriate.

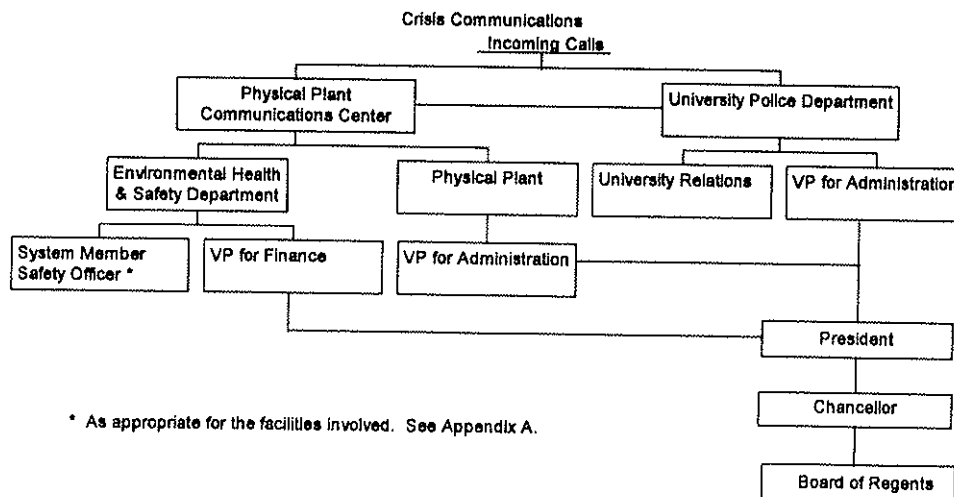
Communications Equipment -

Telephone - primary means of communications for contacting key crisis responders or departments.

800 MHz Radios - used by UPD, Physical Plant, EHSD, and College Station Fire Department. 800 MHz radios are also available to key members of University Administration including the Vice President for Facilities and the Vice President for Finance.

Pagers - used by UPD, Physical Plant, and EHSD. The Communications Center maintains lists of emergency responders and their pager numbers and is available to assist in reaching responders upon request.

Lines of Communication -



* As appropriate for the facilities involved. See Appendix A.

University/Media Crisis Communications

In the event that a crisis occurs on University property, the Executive Director of Marketing and Communications (or his/her designee) will be notified as soon as possible to report to the Incident Command location. In his/her role as chief spokesperson for the University, the Executive Director of Marketing and Communications will ultimately be responsible for the communications efforts relative to the crisis. As such, the Executive Director will coordinate communications efforts as appropriate with both the University's EOC and/or other governmental agencies or EOCs that may be involved in the crisis event. Another Marketing and Communications staff member will report to the EOC to act as a liaison between the EOC and the Office of Marketing and Communications whose responsibility it is to provide communications support services to the Executive Director and to the EOC. The staff of the Office of Marketing and Communications will, therefore, disseminate press releases, respond to media inquiries, produce radio and television announcements, maintain the web site, provide logistics and support for press conferences, and serve in supporting other forms of communications as may be requested.

APPENDIX B EMERGENCY RESOURCE GROUP

University Risk and Compliance			
Charley Clark		845-0977	work
		cbc@tamu.edu	email
Office of Safety and Security			
Chris Meyer		862-8115	work
		c-m-meyer@tamu.edu	email
Leslie Lutz		845-6096	work
		LeslieLutz@tamu.edu	email
Environmental Health and Safety Department			
Office		845-2132	
		845-1348	fax
		ehsd@tamu.edu	email
John Salsman		862-8116	work
Director	jmsalsman@tamu.edu		email
James Rainer		862-4039	work
Fire/Life Safety	jbrainer@tamu.edu		email
Jeff Truss		845-4092	work
Chemical Spill Response Team	jctruss@tamu.edu		email
Radiation Spill		862-1111	
Gas Leak		777-7753	
University Police Department			
Dispatcher		845-2345	
		847-2345	fax
Elmer Schneider		845-5054	work
Chief of Police	eschneider@tamu.edu		email
Physical Plan Department			
Emergency Operator		845-4311	
Office		845-1232	
		845-0051	fax
Richard Williams		845-1232	work
	r-williams@tamu.edu		email
Les Swick		845-1646	work
	lswick@tamu.edu		email
Transportation Services			
Dispatcher		845-0057	
Office		845-9700	
		847-8685	fax
Rodney Weis		845-9700	work
	rweis@tamu.edu		email
Doug Williams		845-9700	work
	dg-williams@tamu.edu		email

Vice President for Research

Richard Ewing	845-8585	work
	rewing@vprmail.tamu.edu	email
Angelia Raines	847-9362	work
	araines@vprmail.tamu.edu	email

University Relations

Office	845-4641	
	845-9909	fax
Sherolyn Carroll	862-2369	work
	s-carroll@tamu.edu	email
Lane Stephenson	845-4641	work
	l-stephenson@tamu.edu	email

Human Resources Department

Office	845-4141	
	845-6894	fax
Anna Satterfield (EAP Manager)	845-3711	work
	annas@tamu.edu	email
Janelle Ramirez	862-1723	work
	Janelle@tamu.edu	email

Beutel Health Center (Student Health Center)

Office	845-1551	
	845-8913	fax
Dr. Linda Lekawski	845-1518	work
Director	llekawski@shs.tamu.edu	email

Department of Residence Life and Housing

Office	862-3158	
	862-2434	fax
Ron Sasse	862-3158	work
	rsasse@tamu.edu	email
Dan Mizer	845-8020	work
	danm@tamu.edu	email

Critical Incident Response Team (CIRT) -- Student Life

Office of Student Life	845-3111	
	845-6138	fax
David Parrott	845-3111	work
	davep@studentlife.tamu.edu	email
Ann Goodman-Coombes	845-3111	work
	ann-goodman@tamu.edu	email

Vice President for Facilities

Office	845-1911	
	845-5406	fax
Charles Sippial	845-1911	work
	c-sippial@tamu.edu	email
Richard Williams	845-9700	work
	dg-williams@tamu.edu	email

Senior Vice President and Chief Financial Officer

Office	862-7777	
	862-7778	fax
Sue Redman	862-7777	work

Robert Bisor	sueredman@tamu.edu email 862-7777 r-bisor@tamu.edu email	work
Executive Vice President for Academic Affairs and Provost		
Office	845-4016 845-6994	fax
David Prior	845-4016 d-prior@tamu.edu email	work
William Perry	845-4016 bperry@tamu.edu email	work
Dan Parker	845-4016 dan-parker@tamu.edu email	work
Vice President for Student Affairs		
Office	845-4728 845-3320	fax
Dean Bresciani	845-4728 dean.bresciani@tamu.edu email	work
Office of the Commandant Guard Room	845-2811 845-6789	work
Office of General Counsel		
Office	458-6120 458-6150	fax
Trudy Bennett	458-6123 tbennett@tamu.edu email	work
Attorneys	458-6120	
Dining Services Department		
Office	845-3005 845-2157	fax
Nadeem Siddiqui	845-3005 nes@tamu.edu email	work
Andy Cronk	458-1826 a-cronk@tamu.edu email	work
Purchasing Services Department		
Office	845-4570 845-3800	fax
Rex Janne	845-4570 (ext. 142) r-janne@tamu.edu email	work
Paul Barzak	845-4570 (ext. 141) pbarzak@tamu.edu email	work
Easterwood Airport		
Airport Line Service	845-4811	
Office	845-5103 845-5168	fax
John Happ	845-5104 jhapp@tamu.edu email	work
Gary Teston	845-5104 gteston@tamu.edu email	work
International Programs		
Office	845-3086	

		845-4824	fax
Emily Ashworth		845-3086	work
		eamsworth@tamu.edu	email
Suzanne Droleskey (Intl. Programs for Students)		845-1860	work
		sdroleskey@tamu.edu	email
Violetta Cook (Sponsored Student Programs)		845-2550	work
		vcCook@tamu.edu	email
Margit Garay (Intl. Student Services)	845-1825 or 1824		work
		mgaray@tamu.edu	email
Mario Del Busto (Intl. Services, Faculty/Staff)	862-1719		work
		mrbusto@tamu.edu	email

Athletic Department

Office		845-5129	
		845-6825	fax
Bill Byrne		845-5129	work
		b-byrne@rtamu.edu	email
Billy Pickard		845-3121	work
		b-pickard@tamu.edu	email
Penny King		845-1063	work
		pking@tamu.edu	email

Campus Veterinarian (Comparative Medicine)

Office		845-7433	
		845-6706	fax
Melanie Ihrig		845-7433	work
Betsy Browder	845-7433		work
		b-browder@cvml.tamu.edu	email

TAMUS Office of Risk Management and Safety

Office		458-6330	
		458-6247	fax
Kevin McGinnis		458-6249	work
		kmcginnis@tamu.edu	email
Kathy Miller		458-6330	work
		kathy-miller@tamu.edu	email

A&M System Member Safety Officers

Texas Agricultural Experiment Station

Brad Urbanczyk	862-4038		work
	845-1348		fax
		burbanczyk@tamu.edu	email

Texas Cooperative Extension

Brad Urbanczyk	862-4038		work
	845-1348		fax
		burbanczyk@tamu.edu	email

Texas Engineering Experiment Station

David Breeding	845-9247		work
	845-6443		fax
		bree@tamu.edu	email

Texas Engineering Extension Service

Charlie Todd	458-6815		work
	458-6925		fax
		Charley.Todd@TEEXmail.tamu.edu	email

Texas Transportation Institute
Holly Crenshaw

845-6741 work
862-1398 fax
h-crenshaw@tamu.edu email

Texas Forest Service
Tom Owen

458-6690 work
845-5764 fax
towen@tfs.tamu.edu email

Texas Veterinary Medical Diagnostic Lab
Terry Dobrovolsky

845-9014 work
845-1794 fax

Brazos County Emergency Management

Office 9-821-3407 fax
Chuck Frazier 9-361-4140 work
Michele Meade 9-361-4141 work

Department of Public Safety

Office 9-776-3101, 3102, 3100
Mark Spillers

Union Pacific/Missouri Pacific Transportation

Control Center 9-800-726-1099, 1098

CHEMTREC

Emergency Center 9-800-424-9300

On-Campus Emergency

**Dial From
On-Campus Telephones**

Emergency Assistance	9-911
Ambulance, University	9-911
Fire	9-911
Police Emergency, University	9-911
Police Dispatcher	5-2345
Chemical Spill Response Team	5-2132 (5-4311 after 5 pm)
Beutel Health Center	5-1511
Environmental Health & Safety Department	5-2132
Radiological Emergency	5-2132 (2-1111 after 5 pm)
Gas Leak	

Off-Campus Emergency

Dial 911 -from off-campus telephones
-from non-campus telephone exchanges

NON-EMERGENCY COMMUNICATIONS

Fire

College Station Fire Department	9-764-3700
Bryan Fire Department	9-361-3888
Brazos County Volunteer Fire Departments	9-361-3888

Police

College Station Police Department	9-764-3600
Bryan Police Department	9-361-3888
Brazos County Sheriff	9-361-4100
Department of Public Safety (State Troopers)	9-766-3101
FBI	9-822-6916

Ambulance

College Station Fire Department	9-764-3700
Bryan Fire Department	9-361-3888

Hospital

College Station Medical Center	9-764-5100
St. Joseph Hospital	9-776-3777
Scott & White Clinic (Urgent Care)	9-691-3648
Physician's Center	9-731-3100

APPENDIX C

TAMU-EMERGENCY RESPONSE COVERAGE

Updated February 2003

Off Campus Locations

T = TAMU EMS, UPD
 C = College Station EMS, FD, PD
 B = Bryan EMS, FD, PD
 P = Precinct 4,FD

Description	Street Location	City Location	EMS	Police	Fire
University Services Building	3380 University Drive East	College Station	C	T	C
John B. Connally Building	301 Tarrow Street	College Station	C	T	C
Riverside Campus		County	P/B	T	P/B
Business Management Services Building	1501 Texas Avenue	College Station	C	T	C
Hilton Hotel (Rooms 254/256)	801 University Drive East	College Station	C	C	C
Geochemical & Environmental Research Group (GERG)	833 Graham Road	College Station	C	T	C
USDA Complex	F&B Road	College Station	C	T	C
Bush Library	1000 George Bush Drive West	College Station	T	T	C
Animal Science Teaching & Research Center (ASTREC)	7707 Raymond Stotzer Parkway	County	B	T	P

TAMU – Emergency Response Coverage

Updated February 2003

On Campus Locations

T = TAMU EMS, UPD
 C = College Station EMS, FD, PD
 B = Bryan EMS, FD, PD
 P = Precinct 4,FD

Location	Address	Agency	EMS	FD	PD
Main Campus		TAMU	T	T	C
Emergency Phones	Campus Locations	TAMU	T	T	C
Fire Training School	1595 Nuclear Science Road	TAMU	C	T	C
Nuclear Reactor	2522 Nuclear Science Road	TAMU	C	T	C
Easterwood Airport - McKenzie Terminal	1 McKenzie Terminal Blvd.	TAMU	C	T	C
Easterwood Airport - General Aviation/Tower	1770 George Bush Drive West	TAMU	C	T	C
Hazardous Waste Storage Facility	2655 Dairy Science Road	TAMU	C	T	C
Construction Contractors (846 exchange on campus)		TAMU	T	T	C
On Campus Events					
Football Games (3 units on site - paramedic on each unit)	Kyle Field	TAMU	T	T	C
Hazardous Materials Emergency		TAMU	C	T	C

APPENDIX D

EOC OPERATIONS PROCEDURES

1. All personnel reporting shall come equipped for the long term, to the maximum predictable and practical extent, bringing with them all essential support personnel, equipment, and materials as may be required for the conduct of their duties. Cell phones and chargers are particularly useful in most situations.
2. **Each person staffing a position in the EOC shall utilize some reasonable method for continuously recording incoming and outgoing messages, requests for assistance, responses to requests, anticipated requirements, and the entire spectrum of information and communication flow that typically takes place in an emergency situation. Documentation is essential!** Message forms are available in the EOC and must be utilized regularly and without exception. Paper tablets, such as steno pads, are a good method of keeping track of events. **All entries should have a time of occurrence entry**, with attention given to date changes if the event runs long term. Event tracking and documentation software programs, if available and operational, will be the primary method of recording actions or events which take place, with message forms and notes utilized as backup and secondary means.
3. The “EOC log” record keeper must be kept informed of all information and communications so that the official log will accurately reflect the disaster sequence of events. Proper utilization of the message forms, and other information dissemination forms, will greatly aid in the preparation of this log. Information flow to this position is essential.
4. EOC personnel will normally staff their assigned positions, with the associated phone number assigned to that position at their disposal. The use of these lines for “incoming” calls, and the use of a cell phone for “outgoing” calls is recommended if practical.
5. All positions in the EOC are essential, and must remain staffed at the levels specifically indicated in this document throughout the emergency, unless the person in charge of the operation expressly stands down the position. Any such deactivation should be an EOC log entry, to document the matter.
6. As it is likely that an emergency situation will require turnover in EOC personnel, each position should maintain a record of information as to what has taken place to date, what is in progress, and what is anticipated. This information shall be used in briefing any newly arriving person regarding the specifics of the situation, and will create a smooth transition from one person to another. The EOC log entries, any individualized record keeping method, message duplicates, and so on, may serve to satisfy this purpose. In no case should a person vacate or turn over responsibility for their position, until they are certain that the new arrival has been briefed on the requirements of the position.
7. The person in charge of the EOC should routinely conduct situational updates. These briefings need not be lengthy, regularly scheduled, or overly complex. The intent is to keep everyone involved informed as to the current and projected situations, and to ensure that each person is aware of what the others are doing.
8. A status sheet or similar format, such as a listing on one of the marks-a-lot boards, shall be maintained informing EOC personnel of the current senior elected and appointed officials present in the facility.

9. Message handling methods and procedures must be promulgated and rigidly adhered to by every participant. Except when otherwise stipulated, message forms will be thoroughly completed by any participant, and properly routed. The multi-sheet, carbonless forms require routing as follows: white copy to recipient, yellow to the EOC log entry person (via the EOC person in charge) thence to the status board writer or other interested person, with the pink copy retained by the writer. Each person involved with messages, either as writer or recipient, should ensure that any completed messages are "filed" in a chronological sequence. Any necessary responses will be accomplished by an additional completed message form, properly routed, and filed as stated

APPENDIX E
Emergency Operations Center
Activation Checklist

	YES	NO
1. Has 911 Dispatch been notified?	_____	_____
2. Has Physical Plant Communications Center been notified?	_____	_____
3. Have all key staff members been notified?	_____	_____
4. Has the President and VP for Facilities been notified?	_____	_____
5. Have the Bryan, College Station, and Brazos County EMCs been notified? (Phone: Bryan 209-5102; CS 764-6210; Brazos Co. 361-4140 or 4141)	_____	_____
6. Has the Department of Public Safety in Bryan been notified? (Phone: 776-3100 or 3101; FAX 776-3169)	_____	_____
7. Has the Regional Liaison Officer (RLO) been notified? (Phone: 254/759-7165/31; FAX 254/799-9443; Pager 800/299-4009 #6518)	_____	_____
8. Has the Initial Disaster Report been submitted via FAX? (DPS Bryan 776-3169; RLO Waco 254/799-9443; DEM 512/424-2444 or 7160)	_____	_____
9. Are radios operational?	_____	_____
10. Are the phones operational?	_____	_____
11. Has a project number been assigned and announced?	_____	_____
12. Has a planning team been appointed and begun operations?	_____	_____
13. Has an EOC duty log been started and organizational chart displayed?	_____	_____
14. Has the electronic record-keeping system been activated and do all EOC participants have access.	_____	_____
15. Does an emergency declaration need to be made?	_____	_____
16. Is an evacuation required and has an order been issued?	_____	_____
17. Has the Red Cross been notified? The Salvation Army?	_____	_____
18. Do any shelters need to be opened? Status of shelters.	_____	_____

- | | | |
|--|-------|-------|
| 19. Has an assessment of problems, resources, shortfalls, and options been conducted? | _____ | _____ |
| | _____ | _____ |
| 20. Are the status charts up-to-date? | _____ | _____ |
| | _____ | _____ |
| 21. Has a Disaster Situation Outline/Situation Report form been faxed to DEM in the State EOC, as well as to the RLO and the DPS in Bryan? | _____ | _____ |
| | _____ | _____ |
| 22. Has a media center, pressroom, or JIC been established? | _____ | _____ |
| | _____ | _____ |
| 23. Has an initial press release been initiated? | _____ | _____ |
| | _____ | _____ |
| 24. Have any requests for outside assistance been made? | _____ | _____ |
| | _____ | _____ |
| 25. Have any provisions been made for 24-hour operation of the EOC? | _____ | _____ |
| | _____ | _____ |

APPENDIX F

TEXAS A&M UNIVERSITY
Initial Disaster Report

1. Date and time of report (24-Hour Clock): _____
2. What happened: _____

3. When: _____
4. Where: _____

5. Extent of damage or loss, best information available: _____

6. Best estimate of injured, homeless, and fatalities: _____

7. Type and extent of assistance required, if known: _____

8. Additional pertinent remarks: _____

9. Name of official making report: _____
Title: _____ Location: _____
Phone(s): _____ Fax: _____
Pager: _____ Email (if available): _____
10. Point of contact's name (if different): _____
Title: _____ Location: _____
Phone(s): _____ Fax: _____
Pager: _____ Email (if available): _____

Fax to DPS Bryan at 979-776-3169; and RLO Waco at 254-799-0443 (if required)

ANNEX A

WEATHER EMERGENCY

TAMU President or designee

Issues sheltering recommendations, evacuation orders, and authorization to vary routine campus work schedules.

Vice President for Facilities

Advises TAMU President based upon best available information submitted by University Police Department, Physical Plant, Environmental Health and Safety, Department of Public Safety, and/or local or national weather services.

Approves content of official news releases, announcements and taped phone messages.

Announces condition to all internal units including all Vice Presidents.

Announces actions of TAMU President to all Vice Presidents for dissemination to respective departments/offices.

In the absence of VP for Facilities, the VP for Finance is designated to serve this function.

TAMU Marketing and Communications

Provides news releases from VP for Facilities.

Interfaces with news media.

TAMU University Police Department

Implements sheltering or evacuation orders.

Summons support resources necessary to accomplish those tasks.

ANNEX B

TOXIC CHEMICAL SPILL OR RELEASE

Whenever toxic solids, liquids or vapors are unintentionally released on TAMU property every effort shall be made to protect students, employees, visitors, and members of participating response units and agencies assisting at the incident site.

Limited Chemical Release

Each department or unit that works with chemicals will employ its own containment/spill procedures in the event of a small unintentional release of less than 1 liter and not extremely toxic.

At the onset of release, the department will notify Environmental Health and Safety (EHSD) of chemical type and approximate quantity.

Environmental Health and Safety may dispatch the EHSD Hazardous Material Emergency Response Team to provide additional support in containment and cleanup if assistance is required.

If release cannot be abated with on-site containment procedures, laboratory personnel will notify Environmental Health and Safety of chemical type, approximate quantity and need for additional assistance.

Environmental Health and Safety will dispatch the EHSD Hazardous Material Emergency Response Team to implement containment and cleanup procedures.

The EHSD representative will determine whether to evacuate and/or request off-campus emergency response, as necessary.

Major Chemical Release

If chemical release is extremely toxic or in an amount larger than can be contained locally, the 911 District Dispatcher/University Police/EHSD will notify the College Station Fire Department by direct line telephone and will supply the following information:

- Nature of emergency and exact location
- Name and unit/department of person supplying information
- Name of Laboratory Emergency Contact Person
- Identity and quantity of chemical released, if known

Building occupants will be evacuated from the building and kept at a safe distance, upwind, until:

- Chemical release containment and cleanup have been resolved
- Persons who have been exposed or injured have been removed
- The College Station Fire Department declares the building safe to reenter

Environmental Health and Safety will dispatch the EHSD Hazardous Material Emergency Response Team to assist with containment and cleanup procedures.

A report of the incident will be supplied to TAMU administration, copy to University Relations, as necessary.

Hazardous Waste Storage Building (Bldg. 1165)

Chemical spills, fires and other emergencies that may occur at the Hazardous Waste Storage Building require responses that differ from the above. The prescribed procedures for emergency response are found in the TAMU Emergency Response Contingency Plan for Hazardous Waste Operations. This Contingency Plan is distributed to the responding agencies and conforms to the federal and state regulatory requirements contained in 40 CFR Part 264 Subpart D and 30 TAC Part I Chapter 334 Subchapter K.

ANNEX C FIRE OR SMOKE

All fire/smoke conditions will be reported through the 911 District Dispatcher (9-911) to the College Station Fire Department (CSFD) or the Bryan Fire Department (BFD). CSFD (or BFD) will notify the University Police and Environmental Health and Safety.

- Nature of fire/smoke and exact location
- Name and unit of person supplying information to the 911 District Dispatcher.

TAMU personnel will evacuate the building and remain at a sufficient distance to ensure:

- Personal safety
- Safe performance of firefighting and rescue operations
- Treatment and removal of the injured.

University Police Department

Upon notification from the 911 District Dispatcher, assigned University Police Department personnel will respond to the scene.

Secure the fire area and provide crowd control.

Assist the fire department in establishing a command post, as necessary.

Environmental Health and Safety

Upon being notified of the incident, EHSD will immediately dispatch a representative to the scene.

The EHSD representative will gather information to assess the following:

- Probable cause of incident
- Extent of property damage
- Number and extent of casualties

A report of the incident will be supplied to TAMU Administration and Marketing and Communications, as necessary.

Physical Plant

Upon notification, Physical Plant will dispatch personnel to the On-site Command Post.

Physical Plant personnel will assist emergency responders with building information, building access, building utilities control, and availability of other resources.

Physical Plant personnel shall coordinate facility recovery efforts after the facility is cleared for reentry.

Physical Plant will conduct damage assessment.

ANNEX D

LOSS OF BUILDING UTILITIES

The disruption or loss of electricity, telephone, potable water, natural gas, steam, sanitary disposal or other building utility may severely affect student residents, classroom activities, and research or staff activity.

Physical Plant

Upon notification, Physical Plant responds to loss of utility(s).

Upon arrival at the scene, a determination is made whether to notify the University Police if crowd, traffic control or other assistance is required.

Will restore utility(s).

University Police Department

Receives direct notification of building utility loss.

Will notify Physical Plant Emergency Operator, who will notify appropriate personnel.

Will respond to scene upon request of Physical Plant.

Upon arrival at the scene, may establish an on-site command post if necessary.

Physical Plant shall provide a report of the incident to TAMU administration with copy to Marketing and Communications, as necessary.

ANNEX E

BOMB THREAT

- E.1 Because of the seriousness of the situation and the possibility of physical injury to the parties concerned, initial precaution must be taken in the case of a bomb threat or presence of explosive devices. If a TAMU employee or student suspects an object to be a bomb or explosive, she/he will **IN NO WAY HANDLE OR TOUCH THE OBJECT.**
- E.2 The building or area where the object is found will be evacuated immediately according to evacuation procedure (see Annex F) or other existing evacuation procedures.
- E.3 All bomb threats and suspected explosive devices will be reported through the 911 District Dispatcher (9-911) to the University Police. Information will include:
 - Description of object and exact location.
 - Name and unit/department of person supplying information.
- E.4 Radio communication **WILL NOT** be used in the vicinity of suspected bombs or explosive devices. It is essential that the object **NOT BE TOUCHED OR MOVED** by TAMU staff or students. It is critical that deans and directors make their staffs aware of bomb and explosive device procedures.
- E.5 **University Police Department**
- E.5.1 Upon notification from the 911 District Dispatcher, UPD will dispatch a sufficient number of officers and supervisors to the scene in accordance with University Police procedures.
- E.5.2 Upon arrival at the scene, a command post may be established depending on the seriousness of the circumstance.
- E.5.3 Staff and students will not handle any object suspected of being a bomb or explosive device.
- E.5.4 Will request off-campus emergency response depending on the seriousness of the circumstance.
- E.5.5 Will act in accordance with University Police bomb/explosive procedures.
- E.5.6 A report of the incident will be supplied to TAMU administration with copy to Marketing and Communications, as necessary.

ANNEX F BUILDING EVACUATION

The University Police Department, upon receipt of information concerning a possible major interruption of University operations, will immediately notify pertinent building managers (building proctor, dormitory resident director or area hall director), deans, department heads, and/or directors.

University Police, after analyzing the situation, may establish an on-site command post.

Formal order to evacuate will be given by one of the following:

- University Police
- Environmental Health & Safety
- Building Proctor, Dean or Director
- Physical Plant
- College Station Fire Department*

Building manager, dean, department head, or director will begin immediate evacuation IF DANGER IS IMMINENT.

Nothing within this instruction shall be construed to interfere with individual building or unit evacuation procedures.

A report of the incident will be supplied to TAMU administration with a copy to Marketing and Communications, as necessary.

A pre-planning guide for developing a building evacuation/closure plan is available from Environmental Health and Safety Department. All TAMU campus buildings are required to have a written Emergency Evacuation Plan.

*Upon arrival on the scene, College Station Fire Department becomes the **authority having jurisdiction**.

ANNEX G

DEMONSTRATION/CIVIL DISTURBANCE

In the event that riots, looting, political violence and/or similar civil disturbance should occur, TAMU has capabilities which, if used promptly and properly, can minimize loss and damage to its resources resulting from such disturbances.

In the event of civil disturbance, University Police will dispatch a sufficient number of officers and supervisors to the scene, implementing civil disturbance control in accordance with University Police procedures.

Upon arrival at the scene, an on-site command post may be established depending on the seriousness of the circumstance.

University Police will make determination to request off-campus emergency response based on the seriousness of the circumstance.

A report of the incident will be supplied to TAMU administration with copy to Marketing and Communications, as necessary.

ANNEX H

AIRBORNE OR FOODBORNE ILLNESS

Upon receipt of information concerning a possible airborne or foodborne illness, the building proctor, dean or director of the affected facility will notify Environmental Health and Safety.

EHSD will begin immediate investigation to determine nature of illness and simultaneously contact appropriate medical personnel for assistance. EHSD will notify Student Health Center medical personnel and will coordinate actions and activities as necessary.

Medical staff will authorize treatment on-site or transport of affected personnel to available medical facilities for treatment.

In the event of a suspected airborne or foodborne illness, Student Health Center personnel will immediately contact EHSD and will coordinate activities as necessary.

A report of the incident will be supplied to TAMU administration with copy to Marketing and Communications, as necessary.

ANNEX I

INJURY/DEATH OF STUDENT OR EMPLOYEE

Upon the serious injury or death of a student the primary responding unit will notify the Student Affairs Critical Incident Response Team (CIRT). CIRT procedures for handling such student crises are documented in the Critical Incident Response Team Manual available from the Director of Student Life or from the Office of the Vice President for Student Affairs.

Upon the serious injury or death of an employee, the primary responding unit will notify the UPD. UPD will notify the Vice President for Facilities. The Vice President for Facilities or designee shall notify the Director, TAMU Human Resources Department. Procedures for handling such employee crises will be determined by the VP for Facilities and the Human Resources Department.

ANNEX J

EVACUATION OF PERSONS WITH DISABILITIES

The responsibilities listed below are important to follow:

RESPONSIBLE PARTY	EMERGENCY SITUATION	NON-EMERGENCY SITUATION
Supervisor/s (i.e., Deans/Directors, Instructors, President, Vice Presidents)	Administrative Procedures- <ul style="list-style-type: none"> . Supervisors must confer with physically impaired employee(s) under their authority. . Develop with physically impaired person(s) best method(s) for evacuation. 	Administrative Procedures- <ul style="list-style-type: none"> . Confer with physically impaired person(s) under their authority . Develop with physically impaired person(s) best method(s) for evacuation.
	Instructional Procedure- <ul style="list-style-type: none"> Be prepared to explain how and where person(s) should provide support Practice instructions beforehand . Call 9-911 . Supply 911 District Dispatcher with appropriate information <ul style="list-style-type: none"> . Name and title of caller . Building location and address . Explain emergency situation 	Instructional Procedures- <ul style="list-style-type: none"> Be prepared to explain how and where person(s) should provide support Practice instructions beforehand . Call <ul style="list-style-type: none"> . College Station Fire Department (CSFD) at 764-3700 and request evacuation assistance . Supply CSFD appropriate information <ul style="list-style-type: none"> . Name and title of caller . Building location and address . Explain non-emergency situation
Physically impaired Person(s)	<ul style="list-style-type: none"> . Seek out persons who would be able to assist in an emergency. . Carry a loud whistle, horn, or similar device. It may be used to alert people of location if trapped. 	<ul style="list-style-type: none"> . Convey to supervisor or instructor the need for evacuation assistance. . College Station Fire Department can be contacted by person(s) with whom a prearrangement has been reached and the following information conveyed: <ul style="list-style-type: none"> . Name and title of caller . Building location and address . Explain non-emergency situation

ANNEX K

Emergency Protocols

The following protocols in this Annex are intended to guide faculty, staff, students and visitors who are **not** trained emergency responders. In the event of an emergency that affects campus, individuals should use these protocols to protect themselves.

Area Evacuation/Shelter in Place

In some emergency situations, such as flooding or release of hazardous materials, emergency responders may order protective actions for persons who live or work on campus. Typically, these protective actions are to evacuate to a safer area or to shelter in place. It is possible that some emergency scenarios could result in one of these protective actions being ordered for one part of campus and the other protective action for a different area of campus. When such actions are warranted, you will be appropriately advised by police, fire, safety or university officials via radio and television stations and the Emergency Alert System (EAS), public address systems, loudspeakers, door-to-door notifications, or other appropriate means.

Area Evacuation

An area evacuation is an organized withdrawal from a building or area to reach safe haven. Upon notification to evacuate, quickly:

- Dress appropriately for the weather
- Take only essentials with you (e.g., eyeglasses, medications, identification and cash/checkbook/credit cards) - do not pack belongings
- Turn off unnecessary equipment, computers and appliances
- Close the door as you exit your room or office
- Follow the directions provided for safe routes of evacuation
- Listen to radio, if available, to monitor emergency status
- Do not use your personal vehicle for evacuation unless specifically ordered to do so...if cars are used to evacuate, protect against hazardous materials by keeping windows closed and outside air conditioning systems turned off
- If you need special assistance, contact your Resident Advisor, Building Proctor, or other appropriate emergency contact. If these persons are not available, call University Police Dispatch, **845-2345** for assistance

Shelter in Place

When emergency conditions do not warrant or allow evacuation, the safest method to protect individuals may be to take shelter inside a campus building and await further instructions.

- Move indoors or remain there - avoid windows and areas with glass
- If available, take a radio or television to the room to track emergency status

- Keep telephone lines free for emergency responders, do not call 911 for information
- If hazardous materials are involved,
 - Turn off all ventilation systems and close all outside air inlets
 - Select a room(s), which is easy to seal, and, if possible, has a water supply and access to restrooms
 - If you smell gas or vapor, hold a wet cloth loosely over your nose and mouth and breathe through it in as normal a fashion as possible

Fire Emergency

Inside a Building

- Activate a fire alarm or pull station
- Call **9-911** (give caller name, building name, address, floor, location, etc.)
- Evacuate the building using Building Evacuation instructions

Outside a Building

- Call **9-911** (give caller name and address, location of fire, etc.)
- Do NOT activate the building fire alarm system

Portable Fire Extinguisher use allowed if:

- Properly trained (hands-on training)
- Small, contained fire (e.g. wastebasket)
- Can extinguish within 15 seconds (evacuate if it takes longer)

Building Evacuation

When the building fire alarms sound:

- Immediately evacuate using building emergency plan procedures
 - Walk to nearest exit/stairwell (close doors behind you)
 - Do not use the elevators
- Proceed to the designated gathering area outside the building
 - Report to your Floor Proctor (for a headcount)
- Do not re-enter building until cleared by authorized personnel
- Assist with the evacuation of individuals with special needs (See <http://finance.tamu.edu/ehsd> and click on Fire and Life Safety)

Chemical Emergency

Spill Inside Building

- Isolate and secure the spill area
- Warn others in the immediate area

- Based upon the hazard, attempt clean-up if trained and if you have appropriate personal protective equipment
- If assistance is needed, call **9-911** (give location, type material)
- Evacuate the building, if required (use of public address system preferred or use of building fire alarm system)
- Meet with and assist emergency response personnel

***Non-Emergencies**, call Environmental Health & Safety Department, **845-2132** or Physical Plant, **845-4311** (after hours) for assistance

Spill Outside Building

- Isolate and secure the spill area
- Warn others in the immediate area
- Call **9-911** for assistance (give location, type material)
- Do not wash spilled material into storm drain

***Non-Emergencies**, call Environmental Health & Safety Department, **845-2132** or Physical Plant, **845-4311** (after hours) for assistance

Personnel Injury Involving Chemical Contamination

- Assist with emergency eyewash/shower use, as appropriate
- Render first aid immediately for serious injuries, as trained
- Call **9-911**
- Notify the Environmental Health & Safety Department, **845-2132**
- As possible, without doing harm to the victim, decontaminate the individual and remove and bag contaminated clothing
- Obtain a Material Safety Data Sheet (MSDS) for the material involved

Emergency Telephone Numbers

Brazos County 911 District	9-911 (from campus telephone)
University Police Dispatch	845-2345 (24-hours)
Physical Plant Communications Center	845-4311 (24-hours)
Environmental Health & Safety	845-2132 (8 a.m. - 5 p.m.)
Radiological Emergencies	862-1111 (24-hours)

<http://ehsd.tamu.edu>

Bomb Threat

Telephone Call -

- Immediately after call is terminated, hang-up, obtain dial tone, dial #911, then hang-up (trace/trap procedure)
- Call 9-911 (Dispatcher will notify the University Police)
- Document the conversation using the Bomb Threat Checklist
- Notify the department head/building proctor
- Meet with and assist University Police personnel
- As directed by University Police, help locate/identify suspicious items
- Evacuate building, as directed (use of public address system preferred or use building fire alarm system)
- Do not re-enter building until cleared by authorized personnel

Refer to TAMU SAP 34.07.99.M1.01, Bomb Threat Procedures

Suspicious Letter/Package/Substance

What to Do Upon Letter/Package Receipt -

- Handle with care
- Don't shake or bump
- Isolate and look for indicators
- Don't open, smell, or taste
- Treat it as suspect!!
- Call 9-911

If Parcel is Open and/or Threat is Identified -

For a Bomb -

- Evacuate immediately
- Call 9-911

For Radiological -

- Limit exposure - don't handle
- Evacuate area
- Shield yourself from the object
- Call 9-911

For Biological or Chemical -

- Isolate - don't handle
- Call 9-911
- Wash your hands with soap and water

Suspicious Substance in Campus Building -

- Clear and isolate the contaminated area. Do not touch or disturb anything
- Call University Police, **845-2345**
- Wash your hands with soap and water
- Identify individuals who may have been exposed to the material
- Do not leave premises until dismissed by authorities

Injury Reporting Procedures

When Injured or Witness to an Injury

- Complete the *TAMU First Report of Injury Form* (form available on Human Resources homepage: www.hr.tamu.edu)
 - If injured is an **employee**, fax the completed form to the TAMU Human Resources Department, **847-8546**
 - If injured is a **student or visitor**, fax the completed form to the Environmental Health & Safety Department, **845-1348**

*TAMUS personnel should send a completed First Report of Injury or Illness Form to their respective Human Resources Department.

Lightning Prediction Warning

A Thor Guard Lightning Prediction System has been installed on campus and will sound a warning when lightning is likely to strike on or near the campus.

Horns will sound for approximately 15 seconds and the system lights will continue to flash until the danger is past. When the danger is past, the horns will sound 3 blasts for 5 seconds each and the lights will turn off.

When the warning is sounded -

- Cease outdoor activities
- Seek shelter inside a building or automobile

Avoid -

- Open areas; places near water, trees, metal fences, overhead wires or power lines; or elevated ground or open vehicles
- Use of radios or cellular phones

Medical Emergency

If Ambulance is Needed -

- Call **9-911**
- Provide Dispatcher with:

- Location of emergency
- Type of injury, if known
- Brief description of injured person (gender, age, etc.)
- Render first aid, as trained
- Make injured as comfortable as possible
- If work related, complete and send a **First Report of Injury Form** to the Human Resources Department (form available on Human Resources homepage: www.hr.tamu.edu)

If Ambulance is Not Needed-

- Render first aid, as trained
- Assist with transportation of an employee to their personal physician or a student to the Beutel Health Center, if appropriate
- If work related, complete and send an **First Report of Injury Form** to the Human Resources Department (form available on Human Resources homepage: www.hr.tamu.edu)

Radiation Emergency

Personnel Injury Involving Radioactive Material Contamination

- Render first aid immediately for serious injuries, as trained
- Call **9-911**
- Notify the Environmental Health & Safety Department, **862-1111** or Physical Plant, **845-4311** to report the injury
- As possible, without doing harm to the victim, monitor the injured and remove contaminated clothing and gross personal contamination

Radioactive Contamination of Personnel -

- Remove and bag all contaminated clothing
- Call the Environmental Health & Safety Department, **862-1111** or Physical Plant, **845-4311** to report the incident
- Skin contamination should be cleaned using mild soap and tepid water. Use portable survey meter to monitor for remaining contamination. If not free of contamination, re-wash and re-survey
- Survey for contamination elsewhere on the body as well as on clothes, shoes, floor, door handles, telephones, etc.
- Document the entire incident

Radiation Spill or Release -

- Stop work and confine the spill immediately using an absorbent, enclosure, etc.
- Call the Environmental Health & Safety Department, **862-1111** or Physical Plant, **845-4311** to report the incident
- Warn others of the hazard and isolate the area

- Monitor personnel during and after cleanup for contamination
- Collect all used cleanup materials as radioactive waste. Remove and bag all contaminated clothing or cleaning items for removal by EHSD
- Commence wipe surveys and decontamination. Perform surveys of surrounding areas to ensure that all contaminated areas are identified.
- Document the entire incident

Severe Weather

General -

- Follow instructions as provided by your Department/University
- Listen to radio and television for weather updates
- Check with media for return to work status

Tornado -

- Go to basement or lowest floor of building
- Stay away from exterior walls, doors, and windows
- Move to interior hallways and small interior rooms (e.g., bathroom, closet, etc.)
- Get under a piece of furniture if possible (e.g., sturdy table, desk)
- Call **9-911** if emergency help is needed

Gas Leaks

Gas Odor

- Call Physical Plant, **845-4311** (give caller name, location of odor, etc.)
- Warn others in the immediate area
- Vacate and secure area
- Notify department head/building proctor
- Meet with and assist emergency response personnel

Major Leak (e.g., pipeline break)

- Call **9-911** (give caller name, location of leak, etc.)
- Initiate evacuation of the building or if outside, isolate the area
- Warn others in the immediate area
- Prevent sources of ignition (cigarettes, electrical equipment, etc.)
- Meet with and assist emergency response personnel
- Do not re-enter building or outside area until cleared by authorized personnel

ANNEX L

EMERGENCY OPERATIONS PLAN

EASTERWOOD AIRPORT

General:

The prescribed procedures of the Easterwood Airport Emergency Operations Plan are explained in a manual that is maintained by the Director of Aviation. The full text of the manual may be available upon request by calling the Director at (979) 845-5103.

Purpose/Responsibilities:

The emergency operations plan document outlines prescribed procedures, to the extent practical, to be used in the event of an aircraft accident, emergency, or potential emergency at Easterwood Airport. This plan also fulfills the requirements of 14 CFR Part 139.325, Airport Emergency Plan.

The plan establishes the operational organization and assignment of responsibilities for aircraft accidents/incidents and other airport emergencies. All emergency conditions cannot be anticipated. If an emergency arises that is not covered by this plan, the Director of Aviation has the authority to modify the plan, as required.

The plan is available to all Brazos County Interjurisdictional Agencies, and revisions will be made as required. Aircraft accidents occurring off Airport property will be the responsibility of the agency(s) having jurisdiction.

ANNEX M

ATHLETIC EVENTS EMERGENCY PROTOCOLS

General:

Emergency protocols have been established for responding to emergencies that could endanger lives of patrons or personnel at athletic events on the Texas A&M University campus. The full text for each athletic facility's emergency protocols are available upon request by calling the Senior Associate Athletic Director for Business at (979) 845-1063.

Purpose/Responsibilities:

During normal operations, personnel from University Police Department; Athletic Department; Bryan/College Station Fire and Police Departments; TAMU Emergency Medical Services; TAMU Environmental Health and Safety Department; Physical Plant Department; and Transportation Services will respond as necessary to a given emergency at a facility holding an athletic event. Staffing at each event may change as required to enable an effective emergency response.

Decisions concerning crowd control and emergency management of critical situations during athletic events are the ultimate responsibility of the TAMU Police Department, but will be made in consultation with the TAMU Athletic Department. The Game Manager and the Director of Security and University Police, or their designees, will maintain a constant communication capability and fully discuss situations that are occurring. The Director of Athletics and TAMU President will be notified of a critical incident. Emergency situations related to crowd management, communications, evacuations and sheltering, traffic management, staging and triage areas are addressed in the emergency protocols. Response to specific critical incidents; such as bomb threat, working fire, and weather emergency; are also addressed.

Athletic Facility's With Emergency Protocols:

- Kyle Field Stadium
- Reed Arena
- G. Rollie White Coliseum
- C. E. "Pat" Olsen Field
- Aggie Softball Field
- Anderson Track and Field Complex
- Varsity Tennis Center
- Aggie Soccer Stadium

ANNEX N

TRAIN/TRUCK SPILL OF HAZARDOUS MATERIAL

General:

This annex provides for a coordinated response by TAMU personnel, College Station/Bryan fire and police departments, and industry representatives to minimize the adverse effects on the University campus, the local communities, and the environment that may result from unintentional releases of hazardous substances. These releases may occur from train derailments or truck transportation accidents.

Hazardous materials are transported through and/or adjacent to the Texas A&M University campus which can pose a potential threat to campus facilities, employees, students, and visitors. Fires, explosions, and/or release of toxic vapors that can harm personnel and property are possible from transportation accidents.

The College Station Fire Department, Bryan Fire Department, and TAMU Environmental Health and Safety Department (EHSD) have personnel trained and limited equipment available for hazardous materials response. EHSD also has a highly trained radiological response team. Transportation companies (i.e., Union Pacific Railroad) can also be asked to assist with major spills response, cleanup, and recovery needs.

Purpose/Responsibilities:

The first fire official or police officer arriving at an incident involving the release of hazardous materials is the Incident Commander (IC) and will immediately notify his/her dispatcher or communications center and provide incident information. This first responder, as IC, must take initial steps to protect himself/herself and the public, isolate the incident, begin product identification and call for resources as the situation dictates. Incident Command will be transferred to the most appropriate person as incident response progresses. A Field Command Post (FCP) may be established near the incident to coordinate response requirements. The IC or authorized TAMU official may request the activation of the University's Emergency Operations Center (EOC).

The Incident Commander, alone or in concert with the TAMU EOC, shall assess the need for evacuation, plan the evacuation, and coordinate support for the evacuation effort. The decision to recommend evacuation of the populace in around the area of the incident site rests with the IC. Evacuation or shelter-in-place procedures shall be followed. See ANNEX K, Emergency Protocols Checklist, Area Evacuation/Shelter-In-Place for University procedures.

The College Station Fire Department will often be the first responder. When they are not, they usually assume responsibility for the incident from the first responder and initiate response procedures under the incident command system.

Under the direction of the IC, the University Police Department shall have responsibility for traffic and crowd control, scene security, evacuation, and coordination with other appropriate governmental agencies.

The Physical Plant and Transportation Services Departments shall be responsible to assist with rescue or recovery operations, provide barricades, provide heavy equipment, restore utilities, and assist with removal of hazardous substances as required while operating within the guidelines of current statutes and laws.

The Environmental Health and Safety Department shall be responsible with assisting in evacuation, spill cleanup and disposal, recovery operations, and coordinating regulatory compliance with appropriate state agencies.

ANNEX O TERRORISM

General:

This annex provides for a coordinated response by TAMU personnel, College Station/Bryan fire and police departments, and Brazos County to minimize the adverse effects on University students, faculty and staff, the local communities, and the environment that may result from an act of terrorism.

An act of terrorism is, by its very nature, a violent or dangerous act, in violation of criminal law, with the intent to inflict physical and psychological injuries and distress. These acts can take the form of fires, explosions, release of hazardous/toxic/biological agents, and weapons of mass destruction (WMD). The presence of chemical, biological, or radiological agents may not be suspected or confirmed until some time after the initiating event. The affected area could simultaneously be a crime scene, a hazmat scene, and a disaster area with multiple casualties. In the case of a biological agent, the initial dissemination event may take place outside the local area, but still produce victims in the local area.

This Annex does not replace or supercede Annex V of the Brazos County Interjurisdictional Emergency Management Plan; rather it is intended to complement the County Plan.

Purpose/Responsibilities:

Once it has been determined that the initiating event involves a terrorist threat or incident, the EOC will be activated (if it is not already), and response efforts will consist of both crisis management and consequence management. UPD and law enforcement will have the lead in crisis management; specifically all facets related to any criminal activity.

Consequence management activities deal with the effects (on people and property) of a terrorist incident and will be handled by the EOC Director in the same manner as the response and recovery operations for other emergencies and disasters, including close coordination with city, county, and state officials

Crisis Management

UPD is responsible for establishing a crime scene boundary with access control, as necessary. UPD will notify and coordinate incident response activities (incident resolution, investigation, and apprehension of suspects) with the local police departments, DPS, and the FBI. As requested by the EOC Director, UPD will provide resources to assist with a lockdown and/or quarantine of various areas of the University campus.

Consequence Management

All response actions initiated by the EOC Director are dependent upon the specifics of the actual event. Terrorist incidents that involve certain agents or events will require involvement by specific groups and agencies, as listed below.

Biological Agents → County and State public health officials

Chemical/Hazardous Agents → County and State public health officials, TAMU-EHSD

Nuclear/Radiological Events → TAMU-EHSD, TDH-Bureau of Radiation Control

Incendiary/Explosives → TAMU-EHSD, CSPD bomb squad

The following response actions should be considered, based upon the specific incident events:

- Evacuation and/or Shelter-in-Place recommendations
- Request for mobilization of TEEX Texas TF-1 and/or USAR team
- Contact with local hospitals, Brazos County and State health officials and preparation for dealing with mass illness and casualties.
- Preparation for handling large numbers of students at the Beutel Health Center
- Preparation for activation of re-location centers to handle displaced students
- Preparation for activation of campus decontamination facilities
- Preparation to provide increased meal service for students and re-location centers
- Verification and protection of the integrity of campus water, utility, and food supplies
- Lockdown of some area(s) of the campus
- Quarantine of some area(s) of the campus
- Curtailment/re-routing of transportation assets, using permanent staff
- Identification of laboratories that may have special equipment or analysis capabilities for incident response
- Cancellation of classes
- Cessation of laboratory research activities
- Release of faculty and non-essential staff

It is of critical importance that information be developed and made available in a timely manner to: explain the situation; provide specific response actions to students, faculty, and staff; and, address the public fear caused by a terrorism incident. See Appendix A, Crisis Communication.

References

See Crisis Management Plan Appendices and Annexes for other specific response actions.

ANNEX P

RELEASES INVOLVING SELECT AGENTS

Upon release or suspected release of select agents as defined by the Centers for Disease Control (CDC) and/or the United States Department of Agriculture (USDA) the building proctor, dean or director of the affected facility will notify Environmental Health and Safety.

EHSD will begin immediate investigation to determine the nature and extent of release and implement containment procedures. Where appropriate, EHSD will implement isolation and decontamination procedures. If it is determined that a release of a communicable disease has occurred, EHSD will notify the Brazos County Health Department. EHSD will also notify the CDC and/or USDA as appropriate.

Medical staff will determine if decontamination of affected personnel is appropriate and transport as appropriate. EHSD will provide information on the select agent to appropriate medical personnel.

After a suspected release of select agents, EHSD will provide a critique of response actions taken. Where appropriate, EHSD will follow-up with recommendations on improving response and prevention of future releases.

A report of the incident will be supplied to TAMU administration with copy to Marketing and Communications, as necessary.

Annex Q

AFTER-ACTION REVIEW OF EMERGENCY RESPONSE

After-action reviews of emergency responses can yield valuable feedback to the emergency planning process and enable Texas A&M University (TAMU) to improve future emergency responses. The scope of after-action reviews may range from small to large depending upon the complexity of the response and the number of TAMU departments and outside entities involved.

Criteria for Conducting an After-Action Review:

- activation of the TAMU Emergency Operations Center (EOC); or
- death of TAMUS personnel, student or visitor; or
- significant release of a hazardous substance, e.g., natural gas release in occupied space, laboratory fire or explosion, and environmental release of hazardous materials; or
- at the discretion of the Environmental Health and Safety Department, the University Police Department, TAMU Emergency Medical Services, Physical Plant, the Emergency Management Coordinator, the Emergency Director or University Administration.

After-action reviews as defined in this Annex are intended to be examinations of the emergency response effort and/or the ensuing recovery efforts. Investigations into the root cause of an incident are not the focus of this section. Input for the after-action report may come from after-action debriefings or follow-up meetings or from written comments provided by any person involved in or observing the emergency response action.

The after-action report should be written and, at a minimum, provide the information indicated on the attached After-Action Review Report Form. A copy of the report should be provided to involved responders, the administrator(s) of the responding departments, and the Emergency Management (EM) Coordinator. The EM Coordinator shall retain a copy of the report, including any recommendations for corrections or improvements, for a minimum of two years.

Texas A&M Emergency Response After-Action Review

Emergency Date: _____ Time: _____

Emergency Description: _____

Involved Emergency Response Entities: _____

Emergency Operations Center Activated? [Yes/No] EOC Location: _____

Number and Type of Injuries: _____

Number of Fatalities (add detail as available): _____

Hazardous Materials Involved/Released: _____

Aspects of Response to be Sustained (Continue): _____

Aspects of Response Needing Improvement (Start, Stop): _____

Attach Roster of Attendees at After-Action Review Meeting.

Submitted by: _____ Date: _____

Reviewed by: _____ Date: _____
Emergency Director/EM Coordinator

Occupational Health Records



Texas Department of State Health Services

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3194
(512) 458-7318

LABORATORY SERVICES SECTION
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

Submitter copy to:

* Page 1 of 1*
Date: 4/27/2007

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

Patient Address:

DOB: 11/30/1978

Date Rcvd: 4/23/2007
Spec Type: SERUM

Test Reas: DIAGNOSIS

NEW REQUIREMENT: Due to regulatory (CLIA) requirements, effective February 14, 2005, all specimen forms must include the date of collection or the specimen will be rejected.

Final Results

Specimen Numbers:

Date Collected: 4/20/2007

BRUCELLA AGGLUTINATION <1:40

An agglutination titer of <1:40 is considered to be negative. This test was developed and its performance characteristics determined by the Laboratory Services Section at DSHS. The test has not been approved or cleared by the US Food and Drug Administration (FDA).

Q FEVER IFA PHASE I <1:64
PHASE II <1:64

A Q fever IFA titer of <1:64 is considered to be negative. This test was developed and its performance characteristics determined by the Laboratory Services Section at DSHS. The test has not been approved or cleared by the US Food and Drug Administration (FDA).

Susan U. Neill, Ph.D., M.B.A.
Director, Laboratory Services Section
CLIA License Number 45D0660644
www.dshs.state.tx.us/lab



Texas Department of State Health Services

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3194
(512) 458-7318

LABORATORY SERVICES SECTION
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

* Page 1 of 1*
Date: 12/7/2006

Submitter copy to:

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

DOB: 11/30/1978

Patient Address:

Date Rcvd: 11/30/2006
Spec Type: SERUM

Test Reas: DIAGNOSIS

NEW REQUIREMENT: Due to regulatory (CLIA) requirements, effective February 14, 2005, all specimen forms must include the date of collection or the specimen will be rejected.

valuable February 2006 Training Opportunities:
Cost Effective, 'Nuts and Bolts' Hospital Microbiology with Dr. Dennis Wegner.
Phlebotomy Training in Houston, Austin and San Antonio with Joyce Kantner.
Call immediately for details 512-458-7566.

Final Results

Specimen Numbers: S06SM007516
Date Collected: 11/28/2006

BRUCELLA AGGLUTINATION (1:40

An agglutination titer of (1:40 is considered to be negative.
This test was developed and its performance characteristics determined by
the Laboratory Services Section at DSHS. The test has not been approved or
cleared by the US Food and Drug Administration (FDA).

Susan U. Neill, Ph.D., M.B.A.
Director, Laboratory Services Section
CLIA License Number 45D0660644
www.dshs.state.tx.us/lab



Texas Department of State Health Services

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3194
(512) 458-7318

LABORATORY SERVICES SECTION
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

* Page 1 of 1*
Date: 4/20/2006

Submitter copy to:

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Subm #: 4597610
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

DOB: 11/30/1978

Patient Address:

Date Rcvd: 4/14/2006
Spec Type: SERUM

Test Reas: DIAGNOSIS

NEW REQUIREMENT: Due to regulatory (CLIA) requirements, effective February 14, 2005, all specimen forms must include the date of collection or the specimen will be rejected.

Final Results

Specimen Numbers:
Date Collected: 4/12/2006
BRUCELLA AGGLUTINATION (1:40

An agglutination titer of (1:40 is considered to be negative.

Susan U. Neill, Ph.D., M.B.A.
Director, Laboratory Services Section
CLIA License Number 45D0660644
www.dshs.state.tx.us/lab



Texas Department of State Health Services

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3194
(512) 458-7318

LABORATORY SERVICES SECTION
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

* Page 1 of 1*
Date: 10/13/2005

Submitter copy to:

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

DOB: 11/30/1978

Patient Address:

Date Rcvd: 10/6/2005
Spec Type: SERUM

Test Reas: DIAGNOSIS

NEW REQUIREMENT: Due to regulatory (CLIA) requirements, effective February 14, 2005, all specimen forms must include the date of collection or the specimen will be rejected.

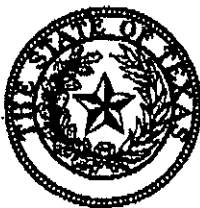
Final Results

Specimen Numbers:
Date Collected: 10/4/2005
BRUCELLA AGGLUTINATION (1:40

An agglutination titer of (1:40 is considered to be negative.

Susan U. Neill, Ph.D., M.B.A.
Director, Laboratory Services Section
CLIA License Number 45D0660644
www.dshs.state.tx.us/lab

7004005 02/11/04 NCLK SystemMedia



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

EDUARDO J. SANCHEZ, M.D., M.P.H.
COMMISSIONER

1100 W. 49th Street • Austin, Texas 78756
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Submitter copy to: ** DUPLICATE REPORT ** * Page 1 of 2 *
Date: 3/20/2006

SCOTT & WHITE HOSP MICRO LAB-01450132
2401 SOUTH 31ST STREET
TEMPLE, TX 76508

Spec #: :
Subm #: :
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

Patient Address: 1

DOB: 4/7/1980

Date Rcvd: 3/8/2006
Spec Type: SERUM

Test Reas: DIAGNOSIS

NEW REQUIREMENT: Due to regulatory (CLIA) requirements, effective February 14, 2005, all specimen forms must include the date of collection or the specimen will be rejected.

Final Results

Specimen Numbers:

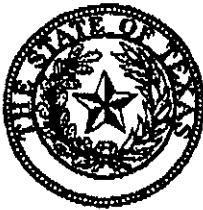
Date Collected: 3/7/2006

BRUCELLA AGGLUTINATION <1:40

An agglutination titer of <1:40 is considered to be negative.

Q FEVER IFA **PHASE I <1:64
 PHASE II 1:128

A single Q fever IFA titer of greater than or equal to 1:256 is evidence of a prior infection, but, it does not confirm that the infection was recent. The most convincing evidence of recent infection is a fourfold rise in antibody titer between an acute serum and a convalescent serum. Reactions to both phase I and phase II antibody are often seen in test sera. However, in acute Q fever the phase II antibody is usually higher than the phase I titer. In chronic Q fever phase I titers rise in later specimens while phase II titers fall or remain constant.



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* Page 2 of 2 *

Submitter copy to: ** DUPLICATE REPORT ** Date: 3/20/2006

SCOTT & WHITE HOSP MICRO LAB-01450132
2401 SOUTH 31ST STREET
TEMPLE, TX 76508

Spec #: 0000000000
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

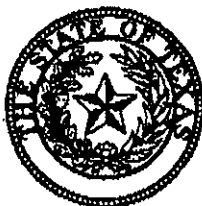
Patient

DOB: 4/7/1980

Patient Address:

<< Q FEVER IFA is Reportable to Health Dept >>

Susan U. Neill, Ph.D., M.B.A.
Director, Laboratory Services Section
CLIA License Number 45D0660644
www.dshs.state.tx.us/lab



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COMMISSIONER

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* Page 1 of 2*

Submitter copy to: ** DUPLICATE REPORT ** Date: 3/17/2006

SCOTT & WHITE HOSP MICRO LAB-01450132
2401 SOUTH 31ST STREET
TEMPLE, TX 76508

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

DOB: 7/26/1985

Patient Address:

Date Rcvd: 3/8/2006
Spec Type: SERUM

Test Reas: DIAGNOSIS

NEW REQUIREMENT: Due to regulatory (CLIA) requirements, effective February 14, 2005, all specimen forms must include the date of collection or the specimen will be rejected.

Final Results

Specimen Numbers:

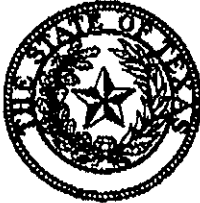
Date Collected: 3/7/2006

BRUCELLA AGGLUTINATION <1:40

An agglutination titer of <1:40 is considered to be negative.

Q FEVER IFA **PHASE I <1:64
PHASE II 1:128

A single Q fever IFA titer of greater than or equal to 1:256 is evidence of a prior infection, but, it does not confirm that the infection was recent. The most convincing evidence of recent infection is a fourfold rise in antibody titer between an acute serum and a convalescent serum. Reactions to both phase I and phase II antibody are often seen in test sera. However, in acute Q fever the phase II antibody is usually higher than the phase I titer. In chronic Q fever phase I titers rise in later specimens while phase II titers fall or remain constant.



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Submitter copy to: ** DUPLICATE REPORT ** Date: 3/17/2006

SCOTT & WHITE HOSP MICRO LAB
2401 SOUTH 31ST STREET
TEMPLE, TX 76508

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

DOB: 7/26/1985

Patient Address:

<< Q FEVER IFA is Reportable to Health Dept >>

Susan U. Neill, Ph.D., M.B.A.
Director, Laboratory Services Section
CLIA License Number 45D0660644
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Texas Department of State Health Services

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LABORATORY SERVICES SECTION
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

Submitter copy to:

* Page 1 of 2*
Date: 10/6/2005

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

DOB: 7/26/1985

Patient Address:

Date Rcvd: 10/4/2005
Spec Type: SERUM

Test Reas: DIAGNOSIS

NEW REQUIREMENT: Due to regulatory (CLIA) requirements, effective February 14, 2005, all specimen forms must include the date of collection or the specimen will be rejected.

Final Results

Specimen Numbers:

Date Collected: 9/30/2005

BRUCELLA AGGLUTINATION (1:40

An agglutination titer of (1:40 is considered to be negative.

Q FEVER IFA **PHASE I (1:64
PHASE II 1:128

A single Q fever IFA titer of greater than or equal to 1:256 is evidence of a prior infection, but, it does not confirm that the infection was recent. The most convincing evidence of recent infection is a fourfold rise in antibody titer between an acute serum and a convalescent serum. Reactions to both phase I and phase II antibody are often seen in test sera. However, in acute Q fever the phase II antibody is usually higher than the phase I titer. In chronic Q fever phase I titers rise in later specimens while phase II titers fall or remain constant.

(continued)



Texas Department of State Health Services

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LABORATORY SERVICES SECTION
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

* Page 2 of 2*
Date: 10/6/2005

Submitter copy to:

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient _____

DOB: 7/26/1985

Patient Address: _____

((Q FEVER IFA is Reportable to Health Dept))

Susan U. Neill, Ph.D., M.B.A.
Director, Laboratory Services Section
CLIA License Number 45D0660644
www.dshs.state.tx.us/lab



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY M.D. COMMISSIONER

1100 W. 49th Street • Austin, Texas 78756
1-888-963-7111 • http://www.dshs.state.tx.us
TDD: 512-458-7708

Submitter copy to: ** DUPLICATE REPORT ** * Page 1 of 1*
Date: 4/27/2007

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

Patient Address:

DOB: 8/15/1968

Date Rcvd: 4/23/2007
Spec Type: SERUM

Test Reas: DIAGNOSIS

NEW REQUIREMENT: Due to regulatory (CLIA) requirements, effective February 14, 2005, all specimen forms must include the date of collection or the specimen will be rejected.

Final Results

Specimen Numbers:
Date Collected:

4/20/2007

BRUCELLA AGGLUTINATION

<1:40

An agglutination titer of <1:40 is considered to be negative. This test was developed and its performance characteristics determined by the Laboratory Services Section at DSHS. The test has not been approved or cleared by the US Food and Drug Administration (FDA).

Q FEVER IFA

PHASE I <1:64
PHASE II <1:64

A Q fever IFA titer of <1:64 is considered to be negative. This test was developed and its performance characteristics determined by the Laboratory Services Section at DSHS. The test has not been approved or cleared by the US Food and Drug Administration (FDA).



Texas Department of State Health Services

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LABORATORY SERVICES SECTION
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

Submitter copy to:

* Page 1 of 2*
Date: 12/8/2006

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

DOB: 8/15/1968

Patient Address:

Date Rcvd: 11/30/2006
Spec Type: SERUM

Test Reas: DIAGNOSIS

EW REQUIREMENT: Due to regulatory (CLIA) requirements, effective February 14, 2005, all specimen forms must include the date of collection or the specimen will be rejected.

Valuable February 2006 Training Opportunities:
Cost Effective, 'Nuts and Bolts' Hospital Microbiology with Dr. Dennis Wegner.
Phlebotomy Training in Houston, Austin and San Antonio with Joyce Kantner.
Call immediately for details 512-458-7566.

Final Results

Specimen Numbers:
Date Collected: 11/28/2006

BRUCELLA AGGLUTINATION **1:80

A single Brucella agglutination titer of greater than or equal to 1:160 is evidence of a prior infection, but, it does not confirm that the infection was recent. The most convincing serologic evidence of recent Brucella infection is a fourfold rise in antibody titer between an acute and a convalescent serum.

This test was developed and its performance characteristics determined by the Laboratory Services Section at DSHS. The test has not been approved or cleared by the US Food and Drug Administration (FDA).

(continued)



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LABORATORY SERVICES SECTION
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

Submitter copy to:

* Page 2 of 2*

Date: 12/8/2006

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

Patient Address:

DOB: 8/15/1968

<< , BRUCELLA AGGLUTINATION is Reportable to Health Dept >>

Susan U. Neill, Ph.D., M.B.A.
Director, Laboratory Services Section
CLIA License Number 45D0660644
www.dshs.state.tx.us/lab



Texas Department of State Health Services

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LABORATORY SERVICES SECTION
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

Submitter copy to:

* Page 1 of 1*
Date: 4/20/2006

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

Patient Address: _____

DOB: 8/15/1968

Date Rcvd: 4/14/2006
Spec Type: SERUM

Test Reas: DIAGNOSIS

NEW REQUIREMENT: Due to regulatory (CLIA) requirements, effective February 14, 2005, all specimen forms must include the date of collection or the specimen will be rejected.

Final Results

Specimen Numbers:

Date Collected: 4/12/2006

BRUCELLA AGGLUTINATION <1:40

An agglutination titer of <1:40 is considered to be negative.

Susan U. Neill, Ph.D., M.B.A.
Director, Laboratory Services Section
CLIA License Number 45D0660644
www.dshs.state.tx.us/lab



Texas Department of State Health Services

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AUSTIN, TEXAS 78756-3194
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LABORATORY SERVICES SECTION
CLIA #45D0660644
CONFIDENTIAL LABORATORY REPORT

* Page 1 of 2*
Date: 2/15/2007

Submitter copy to:

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

DOB: 9/9/1964

Patient Address:

Date Rcvd: 2/8/2007
Spec Type: BLOOD

Test Reas: DIAGNOSIS

NEW REQUIREMENT: Due to regulatory (CLIA) requirements, effective February 14, 2005, all specimen forms must include the date of collection or the specimen will be rejected.

Valuable February 2007 Training Opportunities:
Cost Effective, 'Nuts and Bolts' Hospital Microbiology with Dr. Dennis Wegner.
Phlebotomy Training in Houston, Austin and San Antonio with Joyce Kantner.
Call immediately for details 512-458-7566.

Final Results

Specimen Numbers:
Date Collected: 2/7/2007

BRUCELLA AGGLUTINATION (1:40

An agglutination titer of (1:40 is considered to be negative.
This test was developed and its performance characteristics determined by
the Laboratory Services Section at DSHS. The test has not been approved or
cleared by the US Food and Drug Administration (FDA).

(continued)



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LABORATORY SERVICES SECTION
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

* Page 2 of 2*
Date: 2/15/2007

Submitter copy to:

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

DOB: 9/9/1964

Patient Address:

Q FEVER IFA **PHASE I <1:64
PHASE II 1:256

A single Q fever IFA titer of greater than or equal to 1:256 is evidence of a prior infection, but, it does not confirm that the infection was recent. The most convincing evidence of recent infection is a fourfold rise in antibody titer between an acute serum and a convalescent serum. Reactions to both phase I and phase II antibody are often seen in test sera. However, in acute Q fever the phase II antibody is usually higher than the phase I titer. In chronic Q fever phase I titers rise in later specimens while phase II titers fall or remain constant.

This test was developed and its performance characteristics determined by the Laboratory Services Section at DSHS. The test has not been approved or cleared by the US Food and Drug Administration (FDA).

<< Q FEVER IFA is Reportable to Health Dept >>

Susan U. Neill, Ph.D., M.B.A.
Director, Laboratory Services Section
CLIA License Number 45D0660644
www.dshs.state.tx.us/lab



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AUSTIN, TEXAS 78756-3194
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LABORATORY SERVICES SECTION
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

Submitter copy to:

* Page 1 of 2*
Date: 6/24/2005

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

DOB: 9/9/1964

Patient Address:

Date Rcvd: 6/16/2005
Spec Type: SERUM

Test Reas: DIAGNOSIS

NEW REQUIREMENT: Due to regulatory (CLIA) requirements, effective February 14, 2005, all specimen forms must include the date of collection or the specimen will be rejected.

Final Results

Specimen Numbers:
Date Collected: 6/13/2005
BRUCELLA AGGLUTINATION <1:40

An agglutination titer of <1:40 is considered to be negative.

Q FEVER IFA **PHASE I <1:64
PHASE II 1:512

A single Q fever IFA titer of greater than or equal to 1:256 is evidence of a prior infection, but, it does not confirm that the infection was recent. The most convincing evidence of recent infection is a fourfold rise in antibody titer between an acute serum and a convalescent serum. Reactions to both phase I and phase II antibody are often seen in test sera. However, in acute Q fever the phase II antibody is usually higher than the phase I titer. In chronic Q fever phase I titers rise in later specimens while phase II titers fall or remain constant.

(continued)



Texas Department of State Health Services

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LABORATORY SERVICES SECTION
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

* Page 2 of 2*
Date: 6/24/2005

Submitter copy to:

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

DOB: 9/9/1964

Patient Address:

((Q FEVER IFA is Reportable to Health Dept))

Susan U. Neill, Ph.D., M.B.A.
Director, Laboratory Services Section
CLIA License Number 45D0660644
www.dshs.state.tx.us/lab



Texas Department of Health

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3194
(512) 458-7318

BUREAU OF LABORATORIES
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

* Page 1 of 1*

Date: 11/12/2003

Submitter copy to:

TAMU/DR. BROWDER-02180584
4473 TAMU
COLLEGE STATION, TX 77843-4473

Spec #:
Sub# #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

DOB: 9/9/1964

Patient Address:

Date Rcvd: 10/30/2003

Spec Type: SERUM

Final Results

Specimen Numbers:

Date Collected:

BRUCELLA AGGLUTINATION <1:40

An agglutination titer of <1:40 is considered to be negative.

Q FEVER IFA PHASE I <1:64
PHASE II <1:64

A Q fever IFA titer of <1:64 is considered to be negative.

Susan U. Neill, Ph.D., M.B.A.
Chief, Bureau of Laboratories
CLIA License Number 45D0660644
www.tdh.state.tx.us/lab



Texas Department of State Health Services

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AUSTIN, TEXAS 78756-3194
(512) 458-7318

LABORATORY SERVICES SECTION
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

Submitter copy to:

* Page 1 of 2*
Date: 4/27/2007

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

Patient Address:

DOB: 11/15/1971

Date Rcvd: 4/23/2007
Spec Type: SERUM

Test Reas: DIAGNOSIS

NEW REQUIREMENT: Due to regulatory (CLIA) requirements, effective February 14, 2005, all specimen forms must include the date of collection or the specimen will be rejected.

Final Results

Specimen Numbers:

Date Collected: 4/20/2007

BRUCELLA AGGLUTINATION (1:40)

An agglutination titer of (1:40 is considered to be negative. This test was developed and its performance characteristics determined by the Laboratory Services Section at DSHS. The test has not been approved or cleared by the US Food and Drug Administration (FDA).

Q FEVER IFA **PHASE I (1:64
PHASE II 1:64

A single Q fever IFA titer of greater than or equal to 1:256 is evidence of a prior infection, but, it does not confirm that the infection was recent. The most convincing evidence of recent infection is a fourfold rise in antibody titer between an acute serum and a convalescent serum. Reactions to both phase I and phase II antibody are often seen in test sera. However, in acute Q fever the phase II antibody is usually higher than the phase I titer. In chronic Q fever phase I titers rise in later specimens while phase II titers fall or remain constant.

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LABORATORY SERVICES SECTION
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

* Page 2 of 2*
Date: 4/27/2007

Submitter copy to:

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

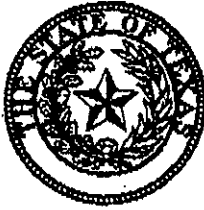
DOB: 11/15/1971

Patient Address:

This test was developed and its performance characteristics determined by the Laboratory Services Section at DSHS. The test has not been approved or cleared by the US Food and Drug Administration (FDA).

((Q FEVER IFA is Reportable to Health Dept))

Susan U. Neill, Ph.D., M.B.A.
Director, Laboratory Services Section
CLIA License Number 45D0660644
www.dshs.state.tx.us/lab



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

EDUARDO J. SANCHEZ, M.D., M.P.H.
COMMISSIONER

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Submitter copy to: ** DUPLICATE REPORT ** Date: 3/17/2006
* Page 1 of 2*

SCOTT & WHITE HOSP MICRO LAB-01450132
2401 SOUTH 31ST STREET
TEMPLE, TX 76508

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

DOB: 11/15/1971

Patient Address:

Date Rcvd: 3/8/2006
Spec Type: SERUM

Test Reas: DIAGNOSIS

NEW REQUIREMENT: Due to regulatory (CLIA) requirements, effective February 14, 2005, all specimen forms must include the date of collection or the specimen will be rejected.

Final Results

Specimen Numbers:

Date Collected: 3/7/2006

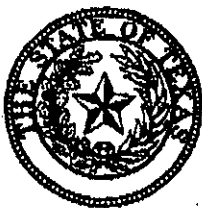
BRUCELLA AGGLUTINATION <1:40

An agglutination titer of <1:40 is considered to be negative.

Q FEVER IFA **PHASE I <1:64
PHASE II 1:128

A single Q fever IFA titer of greater than or equal to 1:256 is evidence of a prior infection, but, it does not confirm that the infection was recent. The most convincing evidence of recent infection is a fourfold rise in antibody titer between an acute serum and a convalescent serum. Reactions to both phase I and phase II antibody are often seen in test sera. However, in acute Q fever the phase II antibody is usually higher than the phase I titer. In chronic Q fever phase I titers rise in later specimens while phase II titers fall or remain constant.

Handwritten signature



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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COMMISSIONER

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Submitter copy to: ** DUPLICATE REPORT ** * Page 2 of 2 *
Date: 3/17/2006

SCOTT & WHITE HOSP MICRO LAB-01450132
2401 SOUTH 31ST STREET
TEMPLE, TX 76508

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

Patient Address: -----

DOB: 11/15/1971
COLLEGE STATION, TX 77840

<< Q FEVER IFA is Reportable to Health Dept >>

Susan U. Neill, Ph.D., M.B.A.
Director, Laboratory Services Section
CLIA License Number 45D0660644
www.dshs.state.tx.us/lab



Texas Department of Health

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3194
(512) 458-7318

BUREAU OF LABORATORIES
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

* Page 1 of 1*

Date: 12/19/2003

Submitter copy to:

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
COLLEGE STATION, TX 77840

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

DOB: 11/15/1971

Patient Address:

Date Rcvd: 12/15/2003
Spec Type: SERUM

Test Reas: DIAGNOSIS

Final Results

Specimen Numbers:
Date Collected:

BRUCELLA AGGLUTINATION <1:40

An agglutination titer of <1:40 is considered to be negative.

Q FEVER IFA **PHASE I <1:64
 PHASE II 1:128

A single Q fever IFA titer of greater than or equal to 1:256 is evidence of a prior infection, but, it does not confirm that the infection was recent. The most convincing evidence of recent infection is a fourfold rise in antibody titer between an acute serum and a convalescent serum. Reactions to both phase I and phase II antibody are often seen in test sera. However, in acute Q fever the phase II antibody is usually higher than the phase I titer. In chronic Q fever phase I titers rise in later specimens while phase II titers fall or remain constant.

<< Q FEVER IFA is Reportable to Health Dept >>

Susan U. Neill, Ph.D., M.B.A.
Chief, Bureau of Laboratories
CLIA License Number 45D0660644
www.tdh.state.tx.us/lab



Texas Department of State Health Services

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AUSTIN, TEXAS 78756-3194
(512) 458-7318

LABORATORY SERVICES SECTION
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

Submitter copy to:

* Page 1 of 1*
Date: 12/7/2006

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

Patient Address:

DOB: 12/9/1977

Date Rcvd: 11/30/2006
Spec Type: SERUM

Test Reas: DIAGNOSIS

NEW REQUIREMENT: Due to regulatory (CLIA) requirements, effective February 14, 2005, all specimen forms must include the date of collection or the specimen will be rejected.

valuable February 2006 Training Opportunities:
Cost Effective, 'Nuts and Bolts' Hospital Microbiology with Dr. Dennis Wegner.
Phlebotomy Training in Houston, Austin and San Antonio with Joyce Kantner.
call immediately for details 512-458-7566.

Final Results

Specimen Numbers:
Date Collected: 11/28/2006

BRUCELLA AGGLUTINATION (1:40

An agglutination titer of <1:40 is considered to be negative.
This test was developed and its performance characteristics determined by the Laboratory Services Section at DSHS. The test has not been approved or cleared by the US Food and Drug Administration (FDA).

Susan U. Neill, Ph.D., M.B.A.
Director, Laboratory Services Section
CLIA License Number 45D0660644
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LABORATORY SERVICES SECTION
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

Submitter copy to:

* Page 1 of 1*
Date: 5/25/2006

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient _____

Patient Address: _____

DOB: 12/9/1977

Date Rcvd: 5/18/2006
Spec Type: SERUM

Test Reas: DIAGNOSIS

NEW REQUIREMENT: Due to regulatory (CLIA) requirements, effective February 14, 2005, all specimen forms must include the date of collection or the specimen will be rejected.

_____ Final Results _____

Specimen Numbers:

Date Collected: 5/16/2006

BRUCELLA AGGLUTINATION <1:40

An agglutination titer of <1:40 is considered to be negative.

Susan U. Neill, Ph.D., M.B.A.
Director, Laboratory Services Section
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LABORATORY SERVICES SECTION
CLIA #45D0660644
CONFIDENTIAL LABORATORY REPORT

* Page 1 of 1*
Date: 4/20/2006

Submitter copy to:

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Subm #: 4152394
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

DOB: 12/9/1977

Patient Address:

Date Rcvd: 4/14/2006
Spec Type: SERUM

Test Reas: DIAGNOSIS

NEW REQUIREMENT: Due to regulatory (CLIA) requirements, effective February 14, 2005, all specimen forms must include the date of collection or the specimen will be rejected.

Final Results

Specimen Numbers:
Date Collected: 4/12/2006
BRUCELLA AGGLUTINATION (1:40

An agglutination titer of (1:40 is considered to be negative.

Susan U. Neill, Ph.D., M.B.A.
Director, Laboratory Services Section
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LABORATORY SERVICES SECTION
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

* Page 1 of 1*
Date: 10/13/2005

Submitter copy to:

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

DOB: 12/9/1977

Patient Address:

Date Rcvd: 10/6/2005
Spec Type: SERUM

Test Reas: DIAGNOSIS

NEW REQUIREMENT: Due to regulatory (CLIA) requirements, effective February 14, 2005, all specimen forms must include the date of collection or the specimen will be rejected.

Final Results

Specimen Numbers:

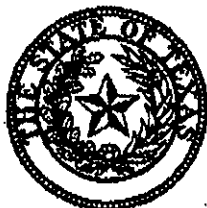
Date Collected: 10/4/2005

BRUCELLA AGGLUTINATION <1:40

An agglutination titer of <1:40 is considered to be negative.

Susan U. Neill, Ph.D., M.B.A.
Director, Laboratory Services Section
CLIA License Number 45D0660644
www.dshs.state.tx.us/lab

4676271



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

EDUARDO J. SANCHEZ, M.D., M.P.H. COMMISSIONER

1100 W. 49th Street • Austin, Texas 78756 1-888-963-7111 • http://www.dsha.state.tx.us

Submitter copy to: ** DUPLICATE REPORT ** Date: 3/17/2006 * Page 1 of 2*

SCOTT & WHITE HOSP MICRO LAB-01450132 2401 SOUTH 31ST STREET TEMPLE, TX 76508

Dr. #2414618

Spec #: Subm #: Lab: MEDICAL SEROLOGY Tel #: (512)458-7578

Patient _____ DOB: 10/26/1972

Patient Address: _____

Date Rcvd: 3/8/2006 Spec Type: SERUM

Test Reas: DIAGNOSIS

NEW REQUIREMENT: Due to regulatory (CLIA) requirements, effective February 14, 2005, all specimen forms must include the date of collection or the specimen will be rejected.

Final Results

Specimen Numbers: Date Collected: 3/7/2006

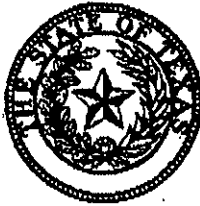
BRUCELLA AGGLUTINATION <1:40

An agglutination titer of <1:40 is considered to be negative.

Q FEVER IFA **PHASE I <1:64 PHASE II 1:256

A single Q fever IFA titer of greater than or equal to 1:256 is evidence of a prior infection, but, it does not confirm that the infection was recent. The most convincing evidence of recent infection is a fourfold rise in antibody titer between an acute serum and a convalescent serum. Reactions to both phase I and phase II antibody are often seen in test sera. However, in acute Q fever the phase II antibody is usually higher than the phase I titer. In chronic Q fever phase I titers rise in later specimens while phase II titers fall or remain constant.

[Signature]



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EDUARDO J. SANCHEZ, M.D., M.P.H.
COMMISSIONER

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* Page 2 of 2*

Submitter copy to: ** DUPLICATE REPORT ** Date: 3/17/2006

SCOTT & WHITE HOSP MICRO LAB-01450132
2401 SOUTH 31ST STREET
TEMPLE, TX 76508

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

DOB: 10/26/1972

Patient Address: 5
77840

<< Q FEVER IFA is Reportable to Health Dept >>

Susan U. Neill, Ph.D., M.B.A.
Director, Laboratory Services Section
CLIA License Number 45D0660644
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AUSTIN, TEXAS 78756-3194
(512) 458-7318

LABORATORY SERVICES SECTION
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

* Page 1 of 1*
Date: 12/7/2006

Submitter copy to:

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

Patient Address:

DOB: 7/17/1959

Date Rcvd: 11/30/2006
Spec Type: SERUM

Test Reas: DIAGNOSIS

NEW REQUIREMENT: Due to regulatory (CLIA) requirements, effective February 14, 2005, all specimen forms must include the date of collection or the specimen ID be rejected.

valuable February 2006 Training Opportunities:
Cost Effective, 'Nuts and Bolts' Hospital Microbiology with Dr. Dennis Wegner.
Phlebotomy Training in Houston, Austin and San Antonio with Joyce Kantner.
Call immediately for details 512-458-7566.

_____ Final Results

Specimen Numbers:
Date Collected: 11/28/2006

BRUCELLA AGGLUTINATION (1:40

An agglutination titer of (1:40 is considered to be negative.
This test was developed and its performance characteristics determined by the Laboratory Services Section at DSHS. The test has not been approved or cleared by the US Food and Drug Administration (FDA).

Susan U. Neill, Ph.D., M.B.A.
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LABORATORY SERVICES SECTION
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

Submitter copy to:

* Page 1 of 1*
Date: 5/25/2006

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

Patient Address:

DOB: 7/17/1959

Date Rcvd: 5/18/2006
Spec Type: SERUM

Test Reas: DIAGNOSIS

NEW REQUIREMENT: Due to regulatory (CLIA) requirements, effective February 14, 2005, all specimen forms must include the date of collection or the specimen will be rejected.

Final Results

Specimen Numbers:
Date Collected: 5/16/2006
BRUCELLA AGGLUTINATION **1:160

A single Brucella agglutination titer of greater than or equal to 1:160 is evidence of a prior infection, but, it does not confirm that the infection was recent. The most convincing serologic evidence of recent Brucella infection is a fourfold rise in antibody titer between an acute and a convalescent serum.

((S06SM002367, BRUCELLA AGGLUTINATION is Reportable to Health Dept))

Susan U. Neill, Ph.D., M.B.A.
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LABORATORY SERVICES SECTION
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

Submitter copy to:

* Page 1 of 2*
Date: 6/24/2005

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

DOB: 6/19/1972

Patient Address:

Date Rcvd: 6/16/2005
Spec Type: SERUM

Test Reas: DIAGNOSIS

NEW REQUIREMENT: Due to regulatory (CLIA) requirements, effective February 14, 2005, all specimen forms must include the date of collection or the specimen will be rejected.

Final Results

Specimen Numbers:
Date Collected: 6/14/2005
BRUCELLA AGGLUTINATION <1:40

An agglutination titer of <1:40 is considered to be negative.

Q FEVER IFA **PHASE I <1:64
PHASE II 1:256

A single Q fever IFA titer of greater than or equal to 1:256 is evidence of a prior infection, but, it does not confirm that the infection was recent. The most convincing evidence of recent infection is a fourfold rise in antibody titer between an acute serum and a convalescent serum. Reactions to both phase I and phase II antibody are often seen in test sera. However, in acute Q fever the phase II antibody is usually higher than the phase I titer. In chronic Q fever phase I titers rise in later specimens while phase II titers fall or remain constant.

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LABORATORY SERVICES SECTION
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

Submitter copy to:

* Page 2 of 2*
Date: 6/24/2005

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

Patient Address: _____

DOB: 6/19/1972

((Q FEVER IFA is Reportable to Health Dept))

Susan U. Neill, Ph.D., M.B.A.
Director, Laboratory Services Section
CLIA License Number 45D0660644
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LABORATORY SERVICES SECTION
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

Submitter copy to:

* Page 1 of 1*
Date: 4/27/2007

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

Patient Address:

DOB: 4/2/1963

Date Rcvd: 4/23/2007
Spec Type: SERUM

Test Reas: DIAGNOSIS

NEW REQUIREMENT: Due to regulatory (CLIA) requirements, effective February 14, 2005, all specimen forms must include the date of collection or the specimen will be rejected.

Final Results

Specimen Numbers:

Date Collected: 4/20/2007

BRUCELLA AGGLUTINATION (1:40)

An agglutination titer of (1:40 is considered to be negative. This test was developed and its performance characteristics determined by the Laboratory Services Section at DSHS. The test has not been approved or cleared by the US Food and Drug Administration (FDA).

Q FEVER IFA PHASE I (1:64)
PHASE II (1:64)

A Q fever IFA titer of (1:64 is considered to be negative. This test was developed and its performance characteristics determined by the Laboratory Services Section at DSHS. The test has not been approved or cleared by the US Food and Drug Administration (FDA).

Susan U. Neill, Ph.D., M.B.A.
Director, Laboratory Services Section
CLIA License Number 45D0660644
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Texas Department of State Health Services

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AUSTIN, TEXAS 78756-3194
(512) 458-7318

LABORATORY SERVICES SECTION
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

Submitter copy to:

* Page 1 of 1*
Date: 12/7/2006

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Sub#:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

DOB: 4/2/1963

Patient Address:

Date Rcvd: 11/30/2006
Spec Type: SERUM

Test Reas: DIAGNOSIS

NEW REQUIREMENT: Due to regulatory (CLIA) requirements, effective February 14, 2005, all specimen forms must include the date of collection or the specimen will be rejected.

valuable February 2006 Training Opportunities:
Cost Effective, 'Nuts and Bolts' Hospital Microbiology with Dr. Dennis Wegner.
Phlebotomy Training in Houston, Austin and San Antonio with Joyce Kantner.
Call immediately for details 512-458-7566.

Final Results

Specimen Numbers:
Date Collected: 11/28/2006

BRUCELLA AGGLUTINATION (1:40

An agglutination titer of (1:40 is considered to be negative.
This test was developed and its performance characteristics determined by the Laboratory Services Section at DSHS. The test has not been approved or cleared by the US Food and Drug Administration (FDA).

Susan U. Neill, Ph.D., M.B.A.
Director, Laboratory Services Section
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LABORATORY SERVICES SECTION
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

Submitter copy to:

* Page 1 of 1*
Date: 4/20/2006

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #: (_____)
Subm #: (_____)
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

Patient Address: {

DOB: 4/2/1963

Date Rcvd: 4/14/2006
Spec Type: SERUM

Test Reas: DIAGNOSIS

NEW REQUIREMENT: Due to regulatory (CLIA) requirements, effective February 14, 2005, all specimen forms must include the date of collection or the specimen 'll be rejected.

_____ Final Results

Specimen Numbers: _____
Date Collected: 4/12/2006
BRUCELLA AGGLUTINATION <1:40

An agglutination titer of (1:40 is considered to be negative.

Susan U. Neill, Ph.D., M.B.A.
Director, Laboratory Services Section
CLIA License Number 45D0660644
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Texas Department of State Health Services

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LABORATORY SERVICES SECTION
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

* Page 1 of 1*
Date: 10/13/2005

Submitter copy to:

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

DOB: 4/2/1963

Patient Address:

Date Rcvd: 10/6/2005
Spec Type: SERUM

Test Reas: DIAGNOSIS

NEW REQUIREMENT: Due to regulatory (CLIA) requirements, effective February 14, 2005, all specimen forms must include the date of collection or the specimen will be rejected.

Final Results

Specimen Numbers:
Date Collected: 10/4/2005
BRUCELLA AGGLUTINATION (1:40)

An agglutination titer of (1:40 is considered to be negative.

Susan U. Neill, Ph.D., M.B.A.
Director, Laboratory Services Section
CLIA License Number 45D0660644
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LABORATORY SERVICES SECTION
CLIA #45D0660644
CONFIDENTIAL LABORATORY REPORT

* Page 1 of 2*
Date: 2/15/2007

Submitter copy to:

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

DOB: 11/7/1961

Patient Address:

Date Rcvd: 2/8/2007
Spec Type: BLOOD

Test Reas: DIAGNOSIS

NEW REQUIREMENT: Due to regulatory (CLIA) requirements, effective February 14, 2005, all specimen forms must include the date of collection or the specimen will be rejected.

Valuable February 2007 Training Opportunities:
Cost Effective, 'Nuts and Bolts' Hospital Microbiology with Dr. Dennis Wegner.
Phlebotomy Training in Houston, Austin and San Antonio with Joyce Kantner.
Call immediately for details 512-458-7566.

Final Results

Specimen Numbers:
Date Collected: 2/7/2007

Q FEVER IFA **PHASE I <1:64
PHASE II 1:128

A single Q fever IFA titer of greater than or equal to 1:256 is evidence of a prior infection, but, it does not confirm that the infection was recent. The most convincing evidence of recent infection is a fourfold rise in antibody titer between an acute serum and a convalescent serum. Reactions to both phase I and phase II antibody are often seen in test sera. However, in acute Q fever the phase II antibody is usually higher than the phase I titer. In chronic Q fever phase I titers rise in later specimens while phase II titers fall or remain constant.

This test was developed and its performance characteristics determined by the Laboratory Services Section at DSHS. The test has not been approved or cleared by the US Food and Drug Administration (FDA).

(continued)



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LABORATORY SERVICES SECTION
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

Submitter copy to:

* Page 2 of 2*
Date: 2/15/2007

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

Patient Address:

DOB: 11/7/1961

((Q FEVER IFA is Reportable to Health Dept))

BRUCELLA AGGLUTINATION (1:40)

An agglutination titer of (1:40 is considered to be negative.
This test was developed and its performance characteristics determined by
the Laboratory Services Section at DSHS. The test has not been approved or
cleared by the US Food and Drug Administration (FDA).

Susan U. Neill, Ph.D., M.B.A.
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LABORATORY SERVICES SECTION
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

* Page 1 of 2*
Date: 6/24/2005

Submitter copy to:

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

DOB: 11/7/1961

Patient Address:

Date Rcvd: 6/16/2005
Spec Type: SERUM

Test Reas: DIAGNOSIS

NEW REQUIREMENT: Due to regulatory (CLIA) requirements, effective February 14, 2005, all specimen forms must include the date of collection or the specimen will be rejected.

Final Results

Specimen Numbers:
Date Collected: 6/14/2005

BRUCELLA AGGLUTINATION <1:40

An agglutination titer of <1:40 is considered to be negative.

Q FEVER IFA **PHASE I <1:64
PHASE II 1:64

A single Q fever IFA titer of greater than or equal to 1:256 is evidence of a prior infection, but, it does not confirm that the infection was recent. The most convincing evidence of recent infection is a fourfold rise in antibody titer between an acute serum and a convalescent serum. Reactions to both phase I and phase II antibody are often seen in test sera. However, in acute Q fever the phase II antibody is usually higher than the phase I titer. In chronic Q fever phase I titers rise in later specimens while phase II titers fall or remain constant.

(continued)



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LABORATORY SERVICES SECTION
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

Submitter copy to:

* Page 2 of 2*
Date: 6/24/2005

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

Patient Address:

DOB: 11/7/1961

((Q FEVER IFA is Reportable to Health Dept))

Susan U. Neill, Ph.D., M.B.A.
Director, Laboratory Services Section
CLIA License Number 45D0660644
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(512) 458 7318

BUREAU OF LABORATORIES
CLIA #45D0660644
CONFIDENTIAL LABORATORY REPORT

* Page 1 of 1*
Date: 12/10/2003

Submitter copy to:

TAMU/DR. BROWDER-02180584
4473 TAMU
COLLEGE STATION, TX 77843-4473

Spec #: 553811
Sub#:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

DOB: 11/7/1961

Patient Address:

Date Rcvd: 12/5/2003
Spec Type: SERUM

Test Reas: DIAGNOSIS

Final Results

Specimen Numbers:
Date Collected:

Q FEVER IFA	PHASE I	C1:64
	PHASE II	C1:64

A Q fever IFA titer of C1:64 is considered to be negative.

Susan U. Heill, Ph.D., M.B.A.
Chief, Bureau of Laboratories
CLIA License Number 45D0660644
www.tdh.state.tx.us/lab

2007/12/16 10:24 AM SystemMedia



Texas Department of Health

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3194
(512) 458-7318

BUREAU OF LABORATORIES
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

Submitter copy to:

* Page 1 of 1*
Date: 11/14/2003

TAMU/DR. BROWDER-02180584
4473 TAMU
COLLEGE STATION, TX 77843-4473

Spec #: _____
Sub#: _____
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

DOB: 11/7/1961

Patient Address: _____

Date Rcvd: 11/5/2003
Spec Type: SERUM

Test Reas: DIAGNOSIS

Final Results

Specimen Numbers:

Date Collected: 10/31/2003

BRUCELLA AGGLUTINATION <1:40

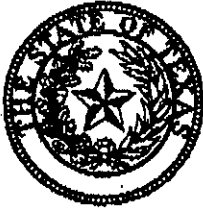
An agglutination titer of <1:40 is considered to be negative.

Q FEVER IFA **PHASE I <1:64
 PHASE II 1:128

A single Q fever IFA titer of greater than or equal to 1:256 is evidence of a prior infection, but, it does not confirm that the infection was recent. The most convincing evidence of recent infection is a fourfold rise in antibody titer between an acute serum and a convalescent serum. Reactions to both phase I and phase II antibody are often seen in test sera. However, in acute Q fever the phase II antibody is usually higher than the phase I titer. In chronic Q fever phase I titers rise in later specimens while phase II titers fall or remain constant.

<< Q FEVER IFA is Reportable to Health Dept >>

Susan U. Neill, Ph.D., M.B.A.
Chief, Bureau of Laboratories
CLIA License Number 45D0660644
www.tdh.state.tx.us/lab



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

EDUARDO J. SANCHEZ, M.D., M.P.H.
COMMISSIONER

1100 W. 49th Street • Austin, Texas 78756
1-888-963-7111 • <http://www.dshs.state.tx.us>

Submitter copy to: ** DUPLICATE REPORT ** * Page 1 of 2*
Date: 3/20/2006

SCOTT & WHITE HOSP MICRO LAB-01450132
2401 SOUTH 31ST STREET
TEMPLE, TX 76508

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

Patient Address:

DOB: 2/11/1976

Date Rcvd: 3/8/2006
Spec Type: SERUM

Test Reas: DIAGNOSIS

NEW REQUIREMENT: Due to regulatory (CLIA) requirements, effective February 14, 2005, all specimen forms must include the date of collection or the specimen will be rejected.

Final Results

Specimen Numbers:

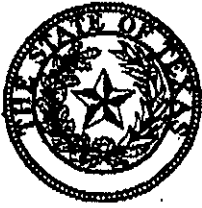
Date Collected: 3/7/2006

BRUCELLA AGGLUTINATION <1:40

An agglutination titer of <1:40 is considered to be negative.

Q FEVER IFA **PHASE I <1:64
PHASE II 1:128

A single Q fever IFA titer of greater than or equal to 1:256 is evidence of a prior infection, but, it does not confirm that the infection was recent. The most convincing evidence of recent infection is a fourfold rise in antibody titer between an acute serum and a convalescent serum. Reactions to both phase I and phase II antibody are often seen in test sera. However, in acute Q fever the phase II antibody is usually higher than the phase I titer. In chronic Q fever phase I titers rise in later specimens while phase II titers fall or remain constant.



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Submitter copy to: ** DUPLICATE REPORT ** * Page 2 of 2*
Date: 3/20/2006

SCOTT & WHITE HOSP MICRO LAB-01450132
2401 SOUTH 31ST STREET
TEMPLE, TX 76508

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

Patient Address:

DOB: 2/11/1976

<< Q FEVER IFA is Reportable to Health Dept >>

Susan U. Neill, Ph.D., M.B.A.
Director, Laboratory Services Section
CLIA License Number 45D0660644
www.dshs.state.tx.us/lab



Texas Department of Health

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AUSTIN, TEXAS 78756-3194
(512) 458-7318

BUREAU OF LABORATORIES
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

Submitter copy to:

* Page 1 of 1*

Date: 12/19/2003

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
COLLEGE STATION, TX 77840

Spec #:
Suba #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

SI E

DOB: 2/11/1976

Patient Address:

Date Rcvd: 12/15/2003
Spec Type: SERUM

Test Reas: DIAGNOSIS

Final Results

Specimen Numbers:
Date Collected:

BRUCELLA AGGLUTINATION <1:40

An agglutination titer of <1:40 is considered to be negative.

Q FEVER IFA **PHASE I 1:64
 PHASE II 1:128

A single Q fever IFA titer of greater than or equal to 1:256 is evidence of a prior infection, but, it does not confirm that the infection was recent. The most convincing evidence of recent infection is a fourfold rise in antibody titer between an acute serum and a convalescent serum. Reactions to both phase I and phase II antibody are often seen in test sera. However, in acute Q fever the phase II antibody is usually higher than the phase I titer. In chronic Q fever phase I titers rise in later specimens while phase II titers fall or remain constant.

<< Q FEVER IFA is Reportable to Health Dept >>

Susan U. Neill, Ph.D., M.B.A.
Chief, Bureau of Laboratories
CLIA License Number 45D0660644
www.tdh.state.tx.us/lab



Texas Department of Health

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3194
(512) 458-7318

BUREAU OF LABORATORIES
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

* Page 1 of 1*
Date: 11/14/2003

Submitter copy to:

TAMU/DR. BROWDER-02180584
4473 TAMU
COLLEGE STATION, TX 77843-4473

Spec #:
Sub #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

DOB: 2/11/1976

Patient Address:

Date Rcvd: 10/30/2003
Spec Type: SERUM

Test Reas: DIAGNOSIS

Final Results

Specimen Numbers:
Date Collected:

BRUCELLA AGGLUTINATION <1:40

An agglutination titer of <1:40 is considered to be negative.

Q FEVER IFA **PHASE I 1:64
 PHASE II 1:128

A single Q fever IFA titer of greater than or equal to 1:256 is evidence of a prior infection, but, it does not confirm that the infection was recent. The most convincing evidence of recent infection is a fourfold rise in antibody titer between an acute serum and a convalescent serum. Reactions to both phase I and phase II antibody are often seen in test sera. However, in acute Q fever the phase II antibody is usually higher than the phase I titer. In chronic Q fever phase I titers rise in later specimens while phase II titers fall or remain constant.

<< Q FEVER IFA is Reportable to Health Dept >>

Susan U. Neill, Ph.D., M.B.A.
Chief, Bureau of Laboratories
CLIA License Number 45D0660644
www.tdh.state.tx.us/lab



Texas Department of Health

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AUSTIN, TEXAS 78756-3194
(512) 458-7318

BUREAU OF LABORATORIES
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

* Page 1 of 1*
Date: 6/28/2001

Submitter copy to:

TX A&M UNIV/DR ELIZABETH BROWDER-02180584
TAMU MS-4473
COLLEGE STATION, TX 77843-4473

Spec #: _____
Sub#: _____
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient _____

DOB: 2/11/1976

Patient Address: _____

Date Rcvd: 6/22/2001
Spec Type: SERUM

Test Reas: DIAGNOSIS

Final Results

Specimen Numbers:

Date Collected:

11/21/2000

6/20/2001

Q FEVER IFA

PHASE I C1:64
PHASE II C1:64

PHASE I C1:64
PHASE II C1:64

Specimen 500SM004492 Result Comments and Messages:

A Q fever IFA titer of C1:64 is considered to be negative.

« Results for Q FEVER IFA previously reported on 11/28/2000 »

Specimen 501SM001980 Result Comments and Messages:

A Q fever IFA titer of C1:64 is considered to be negative.

Susan U. Neill, Ph.D., M.B.A.
Chief, Bureau of Laboratories
CLIA License Number 45D0660644
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Texas Department of Health

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BUREAU OF LABORATORIES
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

* Page 1 of 1*
Date: 11/28/2000

Submitter copy to:

TX A & M UNIV - LARR-02180584
TAMU MS-4473
ATTN: DR. BROWDER
COLLEGE STATION, TX 77843-4473

Spec #
Subm #: /
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

DOB: 2/11/1976

Patient Address:

Date Rcvd: 11/27/2000
Spec Type: SERUM

Test Reas: DIAGNOSIS

Final Results

Specimen Numbers:

Date Collected: 11/21/2000

Q FEVER IFA	PHASE I	C1:64
	PHASE II	C1:64

A Q fever IFA titer of C1:64 is considered to be negative.

Susan U. Neill, Ph.D., M.B.A.
Chief, Bureau of Laboratories
CLIA License Number 45D0660644
www.tdh.state.tx.us/lab



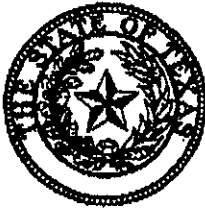
phase 2 antibody is usually higher than the phase 1 titer. In chronic
Q fever I titer remains constant.
fall of phase 1 titer is constant.

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY M.D.
COMMISSIONER

(continued)

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TDD: 512-458-7708



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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COMMISSIONER

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* Page 1 of 2*

Submitter copy to: ** DUPLICATE REPORT ** Date: 3/17/2006

SCOTT & WHITE HOSP MICRO LAB-01450132
2401 SOUTH 31ST STREET
TEMPLE, TX 76508

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

DOB: 10/30/1950

Patient Address:

Date Rcvd: 3/8/2006
Spec Type: SERUM

Test Reas: DIAGNOSIS

NEW REQUIREMENT: Due to regulatory (CLIA) requirements, effective February 14, 2005, all specimen forms must include the date of collection or the specimen will be rejected.

Final Results

Specimen Numbers:
Date Collected: 3/7/2006

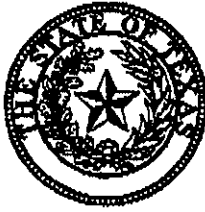
BRUCELLA AGGLUTINATION <1:40

An agglutination titer of <1:40 is considered to be negative.

Q FEVER IFA **PHASE I <1:64
PHASE II 1:256

A single Q fever IFA titer of greater than or equal to 1:256 is evidence of a prior infection, but, it does not confirm that the infection was recent. The most convincing evidence of recent infection is a fourfold rise in antibody titer between an acute serum and a convalescent serum. Reactions to both phase I and phase II antibody are often seen in test sera. However, in acute Q fever the phase II antibody is usually higher than the phase I titer. In chronic Q fever phase I titers rise in later specimens while phase II titers fall or remain constant.

Tu



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

EDUARDO J. SANCHEZ, M.D., M.P.H.
COMMISSIONER

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* Page 2 of 2*

Submitter copy to: ** DUPLICATE REPORT ** Date: 3/17/2006

SCOTT & WHITE HOSP MICRO LAB-01450132
2401 SOUTH 31ST STREET
TEMPLE, TX 76508

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

DOB: 10/30/1950

Patient Address:

<< Q FEVER IFA is Reportable to Health Dept >>

Susan U. Neill, Ph.D., M.B.A.
Director, Laboratory Services Section
CLIA License Number 45D0660644
www.dshs.state.tx.us/lab



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY M.D.
COMMISSIONER

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1-888-963-7111 • <http://www.dshs.state.tx.us>
TDD: 512-458-7708

Submitter copy to:

* Page 1 of 2*
Date: 7/9/2007

TX A&M UNIV-02180884
ATTN: RENE TSOLIS
DEPT OF MED MICRO & IMMUNOLOGY
COLLEGE STATION, TX 77843-1114

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

Patient Address: _____ DOB: 10/30/1950

Date Rcvd: 1/20/2005
Spec Type: SERUM

Test Reas: DIAGNOSIS

To all providers: If you have not reported your NPI to DSHS, please call 1-888-963-7111, ext. 6030.

Final Results

Specimen Numbers:
Date Collected:

BRUCELLA AGGLUTINATION <1:40

An agglutination titer of <1:40 is considered to be negative.

Q FEVER IFA **PHASE I <1:64
 PHASE II 1:64

A single Q fever IFA titer of greater than or equal to 1:256 is evidence of a prior infection, but, it does not confirm that the infection was recent. The most convincing evidence of recent infection is a fourfold rise in antibody titer between an acute serum and a convalescent serum. Reactions to both phase I and phase II antibody are often seen in test sera. However, in acute Q fever the phase II antibody is usually higher than the phase I titer. In chronic Q fever phase I titers rise in later specimens while phase II titers fall or remain constant.

(continued)



DAVID L. LAKEY M.D.
COMMISSIONER

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

1100 W. 49th Street • Austin, Texas 78756
1-888-963-7111 • <http://www.dshs.state.tx.us>
TDD: 512-458-7708

Submitter copy to:

* Page 2 of 2
Date: 7/9/2007

TX A&M UNIV-02180884
ATTN: RENE TSOLIS
DEPT OF MED MICRO & IMMUNOLOGY
COLLEGE STATION, TX 77843-1114

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512) 458-7578

Patient

DOB: 10/30/1950

Patient Address:

<< Q FEVER IFA is Reportable to Health Dept >>

Susan U. Neill, Ph.D., M.B.A.
Director, Laboratory Services Section
CLIA License Number 45D0660644
www.dshs.state.tx.us/lab



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L LAKEY M.D.
COMMISSIONER

1100 W. 49th Street • Austin, Texas 78756
1-888-963-7111 • <http://www.dshs.state.tx.us>
TDD: 512-458-7708

* Page 1 of 2*
Date: 7/9/2007

Submitter copy to:

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

DOB: 10/30/1950

Patient Address:

Date Rcvd: 12/15/2003
Spec Type: SERUM

Test Reas: DIAGNOSIS

To all providers: If you have not reported your NPI to DSHS, please call 1-888-963-7111, ext. 6030.

Final Results

Specimen Numbers:
Date Collected:

BRUCELLA AGGLUTINATION **1:320

A single Brucella agglutination titer of greater than or equal to 1:160 is evidence of a prior infection, but, it does not confirm that the infection was recent. The most convincing serologic evidence of recent Brucella infection is a fourfold rise in antibody titer between an acute and a convalescent serum.

<< S03SM009898, BRUCELLA AGGLUTINATION is Reportable to Health Dept >>
<< Results for S03SM009898, BRUCELLA AGGLUTINATION previously reported on 12/19/2003 >>

(continued)



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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1100 W. 49th Street • Austin, Texas 78756
1-888-963-7111 • <http://www.dshs.state.tx.us>
TDD: 512-458-7708

* Page 2 of 2 *
Date: 7/9/2007

Submitter copy to:

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

DOB: 10/30/1950

Patient Address:

Q FEVER IFA

**PHASE I <1:64
PHASE II 1:128

A single Q fever IFA titer of greater than or equal to 1:256 is evidence of a prior infection, but, it does not confirm that the infection was recent. The most convincing evidence of recent infection is a fourfold rise in antibody titer between an acute serum and a convalescent serum. Reactions to both phase I and phase II antibody are often seen in test sera. However, in acute Q fever the phase II antibody is usually higher than the phase I titer. In chronic Q fever phase I titers rise in later specimens while phase II titers fall or remain constant.

<< Q FEVER IFA is Reportable to Health Dept >>
<< Results for Q FEVER IFA previously reported on 12/19/2003 >>

Susan U. Neill, Ph.D., M.B.A.
Director, Laboratory Services Section
CLIA License Number 45D0660644
www.dshs.state.tx.us/lab

Pest Control Records



PEST CONTROL
World's Best

3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3631
LPCO: TPCL 710 JJ
Target Pest:

3348934
PC COMM STDP
Standard Service

96 24372972

TAMU VET MED RESEARCH PARK
1192 TURK RD
COLLEGE STATION, TX 77843
(979) 845-5620

PRIOR BALANCE: .00
THIS SERVICE: 242.00
DISCOUNT: .00
TAX: .00
TOTAL AFTER THIS SERVICE: 242.00
*Auto Charge Exp: 2/200

Please fax payment receipt to Becky 979-845-2617

GRID: 0000014
KEY ACCT:
ROUTE: 3 STOP#: 03
FREQ: Monthly
P.O. #: GEORGE ELDRED
TECH:

This is Your Statement.
Please Remit The Total Du
Amount Paid
Standard Cash
Standard Check
Scheduled Date 10/20/06 9/30/05 Standard
Time In 7:30:00 8/30/05 Standard
Time Out 7/28/06 Standard
Prior Service

The type of service performed today was:
 Initial Scheduled No Charge Special
Follow Up Service Date

Details of this service are listed below.

Findings	Treatment			
	Products	Quantity	Sites	Method
<input checked="" type="checkbox"/> No activity detected. Performed preventive treatment for target pest(s). <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Fleas <input type="checkbox"/> Other	AG	12	23	97
<input type="checkbox"/> American Roaches <input type="checkbox"/> Brown Banded Roaches <input type="checkbox"/> German Roaches <input type="checkbox"/> Oriental Roaches <input type="checkbox"/> Smokey Brown Roaches <input type="checkbox"/> Crickets <input type="checkbox"/> Spiders <input type="checkbox"/> Stored Product Pests	AG	12	23	97
<input type="checkbox"/> Activity detected. Treatment applied for the following: <input type="checkbox"/> American Roaches <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Fleas <input type="checkbox"/> Other	AG	12	23	97

ORKIN COMMERCIAL SERVICES

ORKIN COMMERCIAL CUSTOMERS

MULTI-CATCH TRAPS	PREVIOUSLY INSTALLED	# ADDED	# PICKED UP
BAIT STATIONS			
ORIGINAIRE/AIR SCENTS			
FLY TRAPS			

Are there sanitation and/or storage practice issues? Yes No If yes, see below.
Are there structural issues? Yes No If yes, see below. Are there plumbing issues? Yes No If yes, see below.

You
Comments

DATE OF SCHEDULED FOLLOWUP

CUSTOMER SIGNATURE: *George Eldred*
TECHNICIAN SIGNATURE: *George Eldred*

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not tamper with roachicide placements
 Do not return to room until ventilated (2 hrs. minimum)

Thank you for your business.

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	MOON PHASE

gate code 1192 and 1225



PEST CONTROL
World's Best

INVOICE/SERVICE TICKET NUMBER

Date 4/30/07
Time In 1:30
Time Out _____
Scheduled Date _____
Prior Service _____

This is Your Statement.
Please Remit The Total Due

Amount Paid
 Cash
 Check
Ck# _____

The type of service performed today was:
 Initial Scheduled No Charge Special
Follow Up Service Date _____
Details of this service are listed below.

Findings		Treatment				
<input checked="" type="checkbox"/> No activity detected. Performed preventive treatment for target pest(s). <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other <input type="checkbox"/> Activity detected. Treatment applied for the following: <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other		Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side. Products <u>R-6</u> <u>G-7</u> <u>L-5</u>	Quantity <u>100</u> <u>316</u> <u>7</u>	Sites <u>23</u> <u>23</u> <u>18</u>	Method <u>99</u> <u>96</u> <u>92</u>	Equipment <u>J</u> <u>F</u> <u>P</u>
Your satisfaction is guaranteed. If needed, we will return at no additional charge.		Please follow checked instructions: <input type="checkbox"/> Do not touch treated areas until dry <input type="checkbox"/> Do not tamper with rodenticide placements <input type="checkbox"/> Do not return to room until ventilated (2 hrs. minimum)				



ORKIN COMMERCIAL CUSTOMERS

MULTI-CATCH TRAPS	PREVIOUSLY INSTALLED	# ADDED	# PICKED UP
BAIT STATIONS			
ORKIN/AIR SCENTS			
FLY TRAPS			

Are there sanitation and/or storage practice issues? Yes No If yes, see below.
Are there structural issues? Yes No If yes, see below.
Are there plumbing issues? Yes No If yes, see below.

Comments

Good
11:15

DATE OF SCHEDULED FOLLOWUP _____

CUSTOMER SIGNATURE _____

ARE YOU SATISFIED: YES NO

TECHNICIAN SIGNATURE _____

Thank you for your business.

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SOIL CONDITION

3348934

ORIGIN - C.
3204 E RYPASS
COLLEGE STATION, TX 77845



TAMU VET MED RESEARCH PARK
3197 TURK RD
COLLEGE STATION, TX 77843
(979) 845-5620

PC COMM STDP
Standard Service

PRIOR BALANCE: 00.00
THIS SERVICE: 100.00
DISCOUNT: 00.00
TAX: 00.00
TOTAL AFTER THIS SERVICE: 100.00
* Auto Charge Ref: 07290

please fax payment receipt to Becky 979-845-2617

CRID: 0000014
KEY ACCT:
ROUTE: 3 STOP#: 05
FREQ: Monthly
P.O. #:
TRCK: GEORGE ELOPED

Date 2/16/07
Time In 3:15
Time Out

Scheduled Date 2/16/07
Prior Service 1/25/07 Standard Amount Paid
12/20/06 Perimeter
7:30:00 11/29/06 Standard Check

This is Your Statement.
Please Remit The Total Due

ck#

The type of service performed today was:
 Initial Scheduled No Charge Special
Follow Up Service Date

Details of this service are listed below.

Findings		Treatment				
<input type="checkbox"/> No activity detected. Performed preventive treatment for target pest(s). <input checked="" type="checkbox"/> American Roaches <input checked="" type="checkbox"/> Brown Banded Roaches <input checked="" type="checkbox"/> Carpenter Ants <input checked="" type="checkbox"/> Fire Ants <input checked="" type="checkbox"/> Pharaoh Ants <input checked="" type="checkbox"/> Mice <input checked="" type="checkbox"/> Rats <input checked="" type="checkbox"/> Fleas <input checked="" type="checkbox"/> Other		Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.	Quantity	Sites	Method	Equipment
<input type="checkbox"/> Activity detected. Treatment applied for the following: <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other		L-5c G-2 R65	796 416 23	96 96 99	N R P	

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not tamper with rodenticide placements
 Do not return to room until ventilated (2 hrs. minimum)

ORKN COMMERCIAL SERVICES

ORKN COMMERCIAL CUSTOMERS

MULTI-CATCH TRAPS	PREVIOUSLY INSTALLED	# ADDED	# PICKED UP
BAIT STATIONS			
ORIGINAIRE/AIR SCENTS			
FLY TRAPS			

Are there sanitation and/or storage practice issues? Yes No If yes, see below.
 Are there structural issues? Yes No If yes, see below.
 Are there plumbing issues? Yes No If yes, see below.

Comments
 Done
 Becky Ellis

DATE OF SCHEDULED FOLLOWUP

CUSTOMER SIGNATURE ARE YOU SATISFIED? YES NO
 TECHNICIAN SIGNATURE

Thank you for your business.

For outdoor application in states where required

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	MOON PHASE
----------------	---------------	-------------	----------	------------

Order 1102 and 1025

3348934

UKKIN - COLLEGE STATION, TX
3209 E BYPASS
COLLEGE STATION, TX 77845



25854691
PRIOR BALANCE: .00
THIS SERVICE: 242.00
DISCOUNT: .00
TAX: .00
TOTAL AFTER THIS SERVICE: 242.00
*Auto Charge Exp: 2/20/06

PC COMM STDP
Perimeter Service

(979) 693-3651
LPCO: TPCL 710 JJ
Target Pest:

TAMU VET MED RESEARCH PARK
1192 TURK RD
COLLEGE STATION, TX 77843
(979) 845-5620

Please fax payment receipt to Becky 979-845-2617

GRID: 0000014
KEY ACCT:
ROUTE: 3 STOP#: 83
FREQ: Monthly
P.O. #:
TECH: GEORGE ELDRED

(Handwritten initials)

Date
Time In
Time Out

Scheduled Date
12/13/06

Prior Service
11/29/06
10/30/06
9/30/06

This is Your Statement.
Please Remit The Total Du

Standard Amount Paid
Standard Cash
Standard Check

CK#

The type of service performed today was:
 Initial Scheduled No Charge Special
Follow Up Service Date

Details of this service are listed below.

Findings		Treatment			
Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.		Quantity	Sites	Method	Equipment
<input checked="" type="checkbox"/> No activity detected. Performed preventive treatment for target pest(s).	<input type="checkbox"/> American Roaches <input type="checkbox"/> Brown Banded Roaches <input type="checkbox"/> German Roaches <input type="checkbox"/> Oriental Roaches <input type="checkbox"/> Smokey Brown Roaches <input type="checkbox"/> Crickets <input type="checkbox"/> Spiders <input type="checkbox"/> Stored Product Pests	500	23	GF	F
<input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Fleas <input type="checkbox"/> Other	<input type="checkbox"/> American Roaches <input type="checkbox"/> Brown Banded Roaches <input type="checkbox"/> German Roaches <input type="checkbox"/> Oriental Roaches <input type="checkbox"/> Smokey Brown Roaches <input type="checkbox"/> Crickets <input type="checkbox"/> Spiders <input type="checkbox"/> Stored Product Pests	100	23	GF	F
<input type="checkbox"/> Activity detected. Treatment applied for the following: <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Fleas <input type="checkbox"/> Other	<input type="checkbox"/> American Roaches <input type="checkbox"/> Brown Banded Roaches <input type="checkbox"/> German Roaches <input type="checkbox"/> Oriental Roaches <input type="checkbox"/> Smokey Brown Roaches <input type="checkbox"/> Crickets <input type="checkbox"/> Spiders <input type="checkbox"/> Stored Product Pests				



ORIGIN COMMERCIAL CUSTOMERS

MULTI-CATCH TRAPS	PREVIOUSLY INSTALLED	# ADDED	# PICKED UP
BAIT STATIONS			
ORIGIN/REAR SCENTS			
ELY TRAPS			

Are there ventilation and/or storage practice issues? Yes No If yes, see below.
Are there structural issues? Yes No If yes, see below.

Comments

Thank You

DATE OF SCHEDULED FOLLOWUP

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not lamp up with rodents/rodenticide placements
 Do not return to room until ventilated (2 hrs. minimum)

CUSTOMER SIGNATURE ARE YOU SATISFIED: YES NO
TECHNICIAN SIGNATURE

Thank you for your business.

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SKY CONDITION

gate code 1192 and 1225

ORIGIN - COLLEGE STATION, TX
 3209 E BYPASS
 COLLEGE STATION, TX 77843
 (979) 693-3683
 LPCO; TPCL 710 JJ
 Target Post:

3348934
 95
 23666451

PC COMM STD
 Standard Service

PRIOR BALANCE: .00
 THIS SERVICE: 242.00
 DISCOUNT: .00
 TAX: .00
 TOTAL AFTER THIS SERVICE: 242.00
 Auto Charge Exp: 2/2007

ACCOUNT: 0000014
 STOP#: 03
 MONTHLY
 GEORGE ELDRRED

Date 9/30/06
 Time In 11:07
 Time Out 11:37

Scheduled Date 9/15/06
 Prior Service 6/30/06 Standard Amount Paid 242.00
 7/28/06 Standard U Cash
 6/30/06 Perimeter Check

This is Your Statement.
 Please Permit The Total Due.
 242.00

The type of service performed today was:
 Initial Scheduled No Change Special
 Follow Up Service Date: _____
 Details of this service are listed below:

Payment confirmation #
 paid @ ce on 9/1

Findings
 No activity detected. Performed preventive treatment for target pests:
 Carpenter Ants
 Drywood Termites
 Subterranean Termites
 Spiders
 Fleas
 Other

Treatment
 Order takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.

Products	Quantity	Size	Method	Equipment
R-6	0	23	98	T
L-111/11	23	96	91	
G-1	216	96		

ORIGIN COMMERCIAL SERVICE
 ORIGIN COMMERCIAL
 MULTICHECK TRUCKS
 PREVIOUSLY INSTALLED
 DATE OF SCHEDULED FOLLOWUP
 COMMENTS

11:06 ORKIN
 1192 and 1223
 13-12

PC COMM STD
 Standard Service

Thank you for your business.
 For outdoor application in states where required.
 WIND CONDITION WIND VELOCITY REMOVAL BY CONSULTANT

FOR ADDITIONAL INFORMATION, A COPY OF THE LABEL AND/OR MSDS MAY BE REQUESTED FROM YOUR LOCAL BRANCH.
 OFFICE COPY



PEST CONTROL
World's Best

TAMU VET MED RESEARCH PARK
1192 TURK RD
COLLEGE STATION, TX 77843
(979) 845-5620

ORKIN - COLLEGE STATION, TX
3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCC; TPCL 710 JJ
Target Pest:

Duplicate Ticket
PC COMM STDP
Standard Service

3

Please fax payment receipt to Becky 979-845-2617

INVOICE/SERVICE TICKET NUMBER
93 21917599

GRID: 0000014
KEY ACCT:
ROUTE: 3 STOP#: 03
FREQ: Monthly
P.O. #:
TECH: GEORGE ELDRED

The type of service performed today was:
 Initial Scheduled No Charge Special
Follow Up Service Date: Details of this service are listed below.

Findings

- No activity detected. Performed preventive treatment for target pest(s).
- Ants
- Carpenter Ants
- Fire Ants
- Pharaoh Ants
- Mice
- Rats
- Fleas
- Other
- Activity detected. Treatment applied for the following:
 - American Roaches
 - German Roaches
 - Brown Banded Roaches
 - Oriental Roaches
 - Smokey Brown Roaches
 - Crickets
 - Spiders
 - Stored Product Pests

Treatment

Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.

Products	Quantity	Site	Method	Equipment
<i>Thank You</i>				

- Please follow checked instructions:
- Do not touch treated areas until dry
 - Do not tamper with tickle placements
 - Do not return to room until ventilated (2 hrs. minimum)

Scheduled Date: 7/21/06
Prior Service: 6/30/06 Perimeter
5/31/06 Standard
7:30:00 4/29/06 Perimeter
Check

This is Your Statement
Please Remit The Total
Amount Paid
Cash
Check



ORKIN COMMERCIAL CUSTOMERS

COMMERCIAL SERVICE	PREVIOUSLY INSTALLED	# ADDED	# PICKED UP
MULTI-CATCH TRAPS			
BAIT STATIONS			
ORGANISMEAN SCENTS			
EV TRAPS			

Are there ventilation and/or storage practice issues? Yes No If yes, see below.

Are there structural issues? Yes No If yes, see below.

Are there plumbing issues? Yes No If yes, see below.

Comments

Thank You

DATE OF SCHEDULED FOLLOWUP

Shirley McCallister

CUSTOMER SIGNATURE ARE YOU SATISFIED: YES NO

TECHNICIAN SIGNATURE

Thank you for your business.

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SKY CONDITION

WEST CONTROL
World's Best!

3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCO: TPCL 710 JJ
Target Pest:

3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCO: TPCL 710 JJ
Target Pest:

PC COM STDP
Standard Service

PRIOR BALANCE: .00
THIS SERVICE: 242.00
DISCOUNT: .00
TAX: .00
TOTAL AFTER THIS SERVICE: 242.00
*Auto Charge Exp: 2/2007

979-645-2617
PC COM STDP
Standard Service

Handwritten signature
20642374

This is Your Statement.
Please Remit the Total Due.

Scheduled Date: 4/29/06
Perimeter Treatment Paid
2/27/06 Standard J.Cash
7:30:00 2/22/06 Standard J.Cash

(LX)

GRID: 0000014
KEY ACCT:
ROUTE: 3 STOP#: 03
FREQ: Monthly
P.O. #: GEORGE ELDRED
TELE: GEORGE ELDRED

(5670)

1289

DATE: 12/19/05
TIME IN: 12:45
TIME OUT: 1:10

The type of service performed today was:
 Initial Scheduled No Charge Special

Details of this service are listed below.

Findings

Treatment

No activity observed. Performed preventative treatment for length pest(s):

<input type="checkbox"/> American Roaches	<input type="checkbox"/> Brown Banded Roaches
<input type="checkbox"/> Carpenter Ants	<input type="checkbox"/> German Roaches
<input type="checkbox"/> Fire Ants	<input type="checkbox"/> Oriental Roaches
<input type="checkbox"/> Pharaoh Ants	<input type="checkbox"/> Smokey Brown Roaches
<input type="checkbox"/> Fleas	<input type="checkbox"/> Crickets
<input type="checkbox"/> Fleas	<input type="checkbox"/> Spiders
<input type="checkbox"/> Fleas	<input type="checkbox"/> Spotted Product Fleas
<input type="checkbox"/> Other	

Activity detected. Treatment applied for the following:

<input type="checkbox"/> American Roaches	<input type="checkbox"/> Brown Banded Roaches
<input type="checkbox"/> Carpenter Ants	<input type="checkbox"/> German Roaches
<input type="checkbox"/> Fire Ants	<input type="checkbox"/> Oriental Roaches
<input type="checkbox"/> Pharaoh Ants	<input type="checkbox"/> Smokey Brown Roaches
<input type="checkbox"/> Fleas	<input type="checkbox"/> Crickets
<input type="checkbox"/> Fleas	<input type="checkbox"/> Spiders
<input type="checkbox"/> Fleas	<input type="checkbox"/> Spotted Product Fleas
<input type="checkbox"/> Other	

Your satisfaction is guaranteed. If needed, we will return at no additional charge.

Often takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.	Products	Quantity	Spms	Method	Equipment	
		R6	12	23	97	J

Please follow chemical instructions:
 Do not touch treated areas until dry
 Do not tamper with radioactive phosphorus
 Do not return to room until vented (2 hrs. minimum)



ORXIM COMMERCIAL CUS/OWNERS

MARKET/CHURN TRIPS	REQUISITE FURNISHED	ADDED	APPROX. UP
BMT STATISTICS	12	0	0
ORIGINAL/CHURN SCENES			

Comments

DATE OF SCHEDULED FOLLOWUP: _____
 CUSTOMER SIGNATURE: *[Signature]* ARE YOU SATISFIED? YES NO
 TECHNICIAN SIGNATURE: *[Signature]*

Thank you for your business.

For outdoor application in states where required

WELD OPERATOR	WELD WITNESS	TRANSPORTING	INSURANCE	ON-CRUISE
---------------	--------------	--------------	-----------	-----------

OFFICE COPY
 OFFICE COPY
 This report does not include wood preservative treatments and/or termite control. © 2007

ID = 40365530191



PEST CONTROL
World's Best

TAMU VET MED RESEARCH PARK
1190 JURY RD
COLLEGE STATION, TX 77843
84791 845-5520

ORKIN - COLLEGE STATION, TX
4209 W RYPASS
COLLEGE STATION, TX 77844
(979) 693-3651
EPOC: TPCL 710 JT
Target Pests:

PC COMM STOP
STANDARD SERVICE

INVOICE/SERVICE TICKET NUMBER
19270309
PRIOR BALANCE: .00
THIS SERVICE: 242.00
DISCOUNT: 00.00
TOTAL AMOUNT DUE: 242.00
THIS SERVICE: 142.00
*Auto Charge Exp: 2/200

ORDER # 0000014
ROUTE: 3 STORE #: 03
ADDRESS: HOUTKIN
P.O. #:
CITY: COLLEGE STATION

Date: 3/17/06
Time In: 4:15
Time Out:

Scheduled Date: 3/17/06
Prior Service: Standard
Amount Paid: \$242.00
Check

This is Your Statement.
Please Remit The Total Due

The type of service performed today was:
 Initial Scheduled No Charge Special
Follow Up Service Date: _____
Details of this service are listed below.

Findings	Treatment																				
<input type="checkbox"/> No activity detected for target pest(s) <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other <input type="checkbox"/> Activity detected	Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side. <table border="1"> <thead> <tr> <th>Products</th> <th>Quantity</th> <th>Site</th> <th>Method</th> <th>Equipment</th> </tr> </thead> <tbody> <tr> <td></td> <td>15</td> <td>9-2</td> <td>91</td> <td></td> </tr> <tr> <td></td> <td>23</td> <td>96</td> <td>F</td> <td></td> </tr> <tr> <td></td> <td>23</td> <td>95</td> <td>F</td> <td></td> </tr> </tbody> </table>	Products	Quantity	Site	Method	Equipment		15	9-2	91			23	96	F			23	95	F	
Products	Quantity	Site	Method	Equipment																	
	15	9-2	91																		
	23	96	F																		
	23	95	F																		

ORKIN COMMERCIAL SERVICES

ORKIN COMMERCIAL CUSTOMERS

PREVIOUSLY INSTALLED

ADDED

PICKED UP

Comments

DATE OF SCHEDULED FOLLOWUP

CUSTOMER SIGNATURE: *Diana McCallum*

TECHNICIAN SIGNATURE: *[Signature]*

ARE YOU SATISFIED? YES NO

FOR ADDITIONAL INFORMATION, A COPY OF THE LABEL AND/OR MSDS MAY BE REQUESTED FROM YOUR LOCAL BRANCH.

Thank you for your business.



PEST CONTROL
World's Best

TAMU VET MED RESEARCH PARK
1192 TURK RD
COLLEGE STATION, TX 77843
(979) 845-5620

ORKIN - COLLEGE STATION, TX
3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCO: TPCL 710
Target Pest:

Please fax payment receipt to Becky 979-845-2617

(5676) 957

GRID: 0000014
KEY ACCT:
ROUTE: 3 STOP#: 03
FREQ: Monthly
P.O. #:
TECH: GEORGE ELDRED

Date: 1/30/06
Time In: 3:55
Time Out:

3348934

87

18060890

PG COMM STDP
Standard Service

PRIOR BALANCE: .00
THIS SERVICE: 242.00
DISCOUNT: .00
TAX: .00
TOTAL AFTER THIS SERVICE: 242.00
*Auto Charge Exp: 2/200

Scheduled Date: 1/20/06
Prior Service: 11/30/05
Standard Amount Paid: 11/30/05 Standard
7:30:00 10/31/05 Standard
Check

This is Your Statement.
Please Remit The Total Due

The type of service performed today was:
 Initial Scheduled No Charge Special
Follow Up Service Date: Details of this service are listed below.

Findings

No activity detected Performed preventive treatment (or target pest(s))

Ants
 Carpenter Ants
 Fire Ants
 Pharaoh Ants
 Mice
 Rats
 Fleas
 Other

Activity detected Treatment applied for the following:
 Ants
 Carpenter Ants
 Fire Ants
 Pharaoh Ants
 Mice
 Rats
 Fleas
 Other

Treatment

Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.

Products	Quantity	Sites	Method	Equipment
1.5a Isod	15	92	11	
1.6 Isod	23	907	07	
9.5 Isod	13	96		

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not tamper with toxicicide placements
 Do not return to room until ventilated (2 hrs. minimum)

ORKIN COMMERCIAL CUSTOMERS

COMMERCIAL SERVICES

MULTI-CATCH MAPS
 BAIT STATIONS
 GRIND/REPAIR SCENTS
 FLY TRAPS

PREVIOUSLY INSTALLED
 # ADDED
 # PICKED UP

Are there sanitation and/or storage practice issues? Yes No If yes, see below
 Are there structural issues? Yes No If yes, see below
 Are there plumbing issues? Yes No If yes, see below

Comments: *Don't know*

DATE OF SCHEDULED FOLLOWUP: *1/20/06*

CUSTOMER SIGNATURE: *[Signature]* ARE YOU SATISFIED? YES NO
 TECHNICIAN SIGNATURE: *[Signature]*

Thank you for your business.

For outdoor application in states where required

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SOIL TEMPERATURE



TAMU VET MED RESEARCH PARK
 1192 TURK RD
 COLLEGE STATION, TX 77843
 (979) 845-5620

ORKIN, INC. COLLEGE STATION, TX
 3209 E BYPASS
 COLLEGE STATION, TX 77845
 (979) 693-3651
 LPCO: TPCL 710
 Target Pest:

Please fax payment receipt to Becky 979-845-2617

3348934

B5

16729441

INVOICE/SERVICE TICKET NUMBER

PC COMM STDP
 Standard Service

PRIOR BALANCE: .00
 THIS SERVICE: 242.00
 DISCOUNT: .00
 TAX: .00
 TOTAL AFTER THIS SERVICE: 242.00
 Auto Charge Exp: 2/200

GRID: 0000014
 KEY ACCT:
 ROUTE: 3 STOP#: 03
 FREQ: Monthly
 P.O. #:
 TECH: GEORGE ELDRED

Date: 11/30/05
 Time In: 5:00
 Time Out: 5:30

Scheduled Date: 11/18/05
 Prior Service: 10/31/05 Standard
 9/30/05 Perimeter Cash
 7:30:00 8/30/05 Standard

This Is Your Statement.
 Please Remit The Total Due

CR#

The type of service performed today was:
 Initial Scheduled No Charge Special

Details of this service are listed below.

Findings

- No activity detected. Performed preventive treatment for target pest(s).
- Ants
- Carpenter Ants
- Fire Ants
- Pharaoh Ants
- Mice
- Rats
- Fleas
- Other
- Activity detected. Treatment applied for the following:
 - Ants
 - Carpenter Ants
 - Fire Ants
 - Pharaoh Ants
 - Mice
 - Rats
 - Fleas
 - Other
- American Roaches
- Brown Banded Roaches
- German Roaches
- Oriental Roaches
- Springtail Brown Roaches
- Crickets
- Spiders
- Stored Product Pests
- American Roaches
- Brown Banded Roaches
- German Roaches
- Oriental Roaches
- Smoky Brown Roaches
- Cockroaches
- Spiders
- Stored Product Pests

Treatment

Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.

Products	Quantity	Site	Method	Equipment
	150	18	2	
	16	11	13	975

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not tamper with rodenticide placements
 Do not return to room until ventilated (2 hrs. minimum)

Thank You

Thank You



ORKIN COMMERCIAL CUSTOMERS

CONTRACT SERVICE	PREVIOUSLY INSTALLED	# ADDED	# PICKED UP
MULTI-CATCH TRAPS			
BAIT STATIONS			
ORIGINAIR/BAIT SCENTS			
FULL TRAPS			

Comments

DATE OF SCHEDULED FOLLOWUP: 12/15/05
 CUSTOMER SIGNATURE: George Eldred
 ARE YOU SATISFIED: YES NO
 TECHNICIAN SIGNATURE: [Signature]

Thank you for your business.

For outdoor application in states where required			
WIND DIRECTION	WIND VELOCITY	TEMPERATURE	MOISTURE



PEST CONTROL
World's Best

TAMU VET MED RESEARCH PARK
1132
YURK RD
COLLEGE STATION, TX 77843
(979) 845-5620

ORKIN - COLLEGE STATION, TX
3209 W BYPASS
COLLEGE STATION, TX 77845
(979) 693-3551
LPEO: TPCL 710
Target Pest:

FC COMM STUP
Standard Service

PRIOR BALANCE: 409.00
THIS SERVICE: 242.00
DISCOUNT: .00
TAX: .00
TOTAL AFTER THIS SERVICE: 726.00
*Auto Charge Exp: 2/2007

3442934

83

15148173

GRID: 0000014
KEY ACCT: 3
ROUTE: 3 STOP#: 03
FRKO: Monthly
P.O. #: GEORGE ELGRED
TECH:

Date: 9/16/05
Time In: 11:32
Time Out: 2:00

Scheduled Date: 9/16/05
Prior Service: Standard
Standard
Standard

Amount Paid: 726.00
Please Remit The Total Due.
CK#

The type of service performed today was:
 Initial Scheduled No Change Special
Follow Up Service Date: Details of the service are listed below.

Findings

Prior activity detected? Performed preventive treatment for target pest(s):

- Ants
- Carpenter Ants
- Dryin Ants
- Pharaoh Ants
- Termites
- Fleas
- Other

- Primitian Roaches
- Brown Banded Roaches
- German Roaches
- Oriental Roaches
- Smoky Brown Roaches
- Cockroaches
- Spiders
- Stored Product Pests

- Active detected. Treatment applied for the following:
 - American Roaches
 - Brown Banded Roaches
 - German Roaches
 - Oriental Roaches
 - Smoky Brown Roaches
 - Cockroaches
 - Spiders
 - Stored Product Pests

Your satisfaction is guaranteed. If needed, we will return at no additional charge.

Treatment

Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.

Products	Quantity	Size	Method	Equipment
B-1	6 lbs	23	96	I
R-6	10	23	97	J

Please follow directed instructions:
 Dry to touch treated areas used dry
 Do not temper with rodents/insects/plants/animals
 Do not return to room until ventilated (2 hrs. minimum)

ORKIN COMMERCIAL CUSTOMERS

DATE OF SCHEDULED FOLLOWUP: _____

CUSTOMER SIGNATURE: *George Elgred* ARE YOU SATISFIED? YES NO

TECHNICAL SIGNATURE: *George Elgred*

Comments: *Thank you*

Thank you for your business.

For outdoor application in spray, where required:

APPROVED	DATE	BY
<i>[Signature]</i>		

This report does not include wood infesting organisms and/or mold or dry rot/bleed conditions.
OFFICE COPY

OR ADDITIONAL INFORMATION A COPY OF THE LABEL MENTIONED MAY BE REQUESTED FROM YOUR LOCAL BRANCH
289/01 Hwy 500 (TXA03)

ORIGIN PEST CONTROL
 Workers Base

TAMU VET MED RESEARCH PARK
 1192 TURK RD
 COLLEGE STATION, TX 77843
 (979) 845-5620

ORIGIN - COLLEGE STATION, TX
 3209 R BYPASS
 COLLEGE STATION, TX 77845
 (979) 693-3651
 LPCL: TPCL 710
 Target Pest:

Please fax payment receipt to Becky 979-845-2617

3348934
 PC COMM STOP
 Standard Service

INVOICE SERVICE TICKET NUMBER
 81
 13704761

PRIOR BALANCE: .00
 THIS SERVICE: 242.00
 DISCOUNT: .00
 TAX: .00
 TOTAL AFTER THIS SERVICE: 242.00
 *Auto Charge Exp: 2/2007

CRID: 0000014
 KEY ACCT: 3
 ROUTE: 3 STOP#: 65
 FREQ: Monthly
 P.O. #: GEORGE ELDRD
 TECH: 27

Date: 7/15/05
 Time In: 11:30
 Time Out: 12:30

Scheduled Date: 7/15/05
 Prior Service: 5/21/05 Standard Amount Paid
 5/23/05 Standard Amount Paid
 7/13/05 Standard Amount Paid

This is Your Statement.
 Please Remit The Total Due.

The type of service performed today was:
 Initial Scheduled No Charge Special
 Follow Up Service Date: _____
 Details of this service are listed below.

Findings
 Data activity checked. Pesticide present in treatment area specify:
 Pyrethroids
 Organophosphates
 Carbamates
 DDT's
 Insect Growth Regulators
 Other
 Aerially applied treatment
 American Roaches
 German Roaches
 Brown Banded Roaches
 Spiders
 Fleas
 Other

Treatment
 Units taken care to check treatment materials when they will activate and then schedule. For codes see other side.

Products	Quantity	Size	Applied	Equipment
2-1	81bs	23	96	T
1-6	12	23	97	J
1-5	14	23	92	A

ORIGIN COMMERCIAL CUSTOMERS

DATE OF SCHEDULED FOLLOWUP: _____

DATE OF SCHEDULED FOLLOWUP: _____

Comments: _____

ORIGIN SIGNATURE: _____ DATE: _____

TECH SIGNATURE: _____

Thank you for your business.

NAME	PHONE	ADDRESS	CITY	STATE	ZIP



PEST CONTROL
World's Best

Invoice

VAMU VET MED RESEARCH PARK
4192 TINK RD
COLLEGE STATION, TX 77843
(979) 845-5520

ORKIN - COLLEGE STATION, TX
3209 R BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCO: TPCL 710
Target Pest: *sp*

PC COMM STOP
Standard Service

PRIOR BALANCE: 0.00
THIS SERVICE: 50.00
DISCOUNT: 0.00
TAX: 0.00
TOTAL AFTER THIS SERVICE: 50.00

YOU MUST LEAVE THE YELLOW TICKET WITH VENDOR IN BUILDING 1

FIELD: 0000014
BY AGENT: 3
STOP#: 03
ERRR: Monthly
P.O. #: GEORGE STORRD

Date: 5/23/05
Time In: 4:41
Time Out: *sp*

Scheduled Date: 5/20/05
Prior Service: 3/28/05 Standard
7:30:00 2/28/05 Standard

This Is Your Statement.
Please Remit The Total D
Amount Paid:
Cash Check OK#

The type of service performed today was:
 Initial Scheduled No Charge Special

Details of this service are listed below.

Findings

- No activity detected. Performed preventive treatment for target pest(s).
- Ants
 - Carpenter Ants
 - Fire Ants
 - Pharaoh Ants
 - Mice
 - Rats
 - Fleas
 - Other
- Activity detected. Treatment applied for the following:
 - American Roaches
 - Carpenter Ants
 - Fire Ants
 - Pharaoh Ants
 - Mice
 - Rats
 - Fleas
 - Other

Treatment

ORKIN takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.

Products	Quantity	Site	Method	Equipment
	0	23	98	J
	16	92	A	
	23	96	P	
	16	92	A	

Please follow directed instructions:
 Do not disturb for 24 hours
 Do not return to room until vented (2 hrs. minimum)



ORKIN COMMERCIAL CUSTOMERS

COMMERCIAL SERVICE	PREVIOUSLY INSTALLED	# ADDED	# PICKED UP
MULTI-CATCH TRAPS	0	0	0
BAIT STATIONS	0	0	0
ORIGINAL/PAIR SCENTS	0	0	0
RY TRAPS	0	0	0

Comments

DATE OF SCHEDULED FOLLOWUP:
CUSTOMER SIGNATURE: *Thanks*
ARE YOU SATISFIED: YES NO
TECHNICIAN SIGNATURE:

MAY 23 2005

VET MEDICAL PARK
10110 UNIVERSITY BLVD
COLLEGE STATION, TX 77845

Thank you for your business.

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SPV CONDITION

FOR ADDITIONAL INFORMATION, A COPY OF THE LABEL AND/OR MSDS MAY BE REQUESTED FROM YOUR LOCAL BRANCH.

This report does not include wood infesting organisms and/or mold or any mold-like condition.



World's Best

TAMU VET MED RESEARCH PARK
1192 TURK RD
COLLEGE STATION, TX 77843
(979) 845-5620

ORAIN - COLLEGE STATION, TX
3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCO: TPCL 710
Target Pest:
START TIME: 07:30am STOP TIME: 12:00pm

3348934

10439716

PC COMM STD
Standard Service

PRICE \$1500.00
THIS SERVICE \$0.00
DISCOUNT \$0.00
TAX: \$0.00
TOTAL AMT \$1500.00
THIS SERVICE \$0.00

YOU MUST LEAVE THE YELLOW TICKET WITH VERDE IN BUILDING 1

PO# 223

GRID: 0000014
KEY ACCT:
ROUTE: 3 STOP#: 03
FREQ: Monthly
P.O.#:
TECH: GEORGE ELDRD

Date
Time In
Time Out

Scheduled Date 3.18.03
Prior Service 12/17/04 Standard
11/19/04 Standard
Amount Paid
Please Remit The Total
This is Your Statement
OK#

The type of service performed today was:

Initial Scheduled No Charge Special

Details of this service are listed below.

Findings	Treatment																									
<input type="checkbox"/> No activity detected. Performed preventive treatment for target pest(s). <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other <input type="checkbox"/> Activity detected. Treatment applied for the following: <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other	Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side. <table border="1"> <thead> <tr> <th>Products</th> <th>Quantity</th> <th>Sites</th> <th>Method</th> <th>Equipment</th> </tr> </thead> <tbody> <tr> <td>R-6</td> <td>0</td> <td>23</td> <td>98</td> <td>T</td> </tr> <tr> <td>L-5a</td> <td>1/2 gal</td> <td>15</td> <td>92</td> <td>A</td> </tr> <tr> <td>L-4</td> <td>4 gal</td> <td>13</td> <td>96</td> <td>T</td> </tr> <tr> <td>G-1</td> <td>5 gal</td> <td>13</td> <td>96</td> <td>T</td> </tr> </tbody> </table>	Products	Quantity	Sites	Method	Equipment	R-6	0	23	98	T	L-5a	1/2 gal	15	92	A	L-4	4 gal	13	96	T	G-1	5 gal	13	96	T
Products	Quantity	Sites	Method	Equipment																						
R-6	0	23	98	T																						
L-5a	1/2 gal	15	92	A																						
L-4	4 gal	13	96	T																						
G-1	5 gal	13	96	T																						

ORKIN COMMERCIAL SERVICES

ORIGIN COMMERCIAL CUSTOMERS

PREVIOUSLY INSTALLED

FAULT STATIONS

ORIGIN/REAR SCENTS

FLY TRAPS

Are there emission and/or storage practices issues? Yes No If yes, see below.

Are there structural issues? Yes No If yes, see below.

Are there plumbing issues? Yes No If yes, see below.

Comments

DATE OF SCHEDULED FOLLOWUP

CUSTOMER SIGNATURE

ARE YOU SATISFIED: YES NO

TECHNICIAN SIGNATURE

Thank you for your business.

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	CO2



ORKIN - COLLEGE STATION, TX
 3209 R BYPASS
 COLLEGE STATION, TX 77845
 (979) 693-3651

9705290

Handwritten: TAMU (We + Mrs. P. ...)
 1192 Tur Key
 College Station, TX 77843



PRIOR BALANCE:
 THIS SERVICE:
 TAX:
 TOTAL AFTER
 THIS SERVICE

LPCCO: TPCL 710
 GRID:
 ROUTE:
 FREQ:

STAFF
 FAMIS Doc # A506712 Date 1/31/05
 Inv Recd Dt 1/31/05 Time In 7:28
 Goods/Serv Recd Dt 1/31/05 Time Out
 Disc Due Dt
 Acct # 144016
 Sup Acct # 0000

The type of service performed today was:
 Initial Scheduled No Change Special
 Details of this service are listed below. PO# 0131200

Findings

- No activity detected. Performed preventive treatment for target pest(s).
 Ants
 Carpenter Ants
 Fire Ants
 Pharaoh Ants
 Mice
 Rats
 Fleas
 Other
 Activity detected. Treatment applied for the following:
 Ants
 Carpenter Ants
 Fire Ants
 Pharaoh Ants
 Mice
 Rats
 Fleas
 Other

Treatment

ORKIN takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.

Products	Quantity	Size	Method	Equipment
L-4	1 gal	28	92	17
B-18	5 lbs	23	96	I
R-6	10	23	97	P

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not tamper with rodenticide placements
 Do not return to room until instructed (please, advise)

FAMIS Doc #
 Inv Recd Dt 1-31-05
 Goods/Serv Recd Dt 1-31-05
 Disc Due Dt
 Acct # 144016
 Sup Acct #



ORKIN COMMERCIAL CUSTOMERS

COMMERCIAL SERVICES

MULTI-CATCH TRAPS	PREVIOUSLY INSTALLED	# ADDED	# PICKED UP
BAIT STATIONS		0	
ORGANIC/AIR SCENTIS		0	
FLY TRAPS			

Are there sanitation and/or storage practices issues? Yes No If yes, see below.
 Are there structural issues? Yes No If yes, see below.
 Are there plumbing issues? Yes No If yes, see below.

Handwritten: Thank you for your business.

DATE OF SCHEDULED FOLLOWUP
 CUSTOMER SIGNATURE
 ARE YOU SATISFIED: YES NO
 TECHNICAL SIGNATURE

Thank you for your business.

For outdoor application in states where required

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	MOISTURE	SM CONDITON

JAN 31 2005

This report does not include wood infesting organisms and/or mold or other pests.

FOR ADDITIONAL INFORMATION, A COPY OF THE LABEL AND/OR MSDS MAY BE REQUESTED FROM YOUR LOCAL BRANCH OR 1-800-368-7777.

3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651

8062590

PEST CONTROL
Worlds Best
TAMU VETERINAR RESEARCH PARK
1152 Tur K Rd
College Station, TX 77843
879 845-5626

LPCO: TPCL 710
GRID:
ROUTE:
FREQ:
STOP#:

Date: 11/19/04
Time In: 4:01
Time Out:

MIS Doc # AS02548
Inv Recd Dt 11/19/04
Goods/Serv Recd Dt 11/19/04
Disc Due Dt
Acct # 144016
Sup Acct #

PRIOR BALANCE:
THIS SERVICE: 230.00
TAX:
TOTAL AFTER
THIS SERVICE

This is Your Statement.
Please Remit The Total Due
Amount Paid
 Cash
 Check
CK#



The type of service performed today was:
 Initial Scheduled No Charge Special

Details of this service are listed below

Findings		Treatment				
<input type="checkbox"/> No activity detected. Performed preventive treatment for target pest(s). <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other		Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.				
<input type="checkbox"/> Activity detected. Treatment applied for the following: <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other	<input type="checkbox"/> American Roaches <input type="checkbox"/> Brown Banded Roaches <input type="checkbox"/> German Roaches <input type="checkbox"/> Oriental Roaches <input type="checkbox"/> Smokey Brown Roaches <input type="checkbox"/> Spiders <input type="checkbox"/> Stored Product Pests	Products	Quantity	Sites	Method	Equipment
		R-6	16	23	99	J
		L-5a	1/4 gal	18	92	A
		L-1a	1/4 gal	23	96	H
		G-1	1/4 gal	23	96	I
		N-7	10	16	99	J

ORKIN COMMERCIAL SERVICES

ORKIN COMMERCIAL CUSTOMERS

PREVIOUSLY INSTALLED: # ADDED # PICKED UP

BAIT STATIONS: _____

ORIGINAIRE/FAIR SCENTS: _____

FLY TRAPS: _____

Are there sanitation and/or storage practices issues? Yes No If yes, see below

Are there plumbing issues? Yes No If yes, see below

Comments: _____

DATE OF SCHEDULED FOLLOWUP: _____

CUSTOMER SIGNATURE: *Shirley McCallum* ARE YOU SATISFIED? YES NO

TECHNICIAN SIGNATURE: _____

Thank you for your business.

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SKY CONDITION

TAMU VET MED RESEARCH PARK
 1192 TURK RD
 COLLEGE STATION, TX 77843
 (979) 845-5620
 START TIME: 07:30AM STOP TIME: 12:00PM
 COLLEGE STATION, TX 77645
 (979) 693-3651
 LPCO: TPCL 710
 Target Pest:
 PC COMM STDP
 Standard Service
 PRIOR BALANCE: 450.25
 THIS SERVICE: 230.00
 DISCOUNT: .00
 TAX: .00
 TOTAL AFTER THIS SERVICE: 690.25

YOU MUST LEAVE THE YELLOW TICKET WITH VERDE IN BUILDING 1

GRID: 0000014
 KEY ACCT: 3
 STOP#: 03
 ROUTE: Monthly
 P.O. #: GEORGE ELDRED
 TECH:

Date: 9-20-04
 Time In: 5:25
 Time Out: 5:25
 Scheduled Date: 9/17/04
 Prior Service: 8/31/04 Standard
 7/28/04 Standard
 6/18/04 Standard
 Amount Paid: Cash Check
 OK#

5728233

This is Your Statement
 Please Remit The Total Due.

The type of service performed today was:
 Initial Discontinued No Charge Special

Findings

- No activity detected. Performed preventive treatment for target pest(s):
- Ants
 - Carpenter Ants
 - Fire Ants
 - Pharaoh Ants
 - Mice
 - Rats
 - Fleas
 - Flies
 - Other
- Actively detected. Treatment applied for the following:
- Ants
 - Carpenter Ants
 - Fire Ants
 - Pharaoh Ants
 - Mice
 - Rats
 - Fleas
 - Flies
 - Other
- Prevention Roaches
- Brown Banded Roaches
 - German Roaches
 - Oriental Roaches
 - Spotted Brown Roaches
 - Crickets
 - Cockroaches
 - Stored Product Pests
- American Roaches
- Brown Banded Roaches
 - German Roaches
 - Oriental Roaches
 - Spotted Brown Roaches
 - Crickets
 - Spiders
 - Stored Product Pests

Treatment

Other labels cause to place treatment evidence where they will achieve maximum effectiveness. For codes see other side.

Products	Quantity	Size	Method	Equipment
R-14	4	25	97	2
G-1	8/15	23	97	2

Please attach checked treatment:
 Do not attach sealed units until by
 Do not remove until scheduled date
 Do not return to store until scheduled date



ORIGIN COMMERCIAL CUSTOMERS

DATE OF SCHEDULED FOLLOWUP	PREVIOUSLY INSTALLED	# ADDED	# Picked UP
9/17/04	1	0	0

Comments

DATE OF SCHEDULED FOLLOWUP: 9/17/04
 OPERATOR SIGNATURE: [Signature]
 ARE YOU SCHEDULED DUES DMO: [Signature]
 TECHNICIAN SIGNATURE: [Signature]

Thank you for your business.

For outdoor applications, signs where required.

TIME	DATE	INITIALS	INSURANCE	SIGNATURE

Inv Recd Dt: 12/20/04
 Goods/Serv Recd Dt: 9/13/04
 Disc Due Dt:
 Acct # 270660
 Sup Acct #

DEC 20 2004

OFFICE COPY

88-983 1 Rev 4/04 TEXAS



**This is Your Statement.
Please Remit The Total Du**
Amount Paid
 Cash
 Check
Ck# _____

Date _____ Scheduled Date _____ Prior Service _____
Time In _____
Time Out _____

The type of service performed today was:
 Initial Scheduled No Charge Special
Follow Up Service Date _____ Details of this service are listed below.

Findings		Treatment			
No activity detected. Performed preventive treatment for target pest(s). <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other		Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side. Products Quantity Sites Method Equipment			
<input type="checkbox"/> Activity detected. Treatment applied for the following: <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other		American Roaches Brown Banded Roaches German Roaches Oriental Roaches Smokey Brown Roaches Crickets Spiders Stored Product Pests			
Your satisfaction is guaranteed. If needed, we will return at no additional charge.		Please follow checked instructions: <input type="checkbox"/> Do not touch treated areas until dry <input type="checkbox"/> Do not tamper with rodenticide placements <input type="checkbox"/> Do not return to room until ventilated (2 hrs. minimum)			



ORKIN COMMERCIAL CUSTOMERS

MULTI-CATCH TRAPS	PREVIOUSLY INSTALLED	# ADDED	# PICKED UP
BAIT STATIONS			
ORKIN/ARE/AIR SCENTS			
FLY TRAPS			

Are there sanitation and/or storage practice issues? Yes No If yes, see below.
 Are there structural issues? Yes No If yes, see below.

Comments
You

DATE OF SCHEDULED FOLLOWUP _____
 CUSTOMER SIGNATURE _____ ARE YOU SATISFIED: YES NO
 TECHNICIAN SIGNATURE _____

Thank you for your business.

For outdoor application in states where required

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SKY CONDITION



ORKIN, INC.
 3209 E BYPASS
 COLLEGE STATION, TX 77845
 (979) 693-3651
 LPCO: TPCL 710 JJ
 Target Pest:

PC COMM STDP
 Standard Service

INVOICE/SERVICE TICKET NUMBER
 101

27606332

TAMU VET MED RESEARCH PARK
 1192 TURK RD
 COLLEGE STATION, TX 77843
 (979) 845-5620

PRIOR BALANCE: 0.00
 THIS SERVICE: 242.00
 DISCOUNT: 0.00
 TAX: 0.00
 TOTAL AFTER THIS SERVICE: 242.00
 *Auto Charge Exp: 3/20/07

Please fax print receipt to Beckv 979-845-2617

GRID: 0000014
 KEY ACCT:
 ROUTE: 3 STOP#: 03
 FREQ: Monthly
 P.O. #:
 TECH: GEORGE ELDRED

Scheduled Date: 3/28/07
 Prior Service: 2/26/07 Standard Amount Paid
 1/25/07 Standard
 7:30:00 12/30/06 Perimeter Check

Date: 3/29/07
 Time In: 3:06
 Time Out:

ORKIN COMMERCIAL SERVICES
 ORKIN COMMERCIAL CUSTOMERS

This is Your Statement.
 Please Remit The Total Due

Ck#

The type of service performed today was:

- Initial
- Scheduled
- No Charge
- Special Follow Up Service Date

Details of this service are listed below.

Findings		Treatment		
No activity detected. Performed preventive treatment for target pest(s).		Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.		
Products	Quantity	Sites	Method	Equipment
Alc	2 gal	15	92	A
G-I	4 lbs	23	96	E
R-6	0 lbs	23	98	P

Thank You

PREVIOUSLY INSTALLED: # ADDED: # PICKED UP: 0

Are there sanitation and/or storage practice issues? Yes No If yes, see below.

Are there structural issues? Yes No If yes, see below.

Comments: *Thank You*

DATE OF SCHEDULED FOLLOWUP: *3/29/07*

CUSTOMER SIGNATURE: *George Eldred* ARE YOU SATISFIED: YES NO

TECHNICIAN SIGNATURE: _____

MAR 20 2007

DATE CODE 1192 and 1225

Thank you for your business.

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SKY CONDITION

ORKIN
World's Best

ORKIN, INC.
COLLEGE STATION, TX
3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCO: TPCL 710 JJ
Target Pest:

TAMU VET MED RESEARCH PARK
1192 TURK RD
COLLEGE STATION, TX 77843
(979) 845-3620

please fax payment receipt to Becky 979-845-2617

GRID: 0000014
KEY ACCT: 3 STOP#: 03
ROUTE: Monthly
FREQ: #:
P.O. #:
TECH: GEORGE ELDRED

The type of service performed today was:
 Initial Scheduled No Charge Special
Close Up Service Date

Details of this service are listed below:

Findings	Treatment			
	Product	Quantity	Size	Method
<input checked="" type="checkbox"/> American Roaches <input checked="" type="checkbox"/> Brown Banded Roaches <input checked="" type="checkbox"/> German Roaches <input checked="" type="checkbox"/> Oriental Roaches <input checked="" type="checkbox"/> Smoky Brown Roaches <input type="checkbox"/> Spiders <input type="checkbox"/> Fleas <input type="checkbox"/> Other	12	12	12	97
<input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other	4lbs	4lbs	4lbs	96
<input type="checkbox"/> Fleas <input type="checkbox"/> Other	15	15	15	92
<input type="checkbox"/> American Roaches <input type="checkbox"/> Brown Banded Roaches <input type="checkbox"/> German Roaches <input type="checkbox"/> Oriental Roaches <input type="checkbox"/> Smoky Brown Roaches <input type="checkbox"/> Spiders <input type="checkbox"/> Fleas <input type="checkbox"/> Other				

Please follow attached instructions:
 Do not touch treated areas until dry
 Do not temper with cockroach placements
 Do not return to room until ventilated 2 hrs. minimum

ate code 1192 and 1225

OR ADDITIONAL INFORMATION, A COPY OF THE LABEL AND/OR MSDS MAY BE REQUESTED FROM YOUR LOCAL BRANCH.
 3150 Rev. 1/85 (2/86)

ORKIN - COLLEGE STATION, TX
3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCO: TPCL 710 JJ
Target Pest:

PC COMM STOP
Standard Service

please fax payment receipt to Becky 979-845-2617

Date: 12/25/07
Time In: 4:11
Time Out: 5:59
Scheduled Date: 1/19/07
Prior Service: 12/30/06
Perimeter Amount Paid: 242.00
Standard: 11/29/06
Standard: 10/30/06

Payment confirmation #

This is Your Statement.
Please Remit The Total Due.

Amount Paid: 242.00

7:30:00 10/30/06 Standard Check
 7:30:00 10/30/06 Standard Cash

Or#

Thank you

PREVIOUSLY SCHEDULED FOLLOW-UP	DATE OF SCHEDULED FOLLOW-UP	DATE OF SCHEDULED FOLLOW-UP	DATE OF SCHEDULED FOLLOW-UP
12/25/07	1/19/08	2/16/08	3/13/08

PREVIOUSLY SCHEDULED FOLLOW-UP: YES NO
 DATE OF SCHEDULED FOLLOW-UP: YES NO
 COMMENTS: *Thank you*

Thank you for your business.

FOR OUTDOOR APPLICATION IN STATES WHERE REQUIRED:	WHO RECEIVED	WHO APPLIED	WHO INSPECTED

91-29-07 10:18 ORKIN



PEST CONTROL
World's Best

ORKIN - COLLEGE STATION, TX
3209 E BYPASS
COLLEGE STATION, TX 77843
(979) 693-3651
LPCO: TPCL 710 JJ
Target Pest:

TAMU VET MED RESEARCH PARK
1192 TURK RD
COLLEGE STATION, TX 77843
(979) 845-5620

Please fax payment receipt to Becky 979-845-2617

PC COMM STDP
Standard Service

PRIOR BALANCE: .00
THIS SERVICE: 242.00
DISCOUNT: .00
TAX: .00
TOTAL AFTER THIS SERVICE: 242.00

GRID: 0000014

KEY ACCT:

ROUTE: 3 STOP#: 03

PERQ: Monthly

P.O. #:

TECH: GEORGE ELDRED

The type of service performed today was:

Initial Scheduled No Charge Special Follow Up Service Date

Details of this service are listed below.



Findings	Treatment			
	Product	Quantity	Site	Method
<input type="checkbox"/> No activity detected. Performed preventive treatment (for target pest) <input type="checkbox"/> Fire Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Yellowjackets <input type="checkbox"/> Paper Wasps <input type="checkbox"/> Bees <input type="checkbox"/> Spiders <input type="checkbox"/> Other	15 lbs	15	92	A
<input type="checkbox"/> American Roach <input type="checkbox"/> Brown Banded Roaches <input type="checkbox"/> German Roaches <input type="checkbox"/> Oriental Roaches <input type="checkbox"/> Smokey Brown Roaches <input type="checkbox"/> Crickets <input type="checkbox"/> Spiders <input type="checkbox"/> Stored Product Pests <input type="checkbox"/> Other	6-7 lbs	23	96	F
<input type="checkbox"/> Active infestation. Treatment applied for the following: <input type="checkbox"/> Fire Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Yellowjackets <input type="checkbox"/> Paper Wasps <input type="checkbox"/> Bees <input type="checkbox"/> Spiders <input type="checkbox"/> Other	12 lbs	23	97	F
<input type="checkbox"/> No additional charge.				

Please follow checked instructions:
 Do not touch treated area until dry
 Do not breathe with visible phenomena
 Do not return to room until ventilated 2 hrs. minimum

Date: 11/29/06
Time In: 3:35
Time Out: 3:51
Scheduled Date: 10/30/06
Standard: 9/30/06
Standard: 8/30/06
Standard: 7:30:00

This is Your Statement.
Please Remit The Total Due.

Amount Paid: 242.00
Cash:
Check:

Payment confirmation

w/mc
10/1/06

SERIAL CUSTOMERS

PREVIOUSLY INSTALLED	# ADDED	# REMOVED
MULTI-CATCH TRAPS	0	0
BAIT STATIONS	0	0
DIY/PROFESSIONAL SERVICES	0	0
ELI TRAPS	0	0

See trap installation and/or storage guidelines? Yes No Yes, see before
Are there structural issues? Yes No Yes, see before
Are there plumbing issues? Yes No Yes, see before

Comments: *10/1/06*

DATE OF SCHEDULED FOLLOWUP: *11/29/06*

CLIENT SIGNATURE: *William M. ...*
TECHNICIAN SIGNATURE: *George Eldred*

Thank you for your business.

For outdoor application in states where required

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	MOISTURE

gate code 1192 and 1225

ORIGIN - COLLEGE STATION, TX
 3209 E BYPASS
 COLLEGE STATION, TX 77843
 (979) 693-8631
 LPCO: TPCL 710 JJ
 Target Pest:

PC COMM STD
 Standard Service

Please fax payment receipt to Becky 979-843-2617

3348934
 95
 23666451

PRIOR BALANCE: .00
 THIS SERVICE: 242.00
 DISCOUNT: .00
 TAX: .00
 TOTAL AFTER THIS SERVICE: 242.00
 *Auto Charge Exp: 2/2007

This is Your Statement.
 Please Remit The Total Due.

Scheduled Date: 9/13/06
 Prior Service: 6/30/06 Standard Amount Paid 242.00
 7/28/06 Standard U Cash
 7:30:00 6/30/06 Perimeter Check

Payment Confirmation #
 paid w cc on 9/1

ORIGIN - COLLEGE STATION, TX
 3209 E BYPASS
 COLLEGE STATION, TX 77843
 (979) 693-8631
 LPCO: TPCL 710 JJ
 Target Pest:

CRIB: 0000014
 KEY ACCT: 2 STOP#: 03
 MONTHLY
 F.O. #: GEORGE ELDRD
 TECH:

The type of service performed today was:
 Initial Scheduled No Charge Special
 Follow Up Service Date

Details of this service are listed below:

Findings		Treatment				
No activity detected. Performed preventive treatment for target pests:		Products	Quantity	Shots	Method	Equipment
<input checked="" type="checkbox"/> American Roaches	<input checked="" type="checkbox"/> Carpenter Ants	R-6	0	23	98	J
<input checked="" type="checkbox"/> Fire Ants	<input checked="" type="checkbox"/> Fire Ants	K-14	16 gals	23	96	A
<input checked="" type="checkbox"/> Pharaoh Ants	<input checked="" type="checkbox"/> Pharaoh Ants	G-A	2 lbs	23	96	P
<input checked="" type="checkbox"/> German Roaches	<input checked="" type="checkbox"/> German Roaches	<p><i>Blank</i></p>				
<input checked="" type="checkbox"/> Oriental Roaches	<input checked="" type="checkbox"/> Oriental Roaches					
<input checked="" type="checkbox"/> Smoky Brown Roaches	<input checked="" type="checkbox"/> Smoky Brown Roaches					
<input checked="" type="checkbox"/> Cockroaches	<input checked="" type="checkbox"/> Cockroaches					
<input checked="" type="checkbox"/> Spiders	<input checked="" type="checkbox"/> Spiders					
<input checked="" type="checkbox"/> Stored Product Pests	<input checked="" type="checkbox"/> Stored Product Pests					

Please follow chemical instructions:
 Do not touch treated areas until dry
 Do not temper with restorable phenomena
 Do not return to room until ventilated if req. returned

ORIGIN COMMERCIAL CUSTOMERS

PREVIOUSLY INSTALLED	# ADDED	# POSED UP
12	0	0

Comments: *Blank*

DATE OF SCHEDULED FOLLOWUP

CUSTOMER SERVICE: YES NO

TECHNICIAN SERVICE: *Blank*

Thank you for your business.

For customer application in states where required, MUST BE SIGNED BY: *Blank*

WARRANTY: *Blank*

BY: *Blank*

Gate code 1192 and 1225



PEST CONTROL
World's Best

ORKIN - ORKIN, INC.
3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 893-3651
LPCC: TPCL 710 JJ
Target Pest:

TAMU VET MED RESEARCH PARK
192 TURK RD
COLLEGE STATION, TX 77843
(979) 845-5620

please fax payment receipt to Becky 979-845-2617

GRID: 0000014
KEY ACCT: 3 STOP#: 03
ROUTE: Monthly
FREQ: Monthly
P.O. #: GEORGE ELDRD
TECH:

Scheduled Date 7/21/06
Time In 7:30:00
Time Out
Prior Service 6/30/06 Perimeter Amount Paid
5/31/06 Standard 0 Cash
4/29/06 perimeter 0 Check

This is Your Statement
Please Remit The Total

The type of service performed today was:
 Initial Scheduled No Charge Special
Follow Up Service Date

Details of this service are listed below.

Findings		Treatment			
Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.		Products	Quantity	Method	Equipment
<input checked="" type="checkbox"/> No activity detected. Performed preventive treatment for target pest(s). <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Fleas <input type="checkbox"/> Other <input type="checkbox"/> Activity detected. Treatment applied for the following: <input type="checkbox"/> American Roaches <input type="checkbox"/> Brown Banded Roaches <input type="checkbox"/> Fire Ants <input type="checkbox"/> German Roaches <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Fleas <input type="checkbox"/> Other					
Your satisfaction is guaranteed. If needed, we will return at no additional charge.		Please follow checked instructions: <input type="checkbox"/> Do not touch treated areas until dry <input type="checkbox"/> Do not tamper with rodenticide placements <input type="checkbox"/> Do not return to room until ventilated (2 hrs. minimum)			

Thank You

DATE OF SCHEDULED FOLLOWUP
Customer Signature: *Shonda McCallum*

ARE YOU SATISFIED: YES NO
TECHNICIAN SIGNATURE

Thank you for your business.

For outdoor application in states where required

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY

INVOICE/SERVICE TICKET NUMBER
3348934

Duplicate Ticket
PC COMM STDP
Standard Service

21917598
PRIOR BALANCE:
THIS SERVICE:
DISCOUNT:
TAX:
TOTAL AFTER
THIS SERVICE: 242.
*Auto Charge Exp: 2/2



ORKIN COMMERCIAL CUSTOMERS

MULTI-CATCH TRAPS	PREVIOUSLY INSTALLED	# ADDED	# PICKED UP
BAIT STATIONS			
ORKIN/ARE/AR SCENTS			
FLY TRAPS			

Are there sanitation and/or storage practices issues? Yes No If yes, see below.
Are there structural issues? Yes No If yes, see below.

Comments

WEST CONTROL
World's Best

3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCO: TPCL 710 JJ
Target Pest:

WAMU VET MED RESEARCH PARK
1192 TURK RD
COLLEGE STATION, TX 77843
(979) 845-5620

please fax payment receipt to Rocky

GRID: 0000014
KEY ACCT:
ROUTE: 3 STOP#: 03
FREQ: Monthly
P.O. #: GEORGE ELDRSD
YEARS:

The type of service performed today was:

Initial Scheduled No Charge Special

Follow Up Services Due

Details of this service are listed below.

Findings		Treatment				
No activity detected. Performed preventive treatment for target pest(s).		Products	Quantity	Shim	Method	Equipment
<input checked="" type="checkbox"/> American Roaches	<input type="checkbox"/> No activity detected. Performed preventive treatment for target pest(s).	RB6	12	23	9-7	J
<input type="checkbox"/> Carpenter Ants						
<input type="checkbox"/> Fire Ants						
<input type="checkbox"/> Pharaoh Ants						
<input type="checkbox"/> Argentine Ants						
<input type="checkbox"/> Spiders						
<input type="checkbox"/> Fleas						
<input type="checkbox"/> Other						
<input checked="" type="checkbox"/> Activity detected. Treatment applied for the following:						
<input type="checkbox"/> Ants						
<input type="checkbox"/> Carpenter Ants						
<input type="checkbox"/> Fire Ants						
<input type="checkbox"/> Pharaoh Ants						
<input type="checkbox"/> Mice						
<input type="checkbox"/> Rats						
<input type="checkbox"/> Fleas						
<input type="checkbox"/> Other						

Please follow attached instructions:
 Do not touch treated areas until dry
 Do not lounge with rodents in placement
 Do not return to room until treated (2 hrs. minimum)

PC COMM STDP
Standard Service

979-845-2617

PRIOR BALANCE: .00
THIS SERVICE: 242.00
DISCOUNT: .00
TAX: .00
TOTAL AFTER THIS SERVICE: 242.00
*Auto Charge Exp: 2/2007

Handwritten initials

This is Your Statement.
Please Remit The Total Due.

Scheduled Date

4/29/06 PRIME Amount Paid
3/27/06 Standard Cash
7:30:00 2/22/06 Standard Check



ORIGIN COMMERCIAL CUSTOMERS

PREVIOUSLY INSTALLED: ADDED: **APPLICABLE UP**

MULTI-CATCH TRAPS: **12**

BAIT STATIONS: **0**

ORIGIN-REAR SCENTS:

FLY TRAPS:

Are there sanitation and/or storage practices issues? No Yes. See below

Are there structural issues? No Yes. See below

Are you paying for this service? No Yes. See below

Comments
Thanks

DATE OF SCHEDULED FOLLOWUP: _____

CUSTOMER SIGNATURE: *George Eldersd*

TECHNICIAN SIGNATURE: _____

ARE YOU SATISFIED: YES NO

Thank you for your business.

WIND CATEGORY	WIND VELOCITY	TEMPERATURE	HUMIDITY

For outdoor application in cooler climates required



PEST CONTROL
World's Best

ORKIN, INC.
COLLEGE STATION, TX
3209 E BYPASS
COLLEGE STATION, TX 77946
(979) 693-3651
LPO#: TPCU 710 JJ
Target Pest:

INVOICE/SERVICE TICKET NUMBER
84

19270309

PC COMM STDF
Standard Service

PRIOR BALANCE: .00
THIS SERVICE: 143.00
DISCOUNT: 0.00
TOTAL AMOUNT: 143.00
*Auto Charge Exp: 2/200

DATE: 3/17/06
TIME IN: 4:15
TIME OUT: 4:45
DATE: 3/17/06
TIME IN: 7:30:00
TIME OUT: 1:30:00

ORIGIN: 0000014

ROUTE: 3 STORE#: 03

TECH: MONTERO

SALES: CARRON GUNTER

Date: 3/17/06

Prior Service

Date: 3/17/06

Time In: 4:15

Time Out: 4:45

Date: 3/17/06

Time In: 7:30:00

Time Out: 1:30:00

The type of service performed today was:

- Initial
- Scheduled
- No Charge
- Special

Details of this service are listed below.

Findings	Quantity	Sites	Method	Equipment
<input type="checkbox"/> No activity detected for target pest(s) <input checked="" type="checkbox"/> American Roaches <input checked="" type="checkbox"/> Brown Banded Roaches <input checked="" type="checkbox"/> German Roaches <input checked="" type="checkbox"/> Oriental Roaches <input checked="" type="checkbox"/> Smokey Brown Roaches <input type="checkbox"/> Crickets <input type="checkbox"/> Spiders <input type="checkbox"/> Stored Product Pests <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other	1 gal	15	92	71
<input type="checkbox"/> No activity detected for target pest(s) <input type="checkbox"/> American Roaches <input type="checkbox"/> Brown Banded Roaches <input type="checkbox"/> German Roaches <input type="checkbox"/> Oriental Roaches <input type="checkbox"/> Smokey Brown Roaches <input type="checkbox"/> Crickets <input type="checkbox"/> Spiders <input type="checkbox"/> Stored Product Pests <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other	6 lbs	23	96	F
<input type="checkbox"/> No activity detected for target pest(s) <input type="checkbox"/> American Roaches <input type="checkbox"/> Brown Banded Roaches <input type="checkbox"/> German Roaches <input type="checkbox"/> Oriental Roaches <input type="checkbox"/> Smokey Brown Roaches <input type="checkbox"/> Crickets <input type="checkbox"/> Spiders <input type="checkbox"/> Stored Product Pests <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other	0	23	95	F

Orkin takes care to place treatments in areas where they will achieve maximum effectiveness. For codes see other side.

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not tamper with roachside placements
 Do not return to room until ventilated (2 hrs. minimum)

This is Your Statement.
Please Remit The Total Due

Amount Paid
 Cash
 Check



ORKIN COMMERCIAL CUSTOMERS

MULTI-CATCH TRAPS	PREVIOUSLY INSTALLED	# ADDED	# PICKED UP
BAIT STATIONS			
ORKIN/BAIR SCENTS			
FLY TRAPS			

Are there sanitation and/or storage practice issues? Yes No If yes, see below
Are there structural issues? Yes No If yes, see below

Comments

Thank you for your business.

DATE OF SCHEDULED FOLLOWUP

CUSTOMER SIGNATURE: *Chinda McCallum*

ARE YOU SATISFIED: YES NO

TECHNICIAN SIGNATURE

Thank you for your business.

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SKY CONDITION



PEST CONTROL
World's Best

ORKIN, INC.

ORKIN - COLLEGE STATION, TX
3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCO: TPCL 710
Target Pest:

TAMU VET MED RESEARCH PARK
1192 TURK RD
COLLEGE STATION, TX 77843
(979) 845-5620

Please fax payment receipt to Becky 879-845-2617

GRID: 0000014
KEY ACCT: 3 STOP#: 03
ROUTE: Monthly
FREQ: #:
TECH: GEORGE ELDRED

Date: 1/30/06
Time In: 3:55
Time Out:

IN 200.

The type of service performed today was:
 Initial Scheduled No Charge Special
Follow Up Service Date _____ Details of this service are listed below.

Findings		Treatment			
Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.		Quantity	Sites	Method	Equipment
<input checked="" type="checkbox"/> No activity detected	Performed preventive treatment for target pest(s)	4.5a	Isel 15	92	11
<input type="checkbox"/> Ants	<input type="checkbox"/> American Roaches	14.6	12	23	907
<input type="checkbox"/> Carpenter Ants	<input type="checkbox"/> Brown Banded Roaches	6-1	6/16	23	96
<input type="checkbox"/> Fire Ants	<input type="checkbox"/> German Roaches	Thank			
<input type="checkbox"/> Pharoah Ants	<input type="checkbox"/> Oriental Roaches				
<input type="checkbox"/> Mice	<input type="checkbox"/> Smokey Brown Roaches				
<input type="checkbox"/> Rats	<input type="checkbox"/> Crickets				
<input type="checkbox"/> Fleas	<input type="checkbox"/> Spiders				
<input type="checkbox"/> Fleas	<input type="checkbox"/> Stored Product Pests				
<input type="checkbox"/> Other:					

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not tamper with roach bait placements
 Do not return to room until ventilated (2 hrs. minimum)

3348934

PG COMM STDP
Standard Service

PRIOR BALANCE: .00
THIS SERVICE: 242.00
DISCOUNT: .00
TAX: .00
TOTAL AFTER THIS SERVICE: 242.00
*Auto Charge Exp: 2/200

Scheduled Date: 1/20/06 12/20/05 Standard Amount Paid
7:30:00 11/30/05 Standard Cash
10/31/05 Standard Check Ck# _____

This is Your Statement.
Please Remit The Total Due



ORKIN COMMERCIAL CUSTOMERS

PREVIOUSLY INSTALLED	ADDED	PICKED UP
MULTI-CATCH TRAPS		
TRAP STATIONS		
ORIGINAIRE/AIR SCENTS		
NEW TRAPS		

Comments

[Handwritten signature]

DATE OF SCHEDULED FOLLOWUP

CUSTOMER SIGNATURE: *[Handwritten signature]*

ARE YOU SATISFIED: YES NO

TECHNICIAN SIGNATURE

Thank you for your business.

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SKY CONDITION



PEST CONTROL
World's Best

ORKIN, INC.
ORKIN - COLLEGE STATION, TX
3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCO: TPCL 710
Target Pest:

TAMU VET MED RESEARCH PARK
1192 TURK RD
COLLEGE STATION, TX 77842
(979) 845-5620

Please fax print receipt to Becky

GRID: 0000014
KEY ACCT:
ROUTE: 3 STOP#: 03
FREQ: Monthly
P.O. #:
TECH: GEORGE ELDRED

Rate
Time In
Time Out

The type of service performed today was:

- Initial Scheduled No Charge Special

Details of this service are listed below.

Findings		Treatment			
No activity detected. Performed preventive treatment for target pest(s).		Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.			
Products	Quantity	Sites	Method	Equipment	
	16	113	99		
<h1>Thank You</h1>					

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not tamper with rodenticide placements
 Do not return to room until ventilated (2 hrs. minimum)

Your satisfaction is guaranteed. If needed, we will return at no additional charge.

3348934

INVOICE/SERVICE TICKET NUMBER
85

16729441

PC COMM STDP
Standard Service

PRIOR BALANCE: .00
THIS SERVICE: 242.00
DISCOUNT:
TAX: .00
TOTAL AFTER THIS SERVICE: 242.00
Auto Charge Exp: 2/200

79-845-2617

This Is Your Statement.
Please Remit The Total Due

Scheduled Date Prior Service

11/18/05 10/31/05 Standard Amount Paid
7:30:00 9/30/05 Perimeter Cash
8/30/05 Standard Check

Ck#



ORKIN COMMERCIAL CUSTOMERS

PREVIOUSLY INSTALLED	# ADDED	* PICKED UP
MULTI-CATCH TRAPS		
BAIT STATIONS		
ORIGINAIRE/AIR SCENTS		
FLY TRAPS		

Are there sanitation and/or storage practices issues? Yes No If yes, see below.
Are there structural issues? Yes No If yes, see below.
Are there plumbing issues? Yes No If yes, see below.

Comments
You

DATE OF SCHEDULED FOLLOWUP
Kinda

CUSTOMER SIGNATURE
Kinda

ARE YOU SATISFIED: YES NO

TECHNICIAN SIGNATURE

Thank you for your business.

WIND DIRECTION	TEMPERATURE	HUMIDITY	SKY CONDITION



PEST CONTROL
World's Best

ORIGIN - COLLEGE STATION, TX
3209 W BYPASS
COLLEGE STATION, TX 77845
(579) 693-3531
LPCO: TPCL 710
Target Pest:

TAMU VET MED RESEARCH PARK
1192 YURK RD
COLLEGE STATION, TX 77843
(479) 845-5620

PLEASE PAY PAYMENT RECEIPT TO RECKY 979-845-2517

CRID: 0000014
KEY ACCT:
ROUTE: 3 STOP#: 03
FRKQ: Monthly
P.O. #:
TECH: GEORGE ELGROD

Date: 9/30/05
Time In: 12:33
Time Out: 2:00

Scheduled Date: 9/16/05
Prior Service: 7:30:00 6/21/05 Standard

This is Your Statement.
Please Remit The Total Due.

Amount Paid: 8/30/05 Standard
Cash: 7/29/05 Standard
Check: 6/21/05 Standard

The type of service performed today was:
 Initial Scheduled No Charge Special
Follow Up Service Date

Details of this service are listed below.

Findings		Treatment				
Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.		Products	Quantity	Site	Method	Equipment
<input checked="" type="checkbox"/> American Roaches	<input checked="" type="checkbox"/> German Roaches	G-1	6 lbs	23	96	I
<input checked="" type="checkbox"/> Brown Banded Roaches	<input checked="" type="checkbox"/> Oriental Roaches	R-6	10	23	97	J
<input checked="" type="checkbox"/> Fire Ants	<input checked="" type="checkbox"/> Smoky Brown Roaches	<i>Handy 4 legs 23 96 PA</i>				
<input checked="" type="checkbox"/> Carpenter Ants	<input checked="" type="checkbox"/> Spiders	<i>Handy 2012</i>				
<input checked="" type="checkbox"/> Pharaoh Ants	<input checked="" type="checkbox"/> Stored Product Pests					
<input checked="" type="checkbox"/> Honey Bee						

Please follow attached instructions.
 Do not touch treated areas until dry
 Do not breathe with roach-killing phosphane
 Do not return to room until ventilated (2 hrs. minimum)

Your satisfaction is guaranteed. If needed, we will return at no additional charge.



ORIGIN COMMERCIAL CUSTOMERS

MULTI-CATCH TRAPS	PREVIOUSLY INSTALLED	# ADDED	# POSSED UP
12		0	0

Are there scorpions and/or other arthropods present? Yes No If yes, see below. Are there plumbing issues? Yes No If yes, see below.

Comments: *Thank You*

DATE OF SCHEDULED FOLLOWUP

CUSTOMER SIGNATURE: ARE YOU SATISFIED? YES NO

TECHNICIAN SIGNATURE: *George Elgrod*

Thank you for your business.

WARD DIRECTOR	USER WORKSHEET	TECH SIGNATURE	DATE
		<i>George Elgrod</i>	



ORKIN - ORKIN STATION, TX
 3209 B BYPASS
 COLLEGE STATION, TX 77843
 (979) 593-3651
 LPO: TPCL 710
 Target Pest:

3348934

ORANGE SERVICE HOUSE NUMBER
 81
 13704761

TAMU VET MED RESEARCH PARK
 1192 TURK RD
 COLLEGE STATION, TX 77843
 (979) 845-5620

PC COMM STOP
 Standard Service

PRIOR BALANCE: .00
 THIS SERVICE: 242.00
 DISCOUNT: .00
 TAX: .00
 TOTAL AFTER: 242.00
 *Auto Charge Exp: 2/2007

Please fax payment receipt to Becky (713) 445-2617

GRID: 000014
 KEY ACCT:
 ROUTE: 3 STOP#: 06
 FREQ: Monthly
 P.O. #: GEORGE ELDRIDGE
 TECH: 217
 Date: 7/15/05
 Time In: 11:30
 Time Out: 12:30

Prior Service
 6/21/05 Standard Amount Paid
 5/23/05 Standard
 4/15/05 Standard
 7:30:00
 This is Your Statement.
 Please Remit The Total Due.

The type of service performed today was:
 Scheduled No Charge Special
 Follow Up Service Date

Product	Quantity	Rate	Amount	Payment
G-1	8 lbs	23	96	I
R-6	12	23	97	J
L-54	1 qt	92	92	A

Only take care in place treatment materials where they will achieve maximum effectiveness. For codes see other side.

Findings:
 No activity detected. Perform preventive treatment for target pest(s).
 American Roaches
 Brown Banded Roaches
 Carpenter Ants
 Fire Ants
 German Roaches
 Honey Bee Roaches
 Spiders
 Stomach Poisons
 Other

Treatment:
 Please follow scheduled application.
 This and each treated area and dry
 birds not return to room until re-treated (if no animals)
 No return to room until re-treated (if no animals)

Thank you for your business.
 For outside application in states where required, use appropriate state label.
 ORKIN PEST CONTROL
 COLLEGE STATION, TX 77843
 (979) 593-3651



PEST CONTROL
World's Best

ORKIN, INC.

ORKIN - COLLEGE STATION, TX
3209 R BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
CPCO: TPCL 710
Target Pest:

CAMP VET MED RESEARCH PARK
1192 TURK RD
COLLEGE STATION, TX 77845
(979) 645-5570

PC COMM STOP
Standard Service

BEFORE BALANCE: .0
THIS SERVICE: .0
DISCOUNT: .0
TAX: .0
TOTAL AFTER THIS SERVICE: .0

11893086

GUIDE: 0000014

KEY ACCT:

ROUTE: 3 STOP#: 03

SRV: Monthly

T.O. #:

TECH: GEORGE WILDERD

George Wilderd

Date: 5/23/05
Time In: 4:41
Time Out:

Prior Service

This is Your Statement.
Please Remit The Total Due

Amount Paid
Standard Cash
Standard Check
Standard Ok#

START TIME: 07:30am STOP TIME: 12:00pm

YOU MUST LEAVE THE YELLOW TICKET WITH VERBS IN BUILDING 1

(24)

The type of service performed today was:

Initial Scheduled No Charge Special

Details of this service are listed below.

Findings		Treatment			
No activity detected. Performed preventive treatment for target pest(s).		Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.			
Products	Quantity	Sites	Method	Equipment	
R-6	0	23	98	J	
K-5a	2yels	16	92	A	
K-14	4yels	23	96	A	
G-1	4yels	2092R			

ORKIN COMMERCIAL SERVICES

ORIGIN COMMERCIAL CUSTOMERS

PREVIOUSLY INSTALLED # ADDED # PICKED UP

MULTI-CATCH TRAPS # 12 0 0

BAIT STATIONS

ORIGINAIRE/AIR SCENTS

FLY TRAPS

Are there sanitation and/or storage practices issues? Yes No If yes, see below.

Are there structural issues? Yes No If yes, see below.

Are there plumbing issues? Yes No If yes, see below.

Comments: *You Thanks*

DATE OF SCHEDULED FOLLOWUP: *5/23/05*

CUSTOMER SIGNATURE: *George Wilderd*

TECHNICIAN SIGNATURE: *George Wilderd*

ARE YOU SATISFIED: YES NO

Please follow checked instructions:
 Do not touch treated areas
 Do not return to room until ventilated (2 hrs. minimum)

RECEIVED

MAY 23 2005

VET MEDICAL PARK
1192 TURK RD
COLLEGE STATION, TX 77845

Thank you for your business.

For outdoor application in states where required

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SKY CONDITION
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PEST CONTROL
World's Best

ORKIN - COLLEGE STATION, TX
3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCC: TPCL 710
Target Pest:

3348934

10439716

TAMU VET MED RESEARCH PARK
1192 TURK RD
COLLEGE STATION, TX 77843
(979) 845-5620

PC COMM SLDP
Standard Service

PRICE BALANCE
THIS SERVICE: 300
DISCOUNT:

START TIME: 07:30am STOP TIME: 12:00pm

TAX:
TOTAL AFTER
THIS SERVICE: 679

GRID: 0000014

KEY ACCT:

ROUTE: 3 STOP#: 03

FREQ: Monthly

P.O. #:

TECH: GEORGE ELDRED

YOU MUST LEAVE THE YELLOW TICKET WITH VERDE IN BUILDING 1

PO# 2A3

Date
Time In
Time Out

Scheduled Date

3. 18. 05 1/31. 03 Standard
12/17/04 Standard
11/19/04 Standard

This is Your Statement
Please Remit The Total

Amount Paid
 Cash
 Check

Ck#

The type of service performed today was:

Initial Scheduled No Charge Special

Details of this service are listed below.

Findings

- No activity detected. Performed preventive treatment for target pest(s).
- Ants
- Carpenter Ants
- Fire Ants
- Pharaoh Ants
- Mice
- Rats
- Fleas
- Fleas
- Other
- Activity detected. Treatment applied for the following:
 - American Roaches
 - Brown Banded Roaches
 - German Roaches
 - Oriental Roaches
 - Smokey Brown Roaches
 - Crickets
 - Spiders
 - Stored Product Pests

Treatment

Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.

Products	Quantity	Sites	Method	Equipment
R-6	0	23	96	J
L-5a	1/2	15	92	A
L-4	5	23	96	T
G-1	5	23	94	T

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not tamper with roachicide placements
 Do not return to room until ventilated (2 hrs. minimum)



ORKIN COMMERCIAL CUSTOMERS

PREVIOUSLY INSTALLED	# ADDED	# PICKED UP
MULTI-CATCH TRAPS		
BAIT STATIONS	12	
ORIGINAIRE/AR SCENTS		
FLY TRAPS		

Are there sanitation and/or storage practices issues? Yes No If yes, see below.
Are there structural issues? Yes No If yes, see below.

Comments

Thank you for your business.

DATE OF SCHEDULED FOLLOWUP

CUSTOMER SIGNATURE ARE YOU SATISFIED: YES NO

TECHNICIAN SIGNATURE

Thank you for your business.

For outdoor application in states where required

WIND DIRECTION

WIND VELOCITY

TEMPERATURE

HUMIDITY

CO2



PEST CONTROL
World's Best

ORKIN - COLLEGE STATION, TX
3209 B BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651

9705290

PRIOR BALANCE:
THIS SERVICE: 240
TAX:
TOTAL AFTER
THIS SERVICE

LPCO: TPCL 710

GRID:

ROUTE:

FREQ:

STEP #1

FAMIS Doc # A506267
Date 1/31/05
Time In 7:28
Time Out

Inv Recd Dt 1/31/05

Goods/Serv Recd Dt 1/31/05

Disc Due Dt

Acct # 144016

Sup Acct # 0000

Details of this service are listed below. PO# 0131200

The type of service performed today was:

Initial Scheduled No Charge Special

Findings

- No activity detected. Performed preventive treatment for target pest(s).
- Ants
- Carpenter Ants
- Fire Ants
- Pharaoh Ants
- Mice
- Rats
- Fleas
- Fleas
- Other
- American Roaches
- Brown Banded Roaches
- German Roaches
- Oriental Roaches
- Smokey Brown Roaches
- Crickets
- Spiders
- Stored Product Pests

- Activity detected. Treatment applied for the following:
- Ants
- Carpenter Ants
- Fire Ants
- Pharaoh Ants
- Mice
- Rats
- Fleas
- Fleas
- Other
- American Roaches
- Brown Banded Roaches
- German Roaches
- Oriental Roaches
- Smokey Brown Roaches
- Crickets
- Spiders
- Stored Product Pests

Your satisfaction is guaranteed. If needed, we will return at no additional charge.

Treatment

Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.

Products	Quantity	Sites	Method	Equipment
L-4	1946	28	92	17
B-18	5165	23	96	I
R-6	10723		97	P

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not tamper with rodenticide placements
 Do not return to normal activities (see website)

FAMIS Doc #
Inv Recd Dt 1-31-05
Goods/Serv Recd Dt 1-31-05
Disc Due Dt
Acct # 144016
Sup Acct #

JAN 31 2005

This report does not include wood infesting organisms and/or mold or other pest infestation conditions.



Scheduled Date
Prior Service

This is Your Statement.
Please Remit The Total Du

Amount Paid
 Cash
 Check
Ck#



ORKIN COMMERCIAL CUSTOMERS

MULTI-CATCH TRAPS	PREVIOUSLY INSTALLED	# ADDED	# PICKED UP
BAIT STATIONS			
ORIGINAIRE/AIR SCENTS			
ELY TRAPS			

Are there ventilation and/or storage practice issues? Yes No If yes, see below.

Are there structural issues? Yes No If yes, see below.

Comments
Thank You

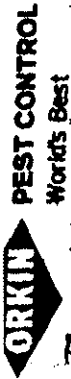
DATE OF SCHEDULED FOLLOWUP
CUSTOMER SIGNATURE
TECHNICIAN SIGNATURE

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SKY CONDITION

Thank you for your business.

For outdoor application in states where required

FOR ADDITIONAL INFORMATION, A COPY OF THE LABEL AND/OR MSDS MAY BE REQUESTED FROM YOUR LOCAL BRANCH



World's Best
 TAMMIE VETTERED THE SEARCH FOR
 1152 Turk Rd
 College Station, TX 77784-3
 879-845-5620

WILLOW STATION, TX
 3209 E BYPASS
 COLLEGE STATION, TX 77845
 (979) 693-3651

8062590

PRIOR BALANCE:
 THIS SERVICE: 230
 TAX:
 TOTAL AFTER
 THIS SERVICE

MIS Doc # A502548
 Inv Recd Dt 11/19/04
 Goods/Serv Recd Dt 11/19/04
 Disc Due Dt
 Acct # 144016
 SLP Acct #

LPCO: TPCL 710
 GRID:
 ROUTE:
 FREQ:

STOP #:

Date 11/19/04 Scheduled Date 11/19/04 Prior Service
 Time In 4:01 Time Out

This is Your Statement.
 Please Remit The Total Du

Amount Paid
 Cash
 Check



CK#

The type of service performed today was:
 Initial Scheduled No Charge Special

Details of this service are listed below.

Findings

No activity detected. Performed preventive treatment for target pest(s).

Ants
 Carpenter Ants
 Fire Ants
 Pharoah Ants
 Mice
 Rats
 Fleas
 Other

American Roaches
 Brown Banded Roaches
 German Roaches
 Oriental Roaches
 Smokey Brown Roaches
 Crickets
 Spiders
 Stored Product Pests

Activity detected. Treatment applied for the following:
 Ants
 Carpenter Ants
 Fire Ants
 Pharoah Ants
 Mice
 Rats
 Fleas
 Other

Your satisfaction is guaranteed. If needed, we will return at no additional charge.

Treatment

Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.

Products	Quantity	Sites	Method	Equipment
L-5a	1 gal	18	92	A
B-6	16	23	97	J
L-1a/L-4	8 gal	23	96	A
G-1	4 lb	23	96	I
N-7	10	18	99	J

Please follow checked instructions:
 DO not touch treated areas until dry
 DO not tamper with rodenticide placements
 Do not return to room until ventilated (2 hrs. minimum)

ORKIN COMMERCIAL SERVICES

ORIGIN COMMERCIAL CUSTOMERS

PREVIOUSLY INSTALLED # ADDED # PICKED UP

MULTI-CATCH TRAPS
 BAIT STATIONS
 RODENT/AIR SCENTS
 FLY TRAPS

Are there sanitation and/or storage practices issues? Yes No If yes, see below
 Are there structural issues? Yes No If yes, see below.

Comments
 Thanks

DATE OF SCHEDULED FOLLOWUP
 Janda McCallum
 CUSTOMER SIGNATURE ARE YOU SATISFIED: YES NO
 TECHNICIAN SIGNATURE

Thank you for your business.

For outdoor application in states where required.

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SKY CONDITION
----------------	---------------	-------------	----------	---------------

PEST CONTROL
World's Best

ORAIN - COLLEGE STATION, TX 3209 E BYPASS 3348934
 COLLEGE STATION, TX 77845
 (979) 693-3651
 LPCO: TPCL 710
 Target Pest:

START TIME: 07:30AM STOP TIME: 12:00PM
 YOU MUST LEAVE THE YELLOW TICKET WITH VERDE IN BUILDING 1

GRID: 0000014
 KEY ACCT: 5728233
 ROUTE: 3 STOP #: 03
 FREQ: Monthly
 P.O. #: GEORGE RLDRED
 TECH:

PC COMM STDP Standard Service
 Standard Service
 Standard Service

PRIOR BALANCE: 450.25
 THIS SERVICE: 230.00
 DISCOUNT: .00
 TAX: .00
 TOTAL AFTER THIS SERVICE: 680.25

This is Your Statement.
 Please Remit The Total Due.
 Amount Paid
 Cash
 Check

Scheduled Date 9/17/04
 Prior Service 8/31/04 Standard
 7/28/04 Standard
 6/18/04 Standard

Products	Quantity	Sites	Method	Equipment
K-6	4	25	97	
G-1	8/15	23	97	

ORIGIN COMMERCIAL CUSTOMERS
 PREVIOUSLY INSTALLED
 # ADDED
 # PICKED UP

DATE OF SCHEDULED FOLLOWUP
 CUSTOMER SIGNATURE
 ARE YOU SERVED: YES NO

Thank you for your business.
 PERMITS: 12/20/04
 Goods/Serv Recd Dt 9/30/04
 Disc Due Dt
 Acct # 270660
 SUP ACCT #

Pest Control Report

Pest Control treats for insects and rodents on a regular basis. I was asked by Calvin Schoonover to show when we treated the following buildings.

requests our services. Treat only when the Building Proctor

Building Proctor. reat monthly and on request of the

Building Proctor. Treat quarterly and upon request of the

I have attached activity reports on what we did in the above buildings for a 2004, 2005, 2006, & 2007 (to present)years.

If a room, area, or building has special needs or uses, we use baits only.

Norman Paul Maxwell, Jr.
Pest Control Supervisor

From: "Calvin Schoonover" <cschoonover@ppgw.tamu.edu>
To: <araines@vprmail.tamu.edu>
Date: 7/25/2007 5:29:40 PM
Subject: Fwd: CDC Reports

Angelia, here is the pest control records for the last 3 years for the following buildings:

Calvin Schoonover
Superintendent Operations Maintenance
Texas A&M University
1371 Agronomy Road, Suite 131
College Station, TX 77843-1371
Office: 979-845-5511
Cellular: 979-220-6720
Fax 979-458-0456
cschoonover@ppfs4.tamu.edu

CC: "Jeff Heye" <jhey@ppgw.tamu.edu>, "Les Swick" <lswick@ppgw.tamu.edu>

**Physical Plant Department
 Monthly Activities Report for Pest Control
 April, 2004----S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
6		Treated for insects. 1 Gallon Tempo .05%	S			6661	6hrs.
14		Mice: 36 Trapper 24/7 Multiple Catch Traps		N		6661	1hr.
15		Ants: 8 Ozs. Permethrin (50 Gals.)	N			6661	4hrs.
20		Ants: Fire Ants: 1 Qt. Tempo .05%	N			6661	1hr.
21		Skunk: Set a trap. 1 Can Cat food			N	6661	1.5hrs.
22		Skunk: Checked the trap.			N	6661	1hr.
23		Skunk: Checked the trap.			N	6661	1hr.
27		Skunk: Checked the trap.			N	6661	1.5hrs.
28		Skunk: Checked the trap.			N	6661	1hr.
29		Skunk: Checked the trap.			N	6661	1hr.
30	4	Skunk: Removed the trap and 1 skunk.			N	6661	1.5hrs.

**Physical Plant Department
Monthly Activities Report for Pest Control
August, 2004---S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
2		Treated for insects. 1.5 Gals. Demon WP .02%	S			6661	4hrs.
5		Ants: 50 Gals. Permethrin 8 Ozs. Permethrin	N			6661	2hrs.
18		Opossum: We will set a trap on Thursday.			N	6661	1hr.
19		Opossum: Set a trap. 1 Can Cat Food			N	6661	1hr.
20		Opossum: Nothing caught.			N	6661	1hr.
26		Skunks: Checked the trap.			N	6661	.5hrs.

**Physical Plant Department
 Monthly Activities Report for Pest Control
 September, 2004----S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
		Treated for insects. 1 Gal. Demon WP .02%	S			06661	4hrs.
		Ants: Carpenter Ants: 2 Ozs. Drione Dust	N			09943	1hr.

**Physical Plant Department
Monthly Activities Report for Pest Control
October, 2004----S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
4		Treated for insects. 1 Gal. Demon WP .02%	S			06661	3hrs.
25		Treated for insects. 1 Gal. Tempo .05%	S			09943	3.5hrs.
25		Opossum: The opossum is gone. It was seen the other day but has not returned.			N	06661	1hr.
28		Treated for insects. 1 Qt. Tempo .05%	S			09943	1hr.

**Physical Plant Department
Monthly Activities Report for Pest Control
December, 2004----S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time

**Physical Plant Department
 Monthly Activities Report for Pest Control
 January, 2005----S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
17		1 Birds: Removed 1 bird.			N	09943	3hrs. OT

**Physical Plant Department
 Monthly Activities Report for Pest Control
 February, 2005---S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
1		Treated for insects. 1 1/2 Gals. Tempo .05%	S			06661	6hrs.
15		Mice: 1 Mouse Sized Mechanical Trap		N		06661	1hr.
16		Bats: Removed 1 bat.			N	06661	1hr.
23		Mice: The mouse is gone. It was caught in room 119.		N		09943	1hr.
28		Treated for insects. 1 Gal. Tempo .05%	S			06661	6hrs.

**Physical Plant Department
 Monthly Activities Report for Pest Control
 March, 2005----S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
22		Bats: Removed a sick bat.			N	09943	1hr.
28		Mice: 3 Pkgs. Small Glue traps		N		0666	1hr.
29		Mice: 1 Pkg. Small Glue Traps		N		06661	1hr.
29		Mice: Checked traps		N		0666	1hr.
30		Mice: Checked traps 4 Small glue traps, 2 Mouse Sized Snap Traps		N		06661	1hr.
31		Mice: Checked traps.		N		06661	1hr.

**Physical Plant Department
 Monthly Activities Report for Pest Control
 April, 2005---S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
4		Mice: Removed 1 dead mouse.		N		06661	1hr.
6		Treated for insects. 1 Gal. Tempo .05%	S			06661	2hrs.
15		Ants: Carpenter Ants: Used PT 265A Knoxout, 1 Pt. Tempo .05%	N			06661	.5hrs.
18		Opossum: Removed 1 opossum.			N	09943	1hr.
19		Mice: 1 Pkg. Small Glue Traps		N		06661	1hr.
21		Mice: Checked traps.		N		06661	1hr.
22		Mice: Checked traps.		N		06661	1hr.

**Physical Plant Department
 Monthly Activities Report for Pest Control
 June, 2005----S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
6	J	.reated for insects ½ Gal. Tempo .05%	S			06661	4hrs.
21		Flies: 2 Gold Fly Traps	N			09943	.5hrs.
21		Mice: 1 Pkg. Small Glue traps		N		06661	1hr.

**Physical Plant Department
 Monthly Activities Report for Pest Control
 July, 2005----S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
7		Mice: Caught the mice. Close work request.		N		09943	.5hrs.
14		Mites: Used 1 Pt. Tempo .05%	N			12399 09943	1hr. Each
11		Treated for insects. 1 Gal. Tempo .05%	S			06661	4hrs.
20		Ants: Used MXF Ant Bait Gel	N			06661	1hr.

**Physical Plant Department
 Monthly Activities Report for Pest Control
 August, 2005---S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
5		Treated for insects. 1 Gal. Tempo .05%	S			06661	5hrs.

**Physical Plant Department
 Monthly Activities Report for Pest Control
 October, 2005---S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
7		Mice: 1 Pkg. Large Glue traps		N		06661	1hr.
21		Ants: Ants coming from the ceiling. 1 Qt. Tempo .05%	N			06661	1hr.
25		Flies: Phorid Flies: A good cleaning got rid of them. No treatment performed.	N			12399	1hr.

**Physical Plant Department
 Monthly Activities Report for Pest Control
 November, 2005----S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
9		Treat for insects. 1.5 Gals. Tempo .05%. 1 Can Wasp Spray	S			06661	6hrs.
10		Mice: 1 Pkg. Large glue traps		N		12399	1hr.
11		Mice: Checked traps. Caught 1 mouse.		N		12399	1hr.
28		Cat: A cat was reported trapped. We could not find it or hear it.			N	06661	1.5hrs.

**Physical Plant Department
 Monthly Activities Report for Pest Control
 December, 2005-----S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
1		Treated for insects. 1.5 Gals. Tempo .05%	S			06661	6hrs.
5		Treated for insects. ¼ Gal. Tempo .05%	S			09943	3.5hrs.

**Physical Plant Department
 Monthly Activities Report for Pest Control
 January, 2006----S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
9		Treated for insects. 1 Gal. Tempo .025%	S			06661	4hrs.
10		Treated for insects. 1 Gal. Tempo .025%	S			06661	5hrs.
31		Skunks: Set trap for a skunk. 1 Can Cat Food			N	06661	1hr.

**Physical Plant Department
 Monthly Activities Report for Pest Control
 February, 2006----S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
1		Skunks: Checked the trap.			N	06661	1hr.
1		Treated for insects. ½ Gal. Tempo .025%	S			06661	6hrs.
2		Skunks: Checked the trap. Caught 1 skunk. 1 Can Cat Food			N	06661	1.5hrs.
3		Skunks: Checked the trap. Closed trap.			N	06661	1hr.
7		Cats: Set a trap in a grate covered hole on the Eastside of the building. 1 Can Cat Food			N	12399 06661	.5hrs. 1.5hrs.
8		Cats: Caught the cat and turned it over to the AFCAT people.			N	06661 12399	1.5hrs. .5hrs.
27		Mice: 1 Pkg. Large Glue Traps.		N		06661	1hr.

**Physical Plant Department
 Monthly Activities Report for Pest Control
 March, 2006---S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
1		Mice: Caught 1 mouse. 1 Pkg. Large Glue Traps		N		06661	1hr.
6		Treated for insects. 1 Gal. Tempo .025%	S			06661	3hrs.
9		Skunks: Set trap in Main Mechanical Room. 1 Can Cat Food			N	06661	1hr.
10		Skunks: Removed the trap for the weekend.			N	06661	1hr.
20		Mice: Checked traps. No more problems		N		06661	1hr.

**Physical Plant Department
 Monthly Activities Report for Pest Control
 April, 2006----S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
3		Ants: Made arrangements to treat area for fire ants on Tuesday.	N			06661	1hr.
4		Treated for insects. ½ Gal. Tempo .025%	S			06661	3hrs.
4		Ants: Unable to treat because the truck needed is in PM at Transportation.	N			06661	1hr.
5		Ants: 200 Gals. Permethrin (24 Ozs.)	N			06661	6hrs.
19		Ants: 24 MXF Ant Baits	N			06661	1hr.
21		Insects: 1 Pt. Tempo .025%	N			09943	1hr.

Pest Control Records



World's Best

3209 E BYPASS
COLLEGE STATION, TX 77845

3348934

96

24372972

TAMU VET MED RESEARCH PARK
1192 TURK RD
COLLEGE STATION, TX 77843
(979) 845-5620

3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCO: TPCL 710 JJ
Target Pest:

PC COMM STDP
Standard Service

PRIOR BALANCE: .00
THIS SERVICE: 242.00
DISCOUNT: .00
TAX: .00
TOTAL AFTER THIS SERVICE: 242.00
*Auto Charge Exp: 2/200

Please fax payment receipt to Becky 979-845-2617

GRID: 0000014
KEY ACCT:
ROUTE: 3 STOP#: 03
FREQ: Monthly
P.O. #:
TECH: GEORGE ELDRED

Date
Time In
Time Out

Scheduled Date 10/20/06
Prior Service 9/30/05 Standard
8/30/05 Standard
7/28/06 Standard

This is Your Statement.
Please Remit The Total Du

The type of service performed today was:

Initial Scheduled No Charge Special

Details of this service are listed below.

Findings

- No activity detected. Performed preventive treatment for target pest(s).
- Ants
 - Carpenter Ants
 - Fire Ants
 - Pharaoh Ants
 - Mice
 - Rats
 - Fleas
 - Other
- Activity detected. Treatment applied for the following:
 - American Roaches
 - Brown Banded Roaches
 - German Roaches
 - Oriental Roaches
 - Smokey Brown Roaches
 - Crickets
 - Spiders
 - Stored Product Pests

Treatment

ORKIN takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.

Products	Quantity	Sites	Method	Equipment
	12	23	97	I
	15	02		
	15	02		

ORKIN COMMERCIAL SERVICES

ORIGIN: **Thank You**

DATE OF SCHEDULED FOLLOWUP: 11/11/06

CUSTOMER SIGNATURE: [Signature] AND YOU SIGNED: YES NO

TECHNICIAN SIGNATURE: [Signature]

Comments: See above

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not tamper with rodenticide placements
 Do not return to room until ventilated (2 hrs. minimum)

Gate code 1192 and 1225

FOR ADDITIONAL INFORMATION, A COPY OF THE LABEL AND/OR MSDS MAY BE REQUESTED FROM YOUR LOCAL BRANCH.
889181 Rev. 1/06 (TEXAS)

Thank you for your business.

For outdoor application in states where required

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SUN CONDITION
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This report does not include wood infesting organisms and/or mold or any other like.



PEST CONTROL
World's Best

INVOICE/SERVICE TICKET NUMBER

Date 4/30/07
Time In 1:5
Time Out

Scheduled Date
Prior Service

This is Your Statement.
Please Remit The Total D
Amount Paid
 Cash
 Check
OK#

The type of service performed today was:
 Initial Scheduled No Charge Special
Follow Up Service Date
Details of this service are listed below.

Findings		Treatment			
<input type="checkbox"/> No activity detected. Performed preventive treatment for target pest(s): <input checked="" type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other <input type="checkbox"/> Activity detected. Treatment applied for the following: <input type="checkbox"/> Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other		<input checked="" type="checkbox"/> American Roaches <input type="checkbox"/> Brown Banded Roaches <input type="checkbox"/> German Roaches <input type="checkbox"/> Oriental Roaches <input type="checkbox"/> Smokey Brown Roaches <input type="checkbox"/> Chickets <input type="checkbox"/> Spiders <input type="checkbox"/> Stored Product Pests <input type="checkbox"/> American Roaches <input type="checkbox"/> Brown Banded Roaches <input type="checkbox"/> German Roaches <input type="checkbox"/> Oriental Roaches <input type="checkbox"/> Smokey Brown Roaches <input type="checkbox"/> Chickets <input type="checkbox"/> Spiders <input type="checkbox"/> Stored Product Pests			
Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.					
Products	Quantity	Sites	Method	Equipment	
R-6	105	23	98	J	
G-7	316	23	96	F	
154	14	23	92	R	
Please follow checked instructions: <input checked="" type="checkbox"/> Do not touch treated areas until dry <input type="checkbox"/> Do not tamper with roach/bed placements <input type="checkbox"/> Do not return to room until ventilated (2 hrs. minimum)					
COMMERCIAL SERVICES MULTI-CATCH TRAPS BAIT STATIONS ORKNAREPAIR SCENTS FLY TRAPS Are there structural issues? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, see below. Are there plumbing issues? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, see below.					
PREVIOUSLY INSTALLED # ADDED # PICKED UP					
ORKIN COMMERCIAL CUSTOMERS DATE OF SCHEDULED FOLLOWUP CUSTOMER SIGNATURE <u>[Signature]</u> ARE YOU SATISFIED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO TECHNICIAN SIGNATURE <u>[Signature]</u>					
Comments <u>Flow</u>					

Thank you for your business.

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SEA CONDITION
----------------	---------------	-------------	----------	---------------

FOR ADDITIONAL INFORMATION, A COPY OF THE LABEL AND/OR MSDS MAY BE REQUESTED FROM YOUR LOCAL BRANCH.

This report does not include...

Date 7/27/07
Time In 9:30
Time Out 11:00

Scheduled Date

Prior Service

This is Your Statement.
Please Remit The Total Du
Amount Paid _____
 Cash
 Check
Ck# _____

The type of service performed today was:

- Initial Scheduled No Charge Special
Follow Up Service Date _____

Details of this service are listed below.

Findings		Treatment			
<input type="checkbox"/> No activity detected. Performed preventive treatment for target pest(s). <input checked="" type="checkbox"/> Activity detected. Treatment applied for the following: <input type="checkbox"/> American Roaches <input type="checkbox"/> Brown Banded Roaches <input type="checkbox"/> German Roaches <input type="checkbox"/> Oriental Roaches <input type="checkbox"/> Smokey Brown Roaches <input type="checkbox"/> Crickets <input type="checkbox"/> Spiders <input type="checkbox"/> Stored Product Pests <input type="checkbox"/> Other _____		Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.			
Products	Quantity	Shes	Method	Equipment	
Ants	1/4	1/4	1/4	1/4	
Carpenter Ants	1/4	1/4	1/4	1/4	
Fire Ants	1/4	1/4	1/4	1/4	
Pharaoh Ants	1/4	1/4	1/4	1/4	
Mice	1/4	1/4	1/4	1/4	
Rats	1/4	1/4	1/4	1/4	
Flies	1/4	1/4	1/4	1/4	
Bees	1/4	1/4	1/4	1/4	
Other	1/4	1/4	1/4	1/4	

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not tamper with rodenticide placements
 Do not return to room until ventilated (2 hrs. minimum)



ORKIN COMMERCIAL CUSTOMERS

MULTI-CATCH TRAPS	PREVIOUSLY INSTALLED	# ADDED	# PICKED UP
BAIT STATIONS			
ORKNAREAM SCENTS			
FLY TRAPS			

Are there sanitation and/or storage practice issues? Yes No If yes, see below.
 Are there structural issues? Yes No If yes, see below.
 Are there plumbing issues? Yes No If yes, see below.

Comments
Spook
of you

DATE OF SCHEDULED FOLLOWUP _____
 CUSTOMER SIGNATURE: *SAFE YOU SATISFIED* YES NO
 TECHNICAL SIGNATURE _____

Thank you for your business.

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	MOON PHASE



ORKIN, INC.
 COLLEGE STATION, TX 77845
 3348934

3348934

INVOICE/SERVICE TICKET NUMBER
 101
 27606332

TAMU VET MED RESEARCH PARK
 1192 TURK RD
 COLLEGE STATION, TX 77843
 (979) 645-5620

ORIGIN - COLLEGE STATION, TX
 3209 E BYPASS
 COLLEGE STATION, TX 77845
 (979) 693-3651
 LPFO: TPCL 710 JJ
 Target Pest:

PC COMM STDP
 Standard Service

PRIOR BALANCE: \$0.00
 THIS SERVICE: \$276.00
 DISCOUNT: \$0.00
 TAX: \$0.00
 TOTAL AFTER THIS SERVICE: \$276.00
 *Auto Charge Exp: 3/22/08

GRID: 0000014
 KEY ACCT: 3
 ROUTE: 3 STOP#: 03
 FREQ: Monthly
 P.O. #: GEORGE ELDRED
 TECH: GEORGE ELDRED

Date: 3/28/07
 Time In: 3:00
 Time Out: 7:30

Scheduled Date: 3/28/07
 Prior Service: 2/26/07 Standard
 1/25/07 Standard
 7:30:00 12/30/06 Perimeter Check

This is Your Statement.
 Please Remit The Total D

Tara

The type of service performed today was:
 Initial Scheduled No Charge Special
 Follow Up Service Date: Details of this service are listed below.

Findings		Treatment			
<input checked="" type="checkbox"/> No activity detected. Performed preventive treatment for target pest(s): <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other <input type="checkbox"/> Activity detected. Treatment applied for the following: <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other <input type="checkbox"/> American Roaches <input type="checkbox"/> Brown Banded Roaches <input type="checkbox"/> German Roaches <input type="checkbox"/> Oriental Roaches <input type="checkbox"/> Smokey Brown Roaches <input type="checkbox"/> Crickets <input type="checkbox"/> Spiders <input type="checkbox"/> Stored Product Pests		Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.			
Products	Quantity	Site	Method	Equipment	
Klc	2 gal	15	g-z	A	
G-I	4 lbs	23	96	E	
R-65	ORP3	98	P		

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not tamper with rodenticide placements
 Do not return to room until ventilated (2 hrs. minimum)

DATE OF SCHEDULED FOLLOWUP: *March*

CUSTOMER SIGNATURE: *George Eldred* ARE YOU SATISFIED? YES NO

TECHNICIAN SIGNATURE: _____

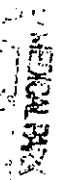
Thank you for your business.

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SUN CONDITION
----------------	---------------	-------------	----------	---------------

For outdoor application in states where required

FOR ADDITIONAL INFORMATION A COPY OF THE LABEL AND/OR LABELS MAY BE OBTAINED FROM THE FOLLOWING:

MAR 20 2007





PEST CONTROL
World's Best

ORIGIN - C.
3204 E RYPASS
COLLEGE STATION, TX 77945

3346934

INVOICE/SERVICE TICKET NUMBER
77945

TAMM VET MED RESEARCH PARK
1192 TURK RD
COLLEGE STATION, TX 77845
(979) 845-5620

PC COMM STDP
Standard Service

Please fax payment receipt to Becky 979-845-2617

PRIOR BALANCE: 00.00
THIS SERVICE: 216.00
DISCOUNT: 00.00
TOTAL AFTER: 216.00
THIS SERVICE: 216.00
*Auto Charge Exp. 07/2008

CRID: 0000014
KEY ACCT:
ROUTE: 3 STOP#: 05
FREQ: Monthly
P.O. #:
TRCH: GEORGE ELOPED

Date: 2/16/07
Time In: 3:15
Time Out:

Scheduled Date: 2/16/07
Prior Service: 1/23/07 Standard
12/30/06 Perimeter
7:30:00 11/29/06 Standard
Amount Paid: Cash
Check

This is Your Statement.
Please Remit The Total Due

The type of service performed today was:
 Initial Scheduled No Charge Special
Follow Up Service Date: Details of this service are listed below.

No activity detected. Performed preventive treatment for (target pest(s)).

Findings

- American Roaches
- Brown Banded Roaches
- German Roaches
- Oriental Roaches
- Smokey Brown Roaches
- Spiders
- Stored Product Pests

Treatment

Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.

Products	Quantity	Sites	Method	Equipment
45c	492L	15	SA	M
6-7	41b*	23	96	F
R65	OTAS	98		P

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not tamper with rodenticide placements
 Do not return to room until vented (2 hrs. minimum)

ORKIN COMMERCIAL SERVICES

DATE OF SCHEDULED FOLLOWUP: 1/16/08

CUSTOMER SIGNATURE: *George Elped*

ARE YOU SATISFIED: YES NO

TECHNICIAN SIGNATURE: *George Elped*

Comments

Are there sanitation and/or storage practice issues? Yes No If yes, see below.

Are there structural issues? Yes No If yes, see below.

Are there plumbing issues? Yes No If yes, see below.

Thank you for your business.

For outdoor application in states where required

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SEA CONDITION

Environmental Control
may be used
of product safety
depends upon the
types of
can be supplied
when a

ORKIN - COLLEGE STATION, TX
3209 E BYPASS
COLLEGE STATION, TX 77843
(979) 698-3681
LPCO: TPCL 710 JJ
Target Pest:

RED RESEARCH PARK
TURK RD
COLLEGE STATION, TX 77843
943-5620

PLEASE FAX PAYMENT RECEIPT TO BECKY 979-845-2617

0000014
STOP#: 03
Monthly
P.O. #:
TECH: GEORGE ELDRD

3348934
95
23666451

PC COMM STDP
Standard Service
PRIOR BALANCE: .00
THIS SERVICE: 242.00
DISCOUNT: .00
TAX: .00
TOTAL AFTER
THIS SERVICE: 242.00
*Auto Charge Exp: 2/2007

Scheduled Date: 9/30/06
Time In: 11:07
Time Out: 11:37
30m
Prior Service: 6/30/06 Standard Amount Paid 242.00
7/28/06 Standard U Cash
6/30/06 Perimeter Check

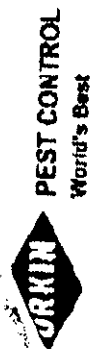
This is Your Statement
Please Remit The Total Due.
Amount Paid 242.00

The type of service performed today was:
 Initial Scheduled No Charge Special Follow Up Service Date

Payment Confirmation #
paid w cc on 9/1

Findings		Treatment			
<input checked="" type="checkbox"/> No activity detected. Performed preventive treatment for target pests. <input type="checkbox"/> American Roaches <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> German Roaches <input type="checkbox"/> Oriental Roaches <input type="checkbox"/> Smoky Brown Roaches <input type="checkbox"/> Cockroaches <input type="checkbox"/> Spiders <input type="checkbox"/> Stored Product Pests <input type="checkbox"/> Other		Orkin uses care to place treatment materials where they will achieve maximum effectiveness. For codes see other side. Products: R-6 Quantity: 0 Status: 23 Method: 98 Equipment: J Comments:			
<input type="checkbox"/> Activity detected. Treatment applied for the following: <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Fleas <input type="checkbox"/> Fleas <input type="checkbox"/> Other		PREVIOUSLY INSTALLED: 0 # ADDED: 0 # RECALCULATED: 0 COMMENTS:			

DATE OF SCHEDULED FOLLOWUP: _____
 CUSTOMER SIGNATURE: ASK YOUR MANAGER: OLIVE QING
 TECHNICAL SIGNATURE: *Oliver*
 Thank you for your business.
 For outdoor applications in states where required, WHO CONDITION, WHO TOLERANCE, WHO PRIORITY, WHO CONDITION



ORKIN, INC.
 ORKIN - COLLEGE STATION, TX
 3209 E BYPASS
 COLLEGE STATION, TX 77845
 (979) 693-3651
 LPCO: TPCJ 710 JJ
 Target Pest:

TAMU VET MED RESEARCH PARK
 1742 TURK RD
 COLLEGE STATION, TX 77843
 (979) 845-5620
 Please fax payment receipt to Becky 979-845-2517

GRID: 0000014
 KEY ACCT: 3 STOP#: 03
 ROUTE: Monthly
 P.O. #: GEORGE ELURED

The type of service performed today was:
 Initial Scheduled No Charge Special Follow Up Service Date

Details of this service are listed below.

Findings		Treatment			
<input checked="" type="checkbox"/> With activity detected. Performed preventive treatment for target pests. <input type="checkbox"/> No activity detected. Treatment applied for the following: <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Office <input type="checkbox"/> Fleas <input type="checkbox"/> Fleas <input type="checkbox"/> Other <input type="checkbox"/> Activity detected. Treatment applied for the following: <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Spiders <input type="checkbox"/> Fleas <input type="checkbox"/> Other		Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side. Products: G-7, R-6 Quantity: 7lb, 12 Sites: 23, 23 Method: 96, 97 Equipment: E, J			

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not tamper with rodenticide placements
 Do not return to room until ventilated (2 hrs. exposure)

INVOICE/SERVICE TICKET NUMBER
 94 22796228

PC COMM STD
 Standard Service
 PRIOR BALANCE: .00
 THIS SERVICE: 242.00
 DISCOUNT: .00
 TAX: .00
 TOTAL AFTER THIS SERVICE: 242.00
 *Auto Charge Exp: 2/2007

This is Your Statement.
 Please Remit The Total Due.
 Scheduled Date: 8/16/06
 Amount Paid: 7/28/06 Standard
 5/30/06 Parimeters
 7:30:00 5/31/06 Standard
 Ck#

ORKIN COMMERCIAL CUSTOMERS

PREVIOUSLY INSTALLED	# ADDED	# TICKETS UP
MULTI-CATCH TRAPS		
BAT STATIONS	12	0
DIETARY SCENTS		
FLY TRAPS		

Are there sanitation and storage practices? Yes No If yes, see below
 Are there structural issues? Yes No If yes, see below
 Are there plumbing issues? Yes No If yes, see below

Comments: Thanks

DATE OF SCHEDULED FOLLOWUP: _____

CUSTOMER SIGNATURE: _____ ARE YOU SATISFIED? YES NO
 TECHNICIAN SIGNATURE: _____

Thank you for your business.

For our 000 app, call on in states where required

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SKY CONDITION

Please call George Elured at 979-845-2517



PEST CONTROL
World's Best

ORKIN - COLLEGE STATION, TX
3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCG: TPCL 710 JJ
Target Pest:

INVOICE/SERVICE TICKET NUMBER
33

3348934

Duplicate Ticket
PC COMM STDP
Standard Service

21917588

PRIOR BALANCE:
THIS SERVICE:
DISCOUNT:
TAX:
TOTAL AFTER
THIS SERVICE: 242.
*Auto Charge Exp: 2/2

please fax payment receipt to Becky 979-845-2617

GRID: 0000014
KEY ACCT: 3
ROUTE: Monthly
FREQ: 3
P.O. #: STOP#: 03
TECH: GEORGE ELDRED

Scheduled Date: 7/21/06
Time In: 7:30:00
Time Out:
Prior Service: 6/30/06 Perimeter Amount Paid
5/31/06 Standard Cash
4/29/06 Perimeter Check

This is Your Statement
Please Remit The Total

The type of service performed today was:
 Initial Scheduled No Charge Special
Follow Up Service Date

Details of this service are listed below.

Findings		Treatment		
Products	Quantity	Site	Method	Equipment
<input checked="" type="checkbox"/> No activity detected. Performed preventive treatment for target pest(s). <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Fleas <input type="checkbox"/> Other <input type="checkbox"/> Activity detected. Treatment applied for the following: <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Fleas <input type="checkbox"/> Other				
Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other slide.				
<h1>Thank You</h1>				

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not tamper with rodenticide placements
 Do not return to room until ventilated (2 hrs. minimum)



ORKIN COMMERCIAL CUSTOMERS

MULTI-CATCH TRAPS	PREVIOUSLY INSTALLED	# ADDED	# PICKED UP
BAIT STATIONS			
ORIGINAIRE/AIR SCENTS			
FLY TRAPS			

Are there sanitation and/or storage practices issues? Yes No if yes, see below.
Are there structural issues? Yes No if yes, see below.
Are there plumbing issues? Yes No if yes, see below.

Comments

Thank You

DATE OF SCHEDULED FOLLOWUP

Shonda McCullen

CUSTOMER SIGNATURE ARE YOU SATISFIED: YES NO
TECHNICIAN SIGNATURE

Thank you for your business.

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	SKY COND'N

For outdoor application in states where required

PEST CONTROL
World's Best

JAMU VET MED RESEARCH PARK
1196 TURK RD
COLLEGE STATION, TX 77843
(877) 543-5620

ORKIN, INC.
3209 E BYPASS
COLLEGE STATION, TX 77845
(877) 593-3651
LPCO: TPCL V10 JJ
Target Pest: 1288

3346934
Duplicate Ticket
FOR COMM STD P
Standard Service
TAX: .00
TOTAL AFTER
THIS SERVICE: 242.00
DISCOUNT: .00
PRIOR BALANCE: .00

3346934
21474704
Auto Charge Exp: 2/2007

Schedule Date: 5/16/06
7:30:00
Prior Service: June (5070)
Standard Amount Paid: 5/31/06
Perimeter Cash: 4/29/06
Standard Check: 3/27/06

Date: 4/30/06
Time In: 6:38
Time Out: 7:07

GRID: 0000014
KRT ACCT: 3
ROUTE: HOPKINS
FREQ: HOURLY
P.O. #: GEORGE ELLERD
TECH: GEORGE ELLERD

This is Your Statement.
Please Remit The Total Due.

ve type of service performed today was:
Initial Scheduled No Charge Special
New Up Service Date

Details of this service are listed below.

Findings		Treatment			
No activity detected. Performed preventive treatment for (larger pests):		Quantity	Rate	Method	Equipment
<input checked="" type="checkbox"/> American Roaches		44	49	96	A
<input checked="" type="checkbox"/> Brown Banded Roaches					
<input type="checkbox"/> Carpenter Ants					
<input type="checkbox"/> Fire Ants					
<input type="checkbox"/> Pharaoh Ants					
<input type="checkbox"/> Mice					
<input type="checkbox"/> Rats					
<input type="checkbox"/> Fleas					
<input type="checkbox"/> Other					
Activity detected. Treatment applied for the following:					
<input type="checkbox"/> Ants					
<input type="checkbox"/> Carpenter Ants					
<input type="checkbox"/> Fire Ants					
<input type="checkbox"/> Pharaoh Ants					
<input type="checkbox"/> Mice					
<input type="checkbox"/> Rats					
<input type="checkbox"/> Fleas					
<input type="checkbox"/> Other					

Please follow attached instructions:
 Do not touch treated areas until dry
 Do not sweep with suction vacuums
 Do not return to room until ventilated (2 hrs. minimum)

ORKIN COMMERCIAL CUSTOMERS	
PREVIOUSLY INSTALLED	# ADDED
MULTI-CHECK BRANCH	# CHECKED UP
ONE LOCATION	
ON-SITE SERVICE	
FLY TRAPS	
Are there banks on either side of the structure? <input type="checkbox"/> No <input type="checkbox"/> Yes, see below.	
Are there parking lots? <input type="checkbox"/> No <input type="checkbox"/> Yes, see below.	
Comments: <u>Thank you</u>	
DATE OF SCHEDULED FOLLOWUP	
CUSTOMER SIGNATURE	TECHNICIAN SIGNATURE

Thank you for your business.

SALE PERSON	SALE PERSON	SALE PERSON
DATE	DATE	DATE
TIME	TIME	TIME

BEST CONTROL
World's Best

3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCO: TPCL 710 JJ
Target Pest:

RAMU VET MED RESEARCH PARK
1192 TURK RD
COLLEGE STATION, TX 77843
(979) 845-5620

please fax payment receipt to Rocky

1289

GRID: 0000014
KEY ACCT:
ROUTE: 3 STOP#: 03
FREQ: Monthly
P.O. #: GEORGE ELDERD

(5670)

Date: 3/27/06
Time In: 12:43
Time Out: 1:10

PC CONN STDP
Standard Service
PRIOR BALANCE: .00
THIS SERVICE: 242.00
DISCOUNT: .00
TAX: .00
TOTAL AFTER THIS SERVICE: 242.00
*Auto Charge Exp: 2/2007

new 20642374

Scheduled Date: 3/29/06
Prior Service: 3/27/06
Perimeter Amount Paid: Standard
Time: 7:30:00
Standard Check

This is Your Statement.
Please Remit the Total Due.

The type of service performed today was:
 Initial Scheduled No Charge Special
Details of this service are listed below.
Follow Up Service Date:

Findings	Quantity	Shim	Method	Equipment
<input type="checkbox"/> No activity checked. Performed preventive treatment for target pest(s). <input type="checkbox"/> American Roaches <input type="checkbox"/> German Roaches <input type="checkbox"/> Brown Banded Roaches <input type="checkbox"/> Fire Ants <input type="checkbox"/> Oriental Roaches <input type="checkbox"/> Pratinsect Ants <input type="checkbox"/> Spiders <input type="checkbox"/> Fleas <input type="checkbox"/> Other <input type="checkbox"/> Activity Detected Treatment applied for the following: <input type="checkbox"/> American Roaches <input type="checkbox"/> German Roaches <input type="checkbox"/> Brown Banded Roaches <input type="checkbox"/> Fire Ants <input type="checkbox"/> Oriental Roaches <input type="checkbox"/> Pratinsect Ants <input type="checkbox"/> Spiders <input type="checkbox"/> Fleas <input type="checkbox"/> Other	RB 12	23	97	J

ORIGIN COMMERCIAL CUSTOMERS

ORIGIN COMMERCIAL CUSTOMERS

PREVIOUSLY INSTALLED: YES NO

ADDED: YES NO

APPLIED UP: YES NO

Comments: Thanks

DATE OF SCHEDULED FOLLOWUP: 3/29/06

CUSTOMER SIGNATURE: [Signature]

TECHNICIAN SIGNATURE: [Signature]

ARE YOU SATISFIED? YES NO

Thank you for your business.

FOR OUTDOOR APPLICATION IN COVER WHERE REQUIRED:

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY
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THESE REPORTS DO NOT INCLUDE WOOD PRESERVING TREATMENTS AND/OR PESTS OF ANY KIND (SEE ORIGIN COPY)

OFFICE COPY

OFFICE COPY

OFFICE COPY

90

1984962.R

PRIOR BALANCE: .00
 THIS SERVICE: 242.00
 DISCOUNT: .00
 TAX: .00
 TOTAL AFTER THIS SERVICE: 242.00
 *Auto Charge Exp: 2/2007

This is Your Statement.
 Please Remit The Total Due.

Scheduled Date: 4/21/06
 7:30:00
 Standard Amount Paid
 Standard
 Standard
 Check

3896934

PC COMM STDP
 Standard Service

please fax payment receipt to Becky 979-845-2617

9079
 1157
 12/16
 11/96
 4/27/06

GRID: 0000014
 KEY ACCT: 3
 STOP#: 03
 FREQ: Monthly
 P.O. #: GEORGE ELDRED
 TECH:

is type of service performed today was:
 Scheduled No Charge Special
 New Up Service Date

Details of this service are listed below.

Findings		Treatment			
No activity detected. Performed preventive treatment for target pests:		Quantity	Size	Method	Equipment
<input checked="" type="checkbox"/> Carpenter Ants	<input checked="" type="checkbox"/> American Roaches	11/11/11	23	96	7H
<input checked="" type="checkbox"/> Fire Ants	<input checked="" type="checkbox"/> German Roaches	6-2	23	96	E
<input checked="" type="checkbox"/> Pharaoh Ants	<input checked="" type="checkbox"/> Oriental Roaches	8-6	23	97	P
<input checked="" type="checkbox"/> White Flies	<input checked="" type="checkbox"/> Smoky Brown Roaches	-120122-120122			
<input checked="" type="checkbox"/> Fleas	<input checked="" type="checkbox"/> Cockroaches				
<input checked="" type="checkbox"/> Fleas	<input checked="" type="checkbox"/> Spiders				
<input checked="" type="checkbox"/> Fleas	<input checked="" type="checkbox"/> Stored Product Pests				
Activity detected. Treatment applied for the following:					
<input type="checkbox"/> Ants	<input type="checkbox"/> American Roaches				
<input type="checkbox"/> Carpenter Ants	<input type="checkbox"/> German Roaches				
<input type="checkbox"/> Fire Ants	<input type="checkbox"/> Oriental Roaches				
<input type="checkbox"/> Pharaoh Ants	<input type="checkbox"/> Smoky Brown Roaches				
<input type="checkbox"/> White Flies	<input type="checkbox"/> Cockroaches				
<input type="checkbox"/> Fleas	<input type="checkbox"/> Spiders				
<input type="checkbox"/> Fleas	<input type="checkbox"/> Stored Product Pests				

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not temper with restricted placements
 Do not return to room until notified (2 hr. minimum)



OPEN COMMERCIAL CUSTOMERS

REMOVED/INSTALLED	# ADDED	# PICKED UP
HEALTH-CARE ITEMS		
SMALL STRUCTURES		
CUSTOMER SERVICE		
AT HOME		

Comments
 Thank You

DATE OF SCHEDULED FOLLOWUP

CUSTOMER SIGNATURE AND YOU SATISFIED: YES NO

Thank you for your business.

CALL DIRECTOR	TECHNICAL MANAGER	ANY COMMENTS



PEST CONTROL
World's Best

ORKIN - COLLEGE STATION, TX
3209 K BYPASS
COLLEGE STATION, TX 77846
(979) 693-3651
LPTC: TDCI 710 JJ
Target Pest:

TAMU VET MED RESEARCH PARK
1190 TURK RD
COLLEGE STATION, TX 77843
(979) 845-5620

TRUCK # 0006614
ROUTE 3 STOP # 03
P.O. #:
CITY: COLLEGE STATION

Please fax payment receipt to Becky

Date 3/27/06
Time In 4:15
Time Out

The type of service performed today was:
 Initial Scheduled No Charge Special
Follow Up Service Date

Details of this service are listed below.

Findings		Treatment		
No activity detected for target pest(s)		Orkin takes care to place treatments where they will achieve maximum effectiveness. For codes see other side.		
Products	Quantity	Sites	Method	Equipment
12-11-1	1 gal	15	92	74
G-7	6 lbs	23	96	F
R-6	0	23	98	F

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not tamper with rodenticide placements
 Do not return to room until ventilated (2 hrs. minimum)

INVOICE/SERVICE TICKET NUMBER

19270309

PC COMM STGE
STANDARD SERVICE
PRIOR BALANCE: .00
THIS SERVICE: 142.00
DISCOUNT:
TAX:
TOTAL AMOUNT: 142.00
*Auto Charge Exp: 2/200

1064

This is Your Statement.
Please Remit The Total Du
Amount Paid
Cash
Check

Scheduled Date 3/17/06
Prior Service Standard
7:30:00 1:30:05
OK#



ORKIN COMMERCIAL CUSTOMERS

MULTI-CATCH TRAPS	PREVIOUSLY INSTALLED	# ADDED	# PICKED UP
BAIT STATIONS			
ORKIN/AIR SCENTS			
FLY TRAPS			

Are there sanitation and/or storage practical issues? Yes No If yes, see below
Are there structural issues? Yes No If yes, see below

Comments

Thank you

DATE OF SCHEDULED FOLLOWUP

Chinda McCallum
CUSTOMER SIGNATURE

ARE YOU SATISFIED: YES NO

TECHNICIAN SIGNATURE

Thank you for your business.

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SKY CONDITION
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PEST CONTROL
World's Best

ORKIN - COLLEGE STATION, TX
3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCO: TPCL 710
Target Pest:

TAMU VET MED RESEARCH PARK
115 TURK RD
COLLEGE STATION, TX 77843
(979) 845-5620

Please fax payment receipt to Becky

GRID: 0000014
KEY ACCT:
ROUTE: 3 STOP#: 03
FREQ: Monthly
P.O. #:
TECH: GEORGE ELDRED

Date 2/22/06
Time In 2:17
Time Out 2:33

The type of service performed today was:
 Initial Scheduled No Charge Special
Follow Up Service Date

Details of this service are listed below.

Findings	Treatment			
	Products	Quantity	Sites	Method
<input checked="" type="checkbox"/> No activity detected. Performed preventive treatment for target pest(s) <input checked="" type="checkbox"/> Ants <input checked="" type="checkbox"/> Carpenter Ants <input checked="" type="checkbox"/> Fire Ants <input checked="" type="checkbox"/> Pharaoh Ants <input checked="" type="checkbox"/> Mice <input checked="" type="checkbox"/> Rats <input checked="" type="checkbox"/> Fleas <input checked="" type="checkbox"/> Other	R-6	12	23	97
	G-1	6 lbs	23	96
	L-5a	2 gal	15415	92
<input type="checkbox"/> Activity detected. Treatment applied for the following: <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other				

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not tamper with rodenticide placements
 Do not return to room until ventilated (2 hrs. minimum)

2/22/06
Gmf

3148934

18722856

PC COMM STDP
Standard Service

PRIOR BALANCE: .00
THIS SERVICE: 112.00
DISCOUNT: .00
TAX: .00
TOTAL AFTER THIS SERVICE: 112.00

979-845-2617

*Auto Charge Exp: 2/2007

Scheduled Date 2/17/05
Pror Service 1/30/06
Standard Amount Paid 12/20/05
Standard 7:30:00
Standard 11/30/05
Standard

This is Your Statement.
Please Remit The Total Due.

Amount Paid
 Cash
 Check

Ck#



ORKIN COMMERCIAL CUSTOMERS

MULTI-CATCH TRAPS	PREVIOUSLY INSTALLED	# ADDED	# PICKED UP
BAIT STATIONS			
ORKIN/REPAIR SCENTS			
FLY TRAPS			

Are there sanitation and/or storage practice issues? Yes No If yes, see below.

Are there structural issues? Yes No If yes, see below.

Comments

Thank you

DATE OF SCHEDULED FOLLOWUP
CUSTOMER SIGNATURE [Signature] ARE YOU SATISFIED? YES NO
TECHNICIAN SIGNATURE [Signature]

Thank you for your business.

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	MOON PHASE
----------------	---------------	-------------	----------	------------

ORIGIN - COLLEGE STATION, TX
 3209 E BYPASS
 COLLEGE STATION, TX 77845
 (979) 693-3651
 LFCO: TPCL 710
 Target Pest:

TAMU VET MED RESEARCH PARK
 1192 TURK RD
 COLLEGE STATION, TX 77843
 (979) 845-5620



PEST CONTROL
 World's Best

PRIOR BALANCE: .00
 THIS SERVICE: 242.00
 DISCOUNT: .00
 TAX: .00
 TOTAL AFTER THIS SERVICE: 242.00
 *Auto Charge Exp: 2/200

PG COMM STDP Standard Service
 979-845-2617

Please fax payment receipt to Becky
 (5676) 987
 Date: 1/30/05
 Time In: 3:55
 Time Out: 2:00

GRID: 0000014
 KEY ACCT: 3 STOP#: 03
 ROUTE: Monthly
 FREQ: P.O. #: GEORGE ELDRED
 TECH: IN 200

This is Your Statement.
 Please Remit The Total Due
 Scheduled Date: 1/20/06 12/20/05 Standard Amount Paid
 11/30/05 Standard Cash
 7:30:00 10/31/05 Standard Check

The type of service performed today was:
 Initial Scheduled No Charge Special
 Follow Up Service Date: _____

Products	Quantity	Sites	Method	Equipment
4.5a	1 gal	15	92	11
13.6	12	23	907	
6.1	6 lb	23	96	

Findings	Treatment
<input checked="" type="checkbox"/> No activity detected <input checked="" type="checkbox"/> American Roaches <input checked="" type="checkbox"/> Brown Banded Roaches <input checked="" type="checkbox"/> Carpenter Ants <input checked="" type="checkbox"/> Fire Ants <input checked="" type="checkbox"/> German Roaches <input checked="" type="checkbox"/> Oriental Roaches <input checked="" type="checkbox"/> Smokey Brown Roaches <input checked="" type="checkbox"/> Crickets <input checked="" type="checkbox"/> Spiders <input type="checkbox"/> Stored Product Pests	Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side. Please follow checked instructions: <input checked="" type="checkbox"/> Do not touch treated areas until dry <input checked="" type="checkbox"/> Do not tamper with rodenticide placements <input type="checkbox"/> Do not return to room until ventilated (2 hrs. minimum)

Your satisfaction is guaranteed. If needed, we will return at no additional charge

ORKIN COMMERCIAL SERVICES

ORKIN COMMERCIAL CUSTOMERS

PREVIOUSLY INSTALLED: # ADDED # PICKED UP

MULTI-CATCH TRAPS: 12

ENT STATIONS: 0

ORKIN/REPAIR SCENTS

FLY TRAPS

Are there sanitation and/or storage practice issues? Yes No If yes, see below

Are there structural issues? Yes No If yes, see below

Are there plumbing issues? Yes No If yes, see below

Comments: *Good*

DATE OF SCHEDULED FOLLOWUP: _____

CUSTOMER SIGNATURE: *George Eldred*

TECHNICIAN SIGNATURE: _____

ARE YOU SATISFIED: YES NO

Thank you for your business.

For outdoor application in states where required

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SOIL MOISTURE
----------------	---------------	-------------	----------	---------------



ORKIN - LULLEGE DISTRICT, TX
 3209 E BYPASS
 COLLEGE STATION, TX 77845
 (979) 693-3651
 LPCO: TPCL 710
 Target Pest:

TAMU VET MED RESEARCH PARK
 1192 TURK RD
 COLLEGE STATION, TX 77843
 (979) 845-5620

Please fax payment receipt to Becky

GRID: 0000014
 KEY ACCT: 3
 ROUTE: STOP#: 03
 FREQ: Monthly
 P.O. #: GEORGE ELDRED
 TECH:

999 (500)

Date: 12/16/05
 Time In: 2:53
 Time Out:

The type of service performed today was:
 Initial Scheduled No Charge Special
 Follow Up Service Date

Details of this service are listed below.

Findings	Treatment			
	Products	Quantity	Size	Method
<input checked="" type="checkbox"/> No activity detected. Performed preventative treatment for target pest(s) <input checked="" type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Flies <input type="checkbox"/> Other	1.5g	15	12	11
<input type="checkbox"/> American Roaches <input type="checkbox"/> Brown Banded Roaches <input type="checkbox"/> German Roaches <input type="checkbox"/> Oriental Roaches <input type="checkbox"/> Smokey Brown Roaches <input type="checkbox"/> Crickets <input type="checkbox"/> Spiders <input type="checkbox"/> Stored Product Pests	R-6	12	23	787
<input type="checkbox"/> Activity detected. Treatment applied for the following: <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Flies <input type="checkbox"/> Other	Capitol	23	96	11

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not tamper with rodenticide placements
 Do not return to room until ventilated (2 hrs. minimum)

17152890
 PC COMM STDP
 Perimeter Service
 PRIOR BALANCE: .00
 THIS SERVICE: 242.00
 DISCOUNT: .00
 TAX: .00
 TOTAL AFTER THIS SERVICE: 242.00
 *Auto Charge Expire 12/31/05

This is Your Statement.
 Please Remit The Total Due

Scheduled Date: 12/16/05
 Prior Service: 10/31/05
 Standard Amount Paid: 9/30/05
 Perimeter Cash: 8/30/05
 Standard: 7:30:00
 Check: _____



ORKIN COMMERCIAL CUSTOMERS

PREVIOUSLY INSTALLED	ADDED	PICKED UP
MULTI-CATCH TRAPS		
BAIT STATIONS		
FRAGRANCE/AIR SCENTS		
UV TRAPS		

Are there ventilation and/or storage practices issues? Yes No If yes, see below
 Are there structural issues? Yes No If yes, see below

Comments

You

DATE OF SCHEDULED FOLLOWUP

CUSTOMER SIGNATURE: *Dina Williams*
 ARE YOU SATISFIED: YES NO
 TECHNICIAN SIGNATURE

Thank you for your business.

WIND DIRECTION	WIND VELOCITY	HUMIDITY	TEMPERATURE	CONDICTION

3348934 B5

3348934

ORLNIN, INC.
 ORKIN - COLLEGE STATION, TX
 3209 E BYPASS
 COLLEGE STATION, TX 77845
 (979) 693-3651
 LPCO: TPCL 710
 Target Pest:



TAMU VET MED RESEARCH PARK
 1192 TURK RD
 COLLEGE STATION, TX 77842
 (979) 845-5620

Please fax payment receipt to Becky 979-845-2617

GRID: 0000014
 KEY ACCT:
 ROUTE: 3 STOP#: 03
 FREQ: Monthly
 P.O. #:
 TECH: GEORGE ELDRED

8450 11300
 500

Scheduled Date: 11/18/05
 Prior Service: 10/31/05
 Standard Amount Paid: 242.00
 9/30/05 Perimeter Cash
 7:30:00 8/30/05 Standard Check

This is Your Statement.

Please Remit The Total Due

Ck#

The type of service performed today was:
 Initial Scheduled No Charge Special
 Follow Up Service Date

Details of this service are listed below.

Findings		Treatment			
No activity detected. Performed preventive treatment for target pest(s).		Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.			
Products	Quantity	Sites	Method	Equipment	
1000	1000	18	92	10	
1000	1000	13	99	5	
Thank You					

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not tamper with rodenticide placements
 Do not return to room until ventilated (2 hrs. minimum)

ORKIN COMMERCIAL SERVICES

ORKIN COMMERCIAL CUSTOMERS

MULTI-CATCH TRAPS	# ADDED	# PICKED UP
BAT STATIONS		
ORIGINS/AIR SCENTS		
FLY TRAPS		

Are there sanitation and/or storage practices issues? Yes No If yes, see below.
 Are there structural issues? Yes No If yes, see below.

Comments: *You*

DATE OF SCHEDULED FOLLOWUP: *11/18/05*

CUSTOMER SIGNATURE: *Sinda McQueen* ARE YOU SATISFIED? YES NO
 TECHNICIAN SIGNATURE: _____

Thank you for your business.

For outdoor application in states where required

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SKY CONDITION
----------------	---------------	-------------	----------	---------------



PEST CONTROL
World's Best

ORIGIN - COLLEGE STATION, TX
3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCO: IPCL 710
Target Pest:

TAMU VET MED RESEARCH PARK
1192 TURK RD
COLLEGE STATION, TX 77843
(979) 845-5620

Please fax payment receipt to Becky 979-845-2617

GRID: 0000014
KEY ACCT: 3 STOP#: 03
ROUTE: Monthly
P.O. #: GEORGE ELDRED
TECH:

3348934

PC COMM STDP
Standard Service

PRIOR BALANCE: .00
THIS SERVICE: 242.00
DISCOUNT: .00
TAX: 19.97
TOTAL AFTER THIS SERVICE: 261.97
*Auto Charge Exp: 2/2007

Date: 10/21/05
Time In: 2:51
Time Out: 3:51

Scheduled Date: 10/21/05
Prior Service: 5/30/05 Perimeter Amount Paid
8/30/05 Standard 0 Cash
7:30:00 7/29/05 Standard 0 Check

This is Your Statement.
Please Remit The Total Due.

The type of service performed today was:
 Initial Scheduled No Charge Special
Follow Up Service Data

Details of this service are listed below.

Findings		Treatment				
Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.		Products	Quantity	Site	Method	Equipment
6-1	4 lbs	23	96	I		
11-6	12	23	97	J		

No activity detected. Performed preventive treatment for target pest(s).
 Ants
 Carpenter Ants
 Fire Ants
 Pharaoh Ants
 Termites
 Fleas
 Fleas
 Fleas
 Other

Activity detected. Treatment applied for the following:
 Ants
 Carpenter Ants
 Fire Ants
 Pharaoh Ants
 Termites
 Fleas
 Fleas
 Fleas
 Other

Your satisfaction is guaranteed. If needed, we will return at no additional charge.

Please follow attached instructions:
 Do not touch treated areas until dry
 Do not re-entr with rodents/birds/placemats
 Do not return to room until ventilated (2 hrs. minimum)



ORIGIN COMMERCIAL CUSTOMERS

PREVIOUSLY INSTALLED	# ADDED	# RECALC UP
MULTI-GATOR TRAPS		
BAIT STATIONS	12	0
ORIGIN SERVICE SCHEDULE		
FLY TRAPS		

Are there additional active storage products issues? Yes No If yes, see below.
Are there additional issues? Yes No If yes, see below.
Are there funding issues? Yes No If yes, see below.

Comments
Thank You

DATE OF SCHEDULED FOLLOWUP

CUSTOMER SIGNATURE: ARE YOU SATISFIED: YES NO

TECHNICIAN SIGNATURE

Thank you for your business.

TELEPHONE NUMBER	TELEPHONE NUMBER	SEX
TELEPHONE NUMBER	TELEPHONE NUMBER	TELEPHONE NUMBER

This report does not include void proofing materials and/or include any other conditions.
OFFICE COPY



PEST CONTROL
World's Best

ORIGIN - COLLEGE STATION, TX
3209 R BYPASS
COLLEGE STATION, TX 77845
(879) 683-3632
LPEO: TPCL 710
Target Pest:

TAMU VET MED RESEARCH PARK
1132 TURK RD
COLLEGE STATION, TX 77845
(479) 845-5620

Please fax payment receipt to Becky 979-845-2617

GRID: 0000014
KEY ACCT:
ROUTE: 3 STOP#: 03
FREQ: Monthly
P.O. #:
TECH: GEORGE ELGRED

The type of service performed today was:
 Initial Scheduled No Charge Special
Follow Up Service Date

Details of the service are listed below.

Findings		Treatment			
No activity detected (perform preventive treatment for target pests):		Quantity	Size	Method	Equipment
<input type="checkbox"/> American Roaches	<input checked="" type="checkbox"/> Brown Banded Roaches	6-lbs	23	96	I
<input type="checkbox"/> Carpenter Ants	<input type="checkbox"/> German Roaches	10	23	97	J
<input type="checkbox"/> Fire Ants	<input type="checkbox"/> Oriental Roaches	6 lbs	23	96	PA
<input type="checkbox"/> Pharaoh Ants	<input type="checkbox"/> Smoky Brown Roaches				
<input type="checkbox"/> Spiders	<input type="checkbox"/> Stored Product Pests				

Please follow attached instructions:
 Do not touch treated areas until dry
 Do not breathe with rodenticide placements
 Do not return to room until ventilated (2 hrs. minimum)

3348934

PC COMM STUP.
Standard Service

PRIOR BALANCE: 484.00
THIS SERVICE: 242.00
DISCOUNT: .00
TAX: .00
TOTAL AFTER THIS SERVICE: 726.00
*Auto Charge Exp: 2/2007

This is Your Statement.
Please Remit The Total Due.

Scheduled Date: 9/15/05
Prior Service: 8/30/05 Standard
7/29/05 Standard
7:00:00 5/21/05 Standard
Amount Paid: Cash Check
OK#



ORIGIN COMMERCIAL CUSTOMERS

PREVIOUSLY INSTALLED	# ADDED	# POSSED UP
MULTI-CATCH TRAPS		
BAIT STATIONS	12	
ORIGIN/BAIT SCENTS		
ELV TRAPS	0	0

Are there structural and/or sewage pipe/soil issues? Yes No If yes, see below.
Are there structural issues? Yes No If yes, see below.
Are there plumbing issues? Yes No If yes, see below.

Comments
Thank You

DATE OF SCHEDULED FOLLOWUP

CUSTOMER SIGNATURE: ARE YOU SATISFIED? YES NO

TECHICIAN SIGNATURE

Thank you for your business.

AND DEFECTIVE	TEMPORARY	PERMANENT

For outdoor application in areas where required



PEST CONTROL
World's Best

ORKIN - COLLEGE STATION, TX
3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCC: TPCL 710
Target Pest:

3348934

INVOICE/SERVICE TICKET NUMBER
82

14359319

TAMU VET MED RESEARCH PARK
1192 TURK RD
COLLEGE STATION, TX 77843
(979) 845-5620

PC COMM STDP
Standard Service

PRIOR BALANCE: 242.00
THIS SERVICE: 242.00
DISCOUNT: .00
TAX: .00
TOTAL AFTER
THIS SERVICE: 484.00
*Auto Charge Exp: 2/2007

Please fax payment receipt to Becky 979-845-2617

GRID: 0000014
KEY ACCT: 3
ROUTE: Monthly
FREQ: Monthly
P.O. #: GEORGE ELDRED
TECH:

Date: 8/30/05
Time In: 9:30
Time Out: 11:00

Prior Service

This is Your Statement
Please Remit The Total Due.

Scheduled Date: 8/19/05
Amount Paid: 7/29/05 Standard
5/21/05 Standard
7:30:00 5/23/05 Standard

Cl.#

The type of service performed today was:
 Initial Scheduled No Charge Special Follow Up Service Date

Details of this service are listed below.

Findings		Treatment				
No activity observed. Performed preventive treatment for target pests.		Products	Quantity	Method	Equipment	
<input checked="" type="checkbox"/> American Roaches	<input checked="" type="checkbox"/> Carpenter Ants	2-1	26s	23	96	I
<input checked="" type="checkbox"/> German Roaches	<input checked="" type="checkbox"/> Fire Ants	1-1	16s	23	96	A
<input checked="" type="checkbox"/> Brown Banded Roaches	<input checked="" type="checkbox"/> Pharaoh Ants	1-1	16s	23	97	A
<input checked="" type="checkbox"/> Oriental Roaches	<input checked="" type="checkbox"/> Spiders					
<input checked="" type="checkbox"/> Smoky Brown Roaches	<input checked="" type="checkbox"/> Stored Product Pests					
<input checked="" type="checkbox"/> Crickets						
<input checked="" type="checkbox"/> Fleas						
<input checked="" type="checkbox"/> Other						

ORKIN COMMERCIAL CUSTOMERS

PREVIOUSLY INSTALLED: # ADDED: # PICKED UP:

MULTI-CATCH TRAPS: 12

BAIT STATIONS: 0

ORIGINS/RESIDENTS: 0

NEW TRAPS: 0

Are there structural issues? Yes No Yes, see below.

Are there sanitation or odor storage products present? Yes No Yes, see below.

Are there plumbing issues? Yes No Yes, see below.

Comments: Thanks

DATE OF SCHEDULED FOLLOWUP: 9/16/05

CUSTOMER SIGNATURE:

TECHNICIAN SIGNATURE:

Thank you for your business.

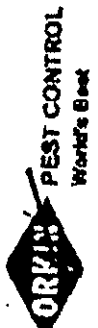
ORIGIN	VELOCITY	SECURITY	SKY CONDITION

For outdoor application in states where required.

This report does not include wood boring insects.

ORIGIN 14:26

ORIGIN 14:26



ORKIN - COLLEGE STATION, TX
 3209 E BYPASS
 COLLEGE STATION, TX 77845
 (979) 593-3651
 LPCO: TPCL 710
 Target Pest:

INVOICE SERVICE TICKET NUMBER
 81 13704761

TANU VET MED RESEARCH PARK
 1192 TURK RD
 COLLEGE STATION, TX 77843
 (979) 845-5620

PC COMM STDP
 Standard Service

PRIOR BALANCE: .00
 THIS SERVICE: 242.00
 DISCOUNT: .00
 TAX: .00
 TOTAL AFTER
 THIS SERVICE: 242.00
 *Auto Charge Exp: 2/2007

Please fax payment receipt to Becky 979-845-2617

GRID: 0000014
 KEY ACCT:
 ROUTE: 3 STOP# 05
 FRQ: Monthly
 P.O. #: 24
 TECH: GEORGE ELDRD

5670

Scheduled Date: 7/15/05
 7:30:00
 Prior Service: 5/21/05 Standard Amount Paid
 5/23/05 Standard
 4/15/05 Standard
 This is Your Statement.
 Please Remit The Total Due.

The type of service performed today was:
 Scheduled No Charge Special
 Follow Up Service Date: Details of this service are listed below.

Findings		Treatment		
Products	Quantity	Site	Method	Equipment
G-1	8lbs	23	96	T
A-6	12	23	97	J
1.54	140	23	92	A

Right below scheduled treatments:
 The last search treated areas until dry
 Do not re-treat with repeatable placements
 Do not return to areas until treated (if this placement)

DATE OF SCHEDULED FOLLOWUP: 7/15/05

PREVIOUSLY SCHEDULED: 12 # ADDED: 0 # SCHEDULED: 0

ORION COMMERCIAL CUSTOMERS

PREVIOUSLY SCHEDULED: 12 # ADDED: 0 # SCHEDULED: 0

Are there structural issues? No Yes, see below

Are there plumbing issues? No Yes, see below

Comments: Thanks

DATE OF SCHEDULED FOLLOWUP: 7/15/05

PREVIOUSLY SCHEDULED: 12 # ADDED: 0 # SCHEDULED: 0

Thank you for your business.

FOR OUTDOOR APPLICATIONS: No Yes

FOR INDOOR APPLICATIONS: No Yes

FOR COMMERCIAL APPLICATIONS: No Yes

FOR RESIDENTIAL APPLICATIONS: No Yes



PEST CONTROL
World's Best

3348934

ORIGIN - COLLEGE STATION, TX
3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCO: TPCL 710
Target Pest:

ORIGIN SERVICE TICKET NUMBER

80

12727615

TAMU VET MED RESEARCH PARK
1192 TURK RD
COLLEGE STATION, TX 77843
(979) 845-5620

PC COMM STDP
Standard Service

PRIOR BALANCE: 242.
THIS SERVICE: 242.
DISCOUNT:
TAX:
TOTAL AFTER
THIS SERVICE: 484.

START TIME: 07:30am STOP TIME: 12:00pm

YOU MUST LEAVE THE YELLOW TICKET WITH VERDE IN BUILDING 1

GRID: 0000014

KEY ACCT:

ROUTE: 3 STOP#: 03

FREQ: Monthly

P.O. #:

TECH: GEORGE ELDRED

Date 6-21-05

Time In

Time Out

Scheduled Date 6/17/05

Prior Service

5/23/05 Standard Amount Paid

4/15/05 Standard Cash

7:30:00 3/28/05 Standard Check

This Is Your Statement
Please Remit The Total

CK#

The type of service performed today was:

Initial Scheduled No Charge Special

Details of this service are listed below.

Findings		Treatment			
Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.		Quantity	Sites	Method	Equipment
<input type="checkbox"/> No activity detected. Performed preventive treatment for target pest(s).	<input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other	1-5	18	97	A
<input type="checkbox"/> Activity detected. Treatment applied for the following:	<input type="checkbox"/> American Roaches <input type="checkbox"/> Brown Banded Roaches <input type="checkbox"/> German Roaches <input type="checkbox"/> Oriental Roaches <input type="checkbox"/> Smokey Brown Roaches <input type="checkbox"/> Crickets <input type="checkbox"/> Spiders <input type="checkbox"/> Stored Product Pests	6-1	23	96	A
<input type="checkbox"/> Activity detected. Treatment applied for the following:	<input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other	R-6	7	103	Book

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not tamper with roach/rodent baits
 Do not return to room until ventilated (2 hrs. minimum)



ORKIN COMMERCIAL CUSTOMERS

PREVIOUSLY INSTALLED	# ADDED	# PICKED UP
MULTI-CATCH TRAPS		
BAIT STATIONS		
ORIGINAIRE/AIR SCENTS		
FLY TRAPS		

Are there ventilation and/or storage practices issues? Yes No if yes, see below.
Are there structural issues? Yes No if yes, see below.

Comments

[Handwritten signature]

DATE OF SCHEDULED FOLLOWUP

CUSTOMER SIGNATURE ARE YOU BARRIRED: YES NO
TECHNICIAN SIGNATURE

Thank you for your business.

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SKY CONDITION

JUN 20 2005

JUN 21 2005



PEST CONTROL
World's Best

ORKIN - COLLEGE STATION, TX
3209 R BYPASS
COLLEGE STATION, TX 77845
(979) 693-3681
VPCO: TPOC 710
Target Pest:

PC COMM STDP
Standard Service

11803086

PRICE BALANCE: 0.00
THIS SERVICE: 0.00
DISCOUNT: 0.00
TAX: 0.00
TOTAL AMT: 0.00
THIS SERVICE: 0.00

CAMP VET MED RESEARCH PARK
1192 TUMK RD
COLLEGE STATION, TX 77843
(979) 845-5620
START TIME: 07:30am STOP TIME: 12:00pm

YOU MUST LEAVE THE YELLOW TICKET WITH VEEBE IN BUILDING 1

GUIDE: 0000014
KEY ACCT: 3
ROUTE: Monthly
CITY: COLLEGE STATION
P.O. #: 24
TECH: GEORGE WILDERD

Date: 5/23/05
Time In: 4:41
Time Out: 7:30:00

Scheduled Date: 4/15/05 Standard
3/25/05 Standard
7:30:00 2/28/05 Standard

Prior Service: Amount Paid
Cash
Check

This Is Your Statement
Please Remit The Total D

The type of service performed today was:

Initial Scheduled No Charge Special

Details of this service are listed below.

Findings		Treatment				
Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.		Products	Quantity	Site#	Method	Equipment
<input checked="" type="checkbox"/> No activity detected. Performed preventive treatment for target pest(s).		B-6	0	23	98	J
<input type="checkbox"/> American Roaches		K-5a	2	18	92	A
<input type="checkbox"/> Carpenter Ants		K-14	1	23	96	A
<input type="checkbox"/> Fire Ants		G-1	4	11	12	92
<input type="checkbox"/> Pharaoh Ants						
<input type="checkbox"/> Mice						
<input type="checkbox"/> Rats						
<input type="checkbox"/> Fleas						
<input type="checkbox"/> Fleas						
<input type="checkbox"/> Other						

Please follow checked instructions:

- Do not re-enter treated area for 24 hours
- Do not return to room until ventilated (2 hrs. minimum)

RECEIVED

MAY 23 2005

VET MEDICAL PARK
VETERINARY

ORKIN COMMERCIAL SERVICES

ORIGIN COMMERCIAL CUSTOMERS

PREVIOUSLY INSTALLED

ADDED

PICKED UP

MULTI-CATCH TRAPS

BAIT STATIONS

ORKIN/REPAIR SCENTS

FLY TRAPS

Are there sanitation and/or storage practices issues? Yes No If yes, see below.

Are there plumbing issues? Yes No If yes, see below.

Comments: *Thank You*

DATE OF SCHEDULED FOLLOWUP

CUSTOMER SIGNATURE: *George Wilderd*

TECHNICIAN SIGNATURE

ARE YOU SATISFIED: YES NO

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SKY CONDITION

Thank you for your business.



PEST CONTROL
World's Best

ORKIN - COLLEGE STATION, TX
3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCO: TPCL 710
Target Pest:

TAMU VET MED RESEARCH PARK
1192 TURK RD
COLLEGE STATION, TX 77843
(979) 845-5620

START TIME: 07:30am
STOP TIME: 12:00pm

YOU MUST LEAVE THE YELLOW TICKET WITH VERDE IN BUILDING 1

GRID: 0000014
KEY ACCT: 3
ROUTE: Monthly
FREQ: #1
TECH: GEORGE ELDRED

Date: 4/15/05
Time In: 7:30:00
Time Out: 1:31:05

Scheduled Date: 3/28/05
Prior Service: Standard
Standard
Standard

This is Your Statement
Please Remit The Total

Amount Paid
Cash
Check

78

11531691

PRIOR BALANCE: 242.00
THIS SERVICE: 242.00
DISCOUNT:
TAX:
TOTAL AFTER
THIS SERVICE: 484.00

The type of service performed today was:

Initial Scheduled No Charge Special

Details of this service are listed below.

Findings		Treatment			
Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.		Quantity	Sites	Method	Equipment
<input checked="" type="checkbox"/> No activity detected. Performed preventive treatment for target pest(s).	<input type="checkbox"/> American Roaches <input type="checkbox"/> Brown Banded Roaches <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other	0	23	79	J
<input type="checkbox"/> Activity detected. Treatment applied for the following: <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other	<input type="checkbox"/> American Roaches <input type="checkbox"/> Brown Banded Roaches <input type="checkbox"/> German Roaches <input type="checkbox"/> Oriental Roaches <input type="checkbox"/> Smokey Brown Roaches <input type="checkbox"/> Crickets <input type="checkbox"/> Spiders <input type="checkbox"/> Stored Product Pests	14	10	90	J
<input type="checkbox"/> No activity detected. Performed preventive treatment for target pest(s).	<input type="checkbox"/> American Roaches <input type="checkbox"/> Brown Banded Roaches <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other	1	23	76	J

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not tamper with rodenticide placements
 Do not return to room until ventilated (2 hrs. minimum)



ORKIN COMMERCIAL CUSTOMERS

PREVIOUSLY INSTALLED	# ADDED	# PICKED UP
MULTI-CATCH TRAPS		
BAIT STATIONS		
ORIGINAIR/AIR SCENTS		
FLY TRAPS		

Are there sanitation and/or storage practice issues? Yes No If yes, see below.
Are there structural issues? Yes No If yes, see below.

Comments

DATE OF SCHEDULED FOLLOWUP

CUSTOMER SIGNATURE: Linda McCallum
TECHNICIAN SIGNATURE

ARE YOU SATISFIED? YES NO

Thank you for your business.

For outdoor application in states where required.			
WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY
			SKY CONDIT

INVOICE/SERVICE TICKET NUMBER



PEST CONTROL
World's Best

3348934

10439716

TAMU VET MED RESEARCH PARK
1192 TURK RD
COLLEGE STATION, TX 77843
(979) 845-5620

PC COMM SIDP
Standard Service

PRICE SERVICE
THIS SERVICE
DISCOUNT:
TAX:
TOTAL AMT
THIS SERVICE. 679

START TIME: 07:30am STOP TIME: 12:00pm

YOU MUST LEAVE THE YELLOW TICKET WITH VERDE IN BUILDING 1

GRID: 0000014
KEY ACCT: 3 STOP#: 03
ROUTE: Monthly
FREQ: #:
P.O. #:
TECH: GEORGE ELDRED

PO# 243

This is Your Statement
Please Remit The Total
Amount Paid
Standard Standard Cash
12/17/04 Standard Check
11/19/04 Standard Check

The type of service performed today was:

Initial Scheduled No Charge Special

Details of this service are listed below.

Findings	Treatment			
	Products	Quantity	Sites	Method
<input type="checkbox"/> No activity detected. Performed preventive treatment for target pest(s). <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other <input type="checkbox"/> American Roaches <input type="checkbox"/> Brown Banded Roaches <input type="checkbox"/> German Roaches <input type="checkbox"/> Oriental Roaches <input type="checkbox"/> Smokey Brown Roaches <input type="checkbox"/> Crickets <input type="checkbox"/> Spiders <input type="checkbox"/> Stored Product Pests <input type="checkbox"/> Activity detected. Treatment applied for the following: <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other <input type="checkbox"/> American Roaches <input type="checkbox"/> Brown Banded Roaches <input type="checkbox"/> German Roaches <input type="checkbox"/> Oriental Roaches <input type="checkbox"/> Smokey Brown Roaches <input type="checkbox"/> Crickets <input type="checkbox"/> Spiders <input type="checkbox"/> Stored Product Pests	R-6	0	23	98
	L-5a	1/2	15	98
	L-4	5	23	96
	G-1	5	23	98
Please follow checked instructions: <input type="checkbox"/> Do not touch treated areas until dry <input type="checkbox"/> Do not tamper with rodenticide placements <input type="checkbox"/> Do not return to room until ventilated (2 hrs. minimum)				

ORKIN COMMERCIAL SERVICES

ORIGINALLY INSTALLED

PREVIOUSLY INSTALLED

ADDED

PICKED UP

MULTI-CATCH TRAPS

BAT STATIONS

ORIGINAIRE/AR SCENTS

RY TRAPS

Are there sanitation and/or storage practices issues? Yes No If yes, see below.

Are there structural issues? Yes No If yes, see below.

Are there plumbing issues? Yes No If yes, see below.

Comments

DATE OF SCHEDULED FOLLOWUP

CUSTOMER SIGNATURE

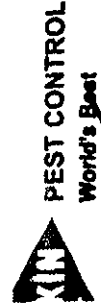
ARE YOU SATISFIED: YES NO

TECHNICIAN SIGNATURE

Thank you for your business.

For outdoor application in states where required.

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY
----------------	---------------	-------------	----------



ORKIN - COLLEGE STATION, TX
 3209 E BYPASS
 COLLEGE STATION, TX 77845
 (979) 693-3651
 LPCO: TPCL 710
 Target Pest:

MU VET MED RESEARCH PARK
 92 TURK RD
 COLLEGE STATION, TX 77843
 (979) 845-5620
 845 5097

START TIME: 07:30am STOP TIME: 12:00pm

YOU MUST LEAVE THE YELLOW TICKET WITH ~~VERDE~~ IN BUILDING 1

ID: 0000014

ACCT:

JTE: 3 STOP#: 03

EQ: Monthly

#: #:

CH: GEORGE ELDRED

Date 2/25/05
 Time In 1:06
 Time Out

Scheduled Date 3/18/05

Prior Service

This is Your Statement.

Please Remit The Total Due.

1/31/05 Standard Amount Paid

12/17/04 Standard Cash

11/19/04 Standard Check

Chk#

Service performed today was:

Scheduled No Charge Special

Details of this service are listed below.

Findings

- Activity detected: Performed preventive treatment (target pest(s)).
- 5000 Ants
- 1000 Roach Ants
- 5000 Roach Ants
- 5000 Crickets
- 5000 Spiders
- 5000 Stored Product Pests

- Activity detected. Treatment applied for the following:
- 5000 American Roaches
- 5000 Brown Banded Roaches
- 5000 German Roaches
- 5000 Oriental Roaches
- 5000 Smokey Brown Roaches
- 5000 Crickets
- 5000 Spiders
- 5000 Stored Product Pests

Disinfection is guaranteed. If needed, we will return additional charge.

Treatment

Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.

Products	Quantity	Sites	Method	Equipment
1.50	14	15	92	11
1.10	14	23	96	71
1.10	14	27	96	71
B-6	12	23	97	J

Please follow checked instructions:

- Do not touch treated areas until dry
- Do not tamper with rodenticide placements
- Do not return to room until ventilated (2 hrs. minimum)



ORKIN COMMERCIAL CUSTOMERS

MULTI-CATCH TRAPS	BAIT STATIONS	ORIGINAIRE/IAIR SCENTS	FLY TRAPS	PREVIOUSLY INSTALLED	# ADDED	# PICKED UP

Are there sanitation and/or storage practice issues? Yes No If yes, see below.

Are there structural issues? Yes No If yes, see below.

Comments

Thank you for your business.

DATE OF SCHEDULED FOLLOWUP

CUSTOMER SIGNATURE ARE YOU SATISFIED: YES NO

TECHNICIAN SIGNATURE

Thank you for your business.

For outdoor application in states where required.

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SKY CONDITION



PEST CONTROL
World's Best

ORKIN - COLLEGE STATION, TX
3209 B BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651

*TAMU-44 + Mrs. Rosemary ...
1192 Turkey ...
College Station, TX 77845*

POSTED

LPCO: TPCL 710
GRID:
ROUTE:
FREQ:

STOP #
FAMIS Doc # A506767 Date 1/31/05
Inv Recd Dt 1/31/05 Time In
Goods/Serv Recd Dt 1/31/05 Time Out
Disc Due Dt
Acct # 144016
Sup Acct # 0000

Scheduled Date 1/31/05 Prior Service
Amount Paid
 Cash
 Check Ck#

This is Your Statement.
Please Remit The Total Du

PRIOR BALANCE:
THIS SERVICE: 230
TAX:
TOTAL AFTER
THIS SERVICE

The type of service performed today was: SUP Details of this service are listed below. PO#0131200

Findings		Treatment			
<input checked="" type="checkbox"/> No activity detected. Performed preventive treatment for target pest(s). <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other		Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.			
Products	Quantity	Sites	Method	Equipment	
L-4	1946	28	92	A	
B-18	5165	23	96	I	
R-6	10	23	97	P	

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not tamper with rodent/rat placements
 Do not return to room until instructed (2 hrs minimum)

ORKIN COMMERCIAL CUSTOMERS

PREVIOUSLY INSTALLED

MULTI-CATCH TRAPS

BAIT STATIONS

ORIGINAIR/BAIT SCENTS

FLY TRAPS

ADDED

PICKED UP

Are there antenation and/or storage practice issues? Yes No If yes, see below.

Are there structural issues? Yes No If yes, see below.

Are there plumbing issues? Yes No If yes, see below.

Comments

Thank You

DATE OF SCHEDULED FOLLOWUP

CUSTOMER SIGNATURE [Signature] ARE YOU SATISFIED: YES NO

TECHNICIAN SIGNATURE

FAMIS DOC #

Inv Recd Dt 1-31-05

Goods/Serv Recd Dt 1-31-05

Disc Due Dt

Acct # 144016

Sup Acct #

Thank you for your business.

For outdoor application in states where required.

WIND DIRECTION

WIND VELOCITY

TEMPERATURE

HUMIDITY

SAY CONDITION

JAN 31 2005



TAMU VET MED RESEARCH PARK
1192 TURK RD
COLLEGE STATION, TX 77843
(979) 845-5620

GRID: 0000014

KEY ACCT:

ROUTE: 3 STOP#: 03
FREQ: Monthly

TECH: GEORGE ELDRED

ORKIN - COLLEGE STATION, TX
3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LP CO: TPCL 710
Target Pest:

START TIME: 07:30am STOP TIME: 12:00pm

YOU MUST LEAVE THE YELLOW TICKET WITH VERDE IN BUILDING 1

Date: 12/17/04

Time: 3:02

Scheduled Date: 12/17/04

Order # AS02542

Inv Recd Dt 12/17/04

Goods/Serv Recd Dt 12/17/04

Disc Due Dt

Acct # 144016

Order/Invt #

Treatment

Details of this service are on back of this invoice

When take care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.

Source	Quantity	Site	Method	Equipment
B36	16	23	97	J
B16	2	15416	92	A
B36	16	23	96	A



ORKIN COMMERCIAL CUSTOMERS

PREVIOUSLY INSTALLED	# ADDED	# PICKED UP
MULTI-CATCH TRAPS		
BAT STATIONS	0	0
ORIGINAIRE/AR SCENTS		
FLY TRAPS		

Are there ventilation and/or storage practice issues? Yes No If yes, see below.

Are there structural issues? Yes No If yes, see below.

Are there plumbing issues? Yes No If yes, see below.

Comments

You Thanks

DATE OF SCHEDULED FOLLOWUP

Theresa Brasler
CUSTOMER SIGNATURE ARE YOU SATISFIED? YES NO
TECHNICIAN SIGNATURE

Thank you for your business.

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SKY CONDITION

For outdoor application in states where required

PC COMM STDP
Perimeter Service
PRIOR BALANCE: 679.84
THIS SERVICE: 230.00
DISCOUNT: .00
TAX: .00
TOTAL AFTER
THIS SERVICE: 909.84

This is Your Statement.
Please Remit The Total Due
Amount Paid
Standard Cash
Standard Check
Perimeter Check



3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651

ORIGIN
Pest Control
World's Best
TAMU Vet Med Search Park
1152 Turk Rd
College Station, TX 77843
(979) 845-5620

8062590

MIS Doc # A502548
Inv Recd Dt 11/19/04
Goods/Serv Recd Dt 11/19/04
Disc Due Dt
Acct # 144016
SLIP Acct #

PRIOR BALANCE:
THIS SERVICE: 230
TAX:
TOTAL AFTER
THIS SERVICE

LPCO: TPCL 710
GRID:
ROUTE:
FREQ:

STOP#:

Date 11/19/04 Scheduled Date
Time In 4:04 Prior Service
Time Out

This is Your Statement.
Please Remit The Total Du

Amount Paid
 Cash
 Check



The type of service performed today was:
 Initial Scheduled No Charge Special

Details of this service are listed below.

Findings		Treatment				
Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.		Products	Quantity	Sites	Method	Equipment
<input type="checkbox"/> No activity detected. Performed preventive treatment for target pest(s).	<input type="checkbox"/> American Roaches	L5a	1 gal	18	92	A
<input type="checkbox"/> Ants	<input type="checkbox"/> Brown Banded Roaches	B-6	16	23	97	J
<input type="checkbox"/> Carpenter Ants	<input type="checkbox"/> German Roaches	L-16k-H	8 gal	23	96	H
<input type="checkbox"/> Fire Ants	<input type="checkbox"/> Oriental Roaches	G-1	4 lb	23	96	I
<input type="checkbox"/> Pharaoh Ants	<input type="checkbox"/> Smokey Brown Roaches	N-7	10	18	99	J
<input type="checkbox"/> Mice	<input type="checkbox"/> Crickets					
<input type="checkbox"/> Rats	<input type="checkbox"/> Spiders					
<input type="checkbox"/> Fleas	<input type="checkbox"/> Stored Product Pests					
<input type="checkbox"/> Other						

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not tamper with rodenticide placements
 Do not return to room until ventilated (2 hrs. minimum)

ORKIN COMMERCIAL SERVICES
ORIGIN COMMERCIAL CUSTOMERS

PREVIOUSLY INSTALLED # ADDED # PICKED UP

MULTI-CATCH TRAPS
BAIT STATIONS
ORIGINAIRE/AIR SCENTS
FLY TRAPS

Are there sanitation and/or storage practices issues? Yes No If yes, see below.
Are there structural issues? Yes No If yes, see below.
Are there plumbing issues? Yes No If yes, see below.

Comments
Thanks

DATE OF SCHEDULED FOLLOWUP
12/19/04

CUSTOMER SIGNATURE Gunda McCallum ARE YOU SATISFIED: YES NO
TECHNICIAN SIGNATURE [Signature]

Thank you for your business.

For outdoor application in states where required.

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SOY CONDITION

This report does not include wood infesting organisms and/or mold or any mold-like conditions.

FOR ADDITIONAL INFORMATION, A COPY OF THE LABEL AND/OR MSDS MAY BE REQUESTED FROM YOUR LOCAL BRANCH
88-918-1 Rev. 4/04 (TEXAS)
CUSTOMER COPY

PEST CONTROL
 Worlds Best
 TAMU VET MED RESEARCH PARK
 119Z TURK RD
 COLLEGE STATION, TX 77843
 (979) 845-5620
 START TIME: 07:30am STOP TIME: 12:00pm
 YOU MUST LEAVE THE YELLOW TICKET WITH VERDE IN BUILDING 1
 DEALER - COLLEGE STATION, TX 3348334
 3209 E BYPASS
 COLLEGE STATION, TX 77845
 (979) 693-3631
 LPCO: TPCL 710
 Target Pest:
 PC COMM STDP
 Standard Service
 PRIOR BALANCE: 450.25
 THIS SERVICE: 230.00
 DISCOUNT: .00
 TAX: .00
 TOTAL AFTER THIS SERVICE: 690.25
 6585166

GRID: 0000014
 KEY ACCT:
 ROUTE: 3 STOP#: 03
 FREQ: Monthly
 P.O. #: GEORGE BLDG ED
 TECH:

This is Your Statement.
 Please Remit The Total Due.
 Amount Paid
 Standard Cash
 Standard Check
 Standard Check
 CM#

5728233

Products	Quantity	Sites	Method	Equipment
R-6	4	25	97	I
G-1	8/15	23	97	I

Details of this service are Substantiated
 Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.
 Pre-treatment checked instructions:
 Do not touch treated areas until dry
 Do not tamper with materials placed
 Do not return to premises until notified

ORKIN COMMERCIAL CUSTOMERS
 PREVIOUSLY INSTALLED # ADDED # PRODUCED UP
 MULTI-CATCH TRAPS
 BAIT STATIONS
 ULTRASONIC DEVICES
 FLY TRAPS
 Are these materials under storage premises located? Yes No If yes, see below
 Are these structural issues? Yes No If yes, see below
 Comments
 DATE OF SCHEDULED FOLLOWUP
 CUSTOMER SIGNATURE ARENDSISERED DYES DMO
 Technician Signature
 Thank you for your business.
 For outdoor applications, a copy of the label and/or MSDS may be requested from your local branch office copy
 INV REC'D DT 12/20/04
 GOODS/SERV REC'D DT 9/30/04
 DISC DUE DT
 ACCT # 270660
 SUP ACCT #



ORKIN, INC.

INVOICE/SERVICE TICKET NUMBER

Date
Time In 7:30
Time Out 9:00

Scheduled Date
Prior Service

This is Your Statement.
Please Remit The Total Du
Amount Paid _____
 Cash
 Check CK# _____

The type of service performed today was:
 Initial Scheduled No Charge Special
Follow Up Service Date _____
Details of this service are listed below.

Findings		Treatment				
<input type="checkbox"/> No activity detected. Performed preventive treatment for target pest(s): <input checked="" type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other _____		Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.				
<input type="checkbox"/> Activity detected. Treatment applied for the following: <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other _____		Products	Quantity	Sites	Method	Equipment
<input type="checkbox"/> American Roaches <input type="checkbox"/> Brown Banded Roaches <input type="checkbox"/> German Roaches <input type="checkbox"/> Oriental Roaches <input type="checkbox"/> Smokey Brown Roaches <input type="checkbox"/> Crickets <input type="checkbox"/> Spiders <input type="checkbox"/> Stored Product Pests						
<input type="checkbox"/> Activity detected. Treatment applied for the following: <input type="checkbox"/> American Roaches <input type="checkbox"/> Brown Banded Roaches <input type="checkbox"/> German Roaches <input type="checkbox"/> Oriental Roaches <input type="checkbox"/> Smokey Brown Roaches <input type="checkbox"/> Crickets <input type="checkbox"/> Spiders <input type="checkbox"/> Stored Product Pests		Please follow checked instructions: <input type="checkbox"/> Do not touch treated areas until dry <input type="checkbox"/> Do not tamper with rodenticide placements <input type="checkbox"/> Do not return to room until ventilated (2 hrs. minimum)				
Your satisfaction is guaranteed. If needed, we will return at no additional charge.		DATE OF SCHEDULED FOLLOWUP _____ CUSTOMER SIGNATURE: <u>John</u> ARE YOU SATISFIED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO TECHNICAL SIGNATURE: _____				

Thank you for your business.

For outdoor application in states where required

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SKY CONDITION
----------------	---------------	-------------	----------	---------------

The type of service performed today was:
 Initial Scheduled No Charge Special
 Follow Up Service Date _____ Details of this service are listed below.

Date 4/30/07
 Time In 1:15
 Time Out _____

Scheduled Date _____ Prior Service _____

This is Your Statement.
Please Remit The Total D.
 Amount Paid _____
 Cash
 Check
 Ok# _____

Findings		Treatment				
No activity detected. Performed preventative treatment for target pest(s):		Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.				
		Products	Quantity	Sites	Method	Equipment
<input checked="" type="checkbox"/> American Roaches <input checked="" type="checkbox"/> Brown Banded Roaches <input checked="" type="checkbox"/> Fire Ants <input checked="" type="checkbox"/> Pharaoh Ants <input checked="" type="checkbox"/> Mice <input checked="" type="checkbox"/> Rats <input checked="" type="checkbox"/> Fleas <input checked="" type="checkbox"/> Other						
<input type="checkbox"/> Activity detected. Treatment applied for the following: <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other						
Please follow checked instructions: <input checked="" type="checkbox"/> Do not touch treated areas until dry <input type="checkbox"/> Do not tamper with roachbait placements <input type="checkbox"/> Do not return to room until ventilated (2 hrs. minimum)		Orkin Commercial Services ORKIN COMMERCIAL CUSTOMERS MULTICATCH TRAPS _____ # ADDED _____ # PICKED UP _____ BAIT STATIONS _____ ORGANIGER/IMP SCENTS _____ FLY TRAPS _____ Are there sanitation and/or storage practices issues? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, see below. Are there structural issues? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, see below. Are there plumbing issues? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, see below.				
DATE OF SCHEDULED FOLLOWUP _____ CUSTOMER SIGNATURE <u>[Signature]</u> ARE YOU SATISFIED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO TECHNICIAN SIGNATURE _____		Comments <u>11/11/07</u> <u>Frank</u>				

Thank you for your business.

For outdoor application in states where required

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SKY CONDITION
----------------	---------------	-------------	----------	---------------



ORKIN, INC.

INVOICE/SERVICE TICKET NUMBER

Date 1/30/07
 Time In 1:15
 Time Out _____

Scheduled Date

Prior Service

This is Your Statement.
Please Remit The Total Due
 Amount Paid _____
 Cash
 Check
 CK# _____

The type of service performed today was:

Initial Scheduled No Charge Special
 Follow Up Service Date _____

Details of this service are listed below.

Findings		Treatment				ORKIN COMMERCIAL SERVICES		ORKIN COMMERCIAL CUSTOMERS	
<input checked="" type="checkbox"/> No activity detected. Performed preventive treatment for target pest(s). <input type="checkbox"/> Activity detected. Treatment applied for the following:		Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.				<input type="checkbox"/> MULTICATCH TRAPS <input type="checkbox"/> BAIT STATIONS <input type="checkbox"/> ORIGINAL/REPAIR SCENTS <input type="checkbox"/> FLY TRAPS		<input type="checkbox"/> PREVIOUSLY INSTALLED <input type="checkbox"/> # ADDED <input type="checkbox"/> # PICKED UP	
<input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other	<input checked="" type="checkbox"/> American Roaches <input type="checkbox"/> Brown Banded Roaches <input type="checkbox"/> German Roaches <input type="checkbox"/> Oriental Roaches <input type="checkbox"/> Smokey Brown Roaches <input type="checkbox"/> Crickets <input type="checkbox"/> Spiders <input type="checkbox"/> Stored Product Pests	R-6 G-1 154	23 316 1/4	98 96 92	J T R	Are there structural issues? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, see below. Are there plumbing issues? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, see below.		Comments None	
Your satisfaction is guaranteed. If needed, we will return at no additional charge.		Please follow checked instructions: <input checked="" type="checkbox"/> Do not touch treated areas until dry <input type="checkbox"/> Do not tamper with rodent/bait placements <input type="checkbox"/> Do not return to room until ventilated (2 hrs. minimum)				DATE OF SCHEDULED FOLLOWUP _____ CUSTOMER SIGNATURE <u>[Signature]</u>		ARE YOU SATISFIED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO TECHNICIAN SIGNATURE _____	

Thank you for your business.


WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SUN CONDITION

Date _____
 Time In _____
 Time Out _____

Scheduled Date _____
 Prior Service _____

This is Your Statement.
Please Remit The Total Du
 Amount Paid _____
 Cash
 Check
 CK# _____

The type of service performed today was:
 Initial Scheduled No Charge Special
 Follow Up Service Date _____ Details of this service are listed below.

Findings		Treatment				
<input type="checkbox"/> No activity detected. Performed preventative treatment for target pest(s). <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other _____		Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.				
<input type="checkbox"/> Activity detected. Treatment applied for the following: <input type="checkbox"/> American Roaches <input type="checkbox"/> Brown Banded Roaches <input type="checkbox"/> German Roaches <input type="checkbox"/> Oriental Roaches <input type="checkbox"/> Smokey Brown Roaches <input type="checkbox"/> Spiders <input type="checkbox"/> Stored Product Pests <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other _____		Products	Quantity	Sites	Method	Equipment
Your satisfaction is guaranteed. If needed, we will return at no additional charge.		Please follow checked instructions: <input type="checkbox"/> Do not touch treated areas until dry <input type="checkbox"/> Do not tamper with rodenticide placements <input type="checkbox"/> Do not return to room until ventilated (2 hrs. minimum)				
						
COMMERCIAL SERVICE			ORKIN COMMERCIAL CUSTOMERS			
MULTI-CATCH TRAPS BAIT STATIONS ORGNARE/EAR SCENTS FLY TRAPS		PREVIOUSLY INSTALLED # ADDED # PICKED UP				
Are there sanitation and/or storage practice issues? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, see below. Are there structural issues? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, see below. Are there plumbing issues? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, see below.						
Comments: _____						
DATE OF SCHEDULED FOLLOWUP: _____						
CUSTOMER SIGNATURE: _____			ARE YOU SATISFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO			
TECHNICAL SIGNATURE: _____			_____			

Thank you for your business.

For outdoor application in states where required

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SKY CONDITION
----------------	---------------	-------------	----------	---------------



PEST CONTROL
World's Best

ORLIN - Co.
3209 E RYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCO: TPC1 710 JJ
Target Pest:

TAMU VET MED RESEARCH PARK
2197 TURK RD
COLLEGE STATION, TX 77845
(979) 845-5620

Please fax payment receipt to Becky 979-845-2617

SHIP: 0000014
KEY ACCT:
ROUTE: 3 STOP#: 03
FREQ: Monthly
P.O. #: GEORGE ELOPED
TRCK:

Date
Time In
Time Out

Scheduled Date
Prior Service
Standard Amount Paid
Perimeter Cash
Standard Check

This is Your Statement.
Please Remit The Total Due

The type of service performed today was:
 Initial Scheduled No Charge Special
Follow Up Service Date

Details of this service are listed below.

Findings		Treatment				
<input checked="" type="checkbox"/> No activity detected. Performed preventive treatment for target pest(s). <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Flies <input type="checkbox"/> Other <input type="checkbox"/> Activity detected. Treatment applied for the following: <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Flies <input type="checkbox"/> Other		Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.	Quantity	Sites	Method	Equipment
6.5c	1926	15	93	1A		
6.7	4116	23	96	R		
R6	70723	93				
Please follow checked instructions: <input type="checkbox"/> Do not touch treated areas until dry <input type="checkbox"/> Do not tamper with rodent/leak placements <input type="checkbox"/> Do not return to room until ventilated (2 hrs. minimum)						

ORLIN COMMERCIAL SERVICES

ORLIN COMMERCIAL CUSTOMERS

MULTI-CATCH TRAPS	PREVIOUSLY INSTALLED	# ADDED	# PICKED UP
BAIT STATIONS			
ORIGINAIRE/AIR SCENTS			
FLY TRAPS			

Are there sanitation and/or storage practice issues? Yes No If yes, see below.

Are there structural issues? Yes No If yes, see below.

Comments

Becky

DATE OF SCHEDULED FOLLOW UP

CUSTOMER SIGNATURE *Becky* ARE YOU SATISFIED: YES NO

TECHNICIAN SIGNATURE

Thank you for your business.

For outdoor application in states where required

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SKY CONDITION

State Code 1102 and 1225



PEST CONTROL
World's Best

TAMU VET MED RESEARCH PARK
1192 TURK RD
COLLEGE STATION, TX 77843
(979) 845-5620

ORKIN, INC.
COLLEGE STATION, TX
3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCO: TPCL 710 JJ
Target Pest:

3348934

INVOICE/SERVICE TICKET NUMBER
101
27606332

PC COMM STDP
Standard Service

PRIOR BALANCE: .00
THIS SERVICE: 2.25
DISCOUNT: .00
TAX: .00
TOTAL AFTER THIS SERVICE: 2.25
*Auto Charge Exp: 3/20/08

GRID: 0000014
KEY ACCT: 3
ROUTE: 3 STOP#: 03
FREQ: Monthly
P.O. #: GEORGE ELDRED
TECH:

The type of service performed today was: *Tar*
 Initial Scheduled No Charge Special
Follow Up Service Date: Details of this service are listed below.

Date: 3/29/07
Time In: 3:00
Time Out: 7:30

Scheduled Date: 3/28/07
Prior Service: 2/26/07
Standard
1/25/07 Standard
7:30:00 12/30/06 Perimeter Check

This is Your Statement
Please Remit The Total D
Amount Paid
Cash
Check

No activity detected. Performed preventive treatment for target pest(s).
 Ants
 Carpenter Ants
 Fire Ants
 Pharaoh Ants
 Mice
 Rats
 Fleas
 Other
 Activity detected. Treatment applied for the following:
 American Roaches
 Brown Banded Roaches
 German Roaches
 Oriental Roaches
 Smokey Brown Roaches
 Spiders
 Stored Product Pests
 Ants
 Carpenter Ants
 Fire Ants
 Pharaoh Ants
 Mice
 Rats
 Fleas
 Other
Your satisfaction is guaranteed. If needed, we will return at no additional charge.

ORKIN takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.

Products	Quantity	Sites	Method	Equipment
Alc	2 gal	15	92	A
G-I-L	2 lbs	23	96	F
R-66	OPR3	98		

ORKIN COMMERCIAL SERVICES
ORIGIN/REPAIR SCENTS
EV TRAPS
Are there sanitation and/or storage practices issues? Yes No If yes, see below.
Are there structural issues? Yes No If yes, see below.
Are there plumbing issues? Yes No If yes, see below.
Comments: *Harb*

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not tamper with rodenticide placements
 Do not return to room until ventilated (2 hrs. minimum)

DATE OF SCHEDULED FOLLOWUP: *3/29/07*
CUSTOMER SIGNATURE: *Stacy Erick*
ARE YOU SATISFIED? YES NO
TECHNICIAN SIGNATURE: *Harb*

FOR ADDITIONAL INFORMATION A COPY OF THE LABEL AND/OR...
Code 1192 and 1225

Thank you for your business.
For outdoor application in states where required
WIND DIRECTION: *SW*
WIND VELOCITY: *10*
TEMPERATURE: *70*
HUMIDITY: *60*
SOIL MOISTURE: *10*



PEST CONTROL
World's Best

ORKIN, INC.
COLLEGE STATION, TX
3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCO: TPCL 710 JJ
Target Pest:

3348934

VOICE SERVICE TICKET NUMBER
99
26435433

TAMU VET MED RESEARCH PARK
1192
TURK RD
COLLEGE STATION, TX 77843
(979) 845-5620

please fax payment receipt to Becky 979-845-2617

PC COMM STDP
Standard Service

PRIOR BALANCE: 242.00
THIS SERVICE: 242.00
DISCOUNT: .00
TAX: .00
TOTAL AFTER: 484.00
THIS SERVICE: 484.00
*Auto Charge Exp: 2/2007

GRID: 0000014
KEY ACCT:
ROUTE: 3 STOP#: 03
FRQ: Monthly
P.O. #:
TECH: GEORGE ELDRD

Scheduled Date Prior Service

Date
Time In
Time Out

1/19/07 12/30/06 Perimeter
11/29/06 Standard
7:30:00 10/30/06 Standard

This is Your Statement
Please Remit The Total Due.
Amount Paid \$484.00

Payment confirmation #

Ch#

the type of service performed today was:
 Initial Scheduled No Charge Special
Other Up Service Date

Details of this service are listed below

Findings

No activity detected. Performed preventive treatment for target pests.
 American Roaches
 Brown Banded Roaches
 German Roaches
 Oriental Roaches
 Smoky Brown Roaches
 Crickets
 Spiders
 Stored Product Pests
 Other

Activity detected. Treatment applied for the following:
 American Roaches
 Brown Banded Roaches
 German Roaches
 Oriental Roaches
 Smoky Brown Roaches
 Crickets
 Spiders
 Stored Product Pests
 Other

For additional information, if needed, we will return if no additional charge.

Treatment

Orkin labels come to place treatment materials where they will achieve maximum effectiveness. For codes see other side.

Product	Quantity	Site	Method	Equipment
hba	Yael 15	92		A
G-J	4lbs	23	96	E
RA	12	23	97	F
Thank You				

Please follow attached instructions.
 Do not touch treated areas until dry.
 Do not re-enter with children/pets/animals.
 Do not return to room until ventilation is exhausted.



PREVIOUSLY SCHEDULED	# ADDED	# PICKED UP
12	0	0

DATE OF SCHEDULED FOLLOWUP: _____
CUSTOMER SIGNATURE: _____
TECHNICIAN SIGNATURE: _____

Comments: _____

Thank you

Thank you for your business.

For outdoor application in states where required:

WHO APPLIED: _____
WHO RECEIVED: _____
DATE: _____

ate code 1192 and 1225

OR ADDITIONAL INFORMATION, A COPY OF THE LABEL AND/OR MSDS MAY BE REQUESTED FROM YOUR LOCAL BRANCH.



PEST CONTROL
World's Best

TAMU VET MED RESEARCH PARK
1192 TURK RD
COLLEGE STATION, TX 77843
(979) 845-5620

ORKIN - COLLEGE STATION, TX
3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCO: TPCL 710 JJ
Target Pest:

Please fax payment receipt to Becky 979-845-2617/716

3348934
25854691

PC COMM STDP
Perimeter Service
PRIOR BALANCE: .00
THIS SERVICE: 242.00
DISCOUNT: .00
TAX: .00
TOTAL AFTER THIS SERVICE: 242.00
*Auto Charge Exp: 2/200

GRID: 0000014
KEY ACCT:
ROUTE: 3 STOP#: 53
FREQ: Monthly
P.O. #:
TECH: GEORGE ELDRD

1710/5670

Date: 12/15/06
Time In: 9:15
Time Out: 3:15

Scheduled Date: 12/15/06
Prior Service: 11/29/05 Standard Amount Paid 10/30/06 Standard Amount Paid 7:30:00 9/30/06 Standard Amount Paid

This is Your Statement.
Please Remit The Total Du
Ok#

The type of service performed today was:
 Initial Scheduled No Charge Special
Follow Up Service Date: Details of this service are listed below.

Findings

No activity detected. Performed preventive treatment for target pest(s).

Activity detected. Treatment applied for the following:

- American Roaches
- Carpenter Ants
- Fire Ants
- Pharaoh Ants
- Mice
- Rats
- Fleas
- Spiders
- Other

American Roaches

Brown Banded Roaches

German Roaches

Oriental Roaches

Smoky Brown Roaches

Chickens

Spiders

Stored Product Pests

Treatment

ORKIN takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.

Products	Quantity	Site	Method	Equipment

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not tamper with rodenticide placements
 Do not return to room until ventilated (2 hrs. minimum)

ORKIN COMMERCIAL SERVICES

ORKIN COMMERCIAL CUSTOMERS

MULTI-CATCH TRAPS: 12

BAIT STATIONS: 0

ORNAMENTS/AR SCENTS: 0

FLY TRAPS: 0

Are there sections and/or storage areas treated? Yes No If yes, see below.

Are there structural issues? Yes No If yes, see below.

Are there plumbing issues? Yes No If yes, see below.

Comments:

DATE OF SCHEDULED FOLLOWUP: _____

CUSTOMER SIGNATURE: _____ ARE YOU SATISFIED? YES NO

TECHNICIAN SIGNATURE: _____

Thank You

Thank you for your business.

For outdoor application in states where required

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SKY CONDITION

Gate code 1192 and 1225



PEST CONTROL
World's Best

ORKIN - COLLEGE STATION, TX
3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCO: TPCL 710 JJ
Target Pest:

TAMU VET MED RESEARCH PARK
1192 TURK RD
COLLEGE STATION, TX 77843
(979) 845-5620

Please fax payment receipt to Hecky 979-845-2617

3348934
25189829
PC COMM STDP
Standard Service
PRIOR BALANCE: .00
THIS SERVICE: 242.00
DISCOUNT: .00
TAX: .00
TOTAL AFTER THIS SERVICE: 242.00
*Auto Charge Exp: 2/2007

GRID: 0000014
KEY ACCT: 3
ROUTE: Monthly
STOP#: 03
P.O. #: GEORGE ELDRED
OWNER:

Date: 11/29/06
Time In: 3:35 PM
Time Out: 3:51 PM
Scheduled Date: 10/30/06
Pior Service: Standard
Amount Paid: 242.00
J Cash
J Check

This is Your Statement.
Please Remit The Total Due.

Payment confirmation
w/mc
10/1/06

The type of service performed today was:
 Scheduled No Charge Special
Follow Up Service Date:

Details of this service are listed below.

Findings		Treatment				SERIAL CUSTOMERS	
<input type="checkbox"/> No activity detected. Performed preventive treatment (target pest) <input type="checkbox"/> Active detected. Treatment applied for the following: <input type="checkbox"/> American Roach <input type="checkbox"/> Brown Banded Roaches <input type="checkbox"/> German Roaches <input type="checkbox"/> Oriental Roaches <input type="checkbox"/> Smoky Brown Roaches <input type="checkbox"/> Crickets <input type="checkbox"/> Stored Product Pests <input type="checkbox"/> Other		Products	Quantity	Sites	Method	Equipment	<input type="checkbox"/> American Roach <input type="checkbox"/> Brown Banded Roaches <input type="checkbox"/> German Roaches <input type="checkbox"/> Oriental Roaches <input type="checkbox"/> Smoky Brown Roaches <input type="checkbox"/> Crickets <input type="checkbox"/> Stored Product Pests <input type="checkbox"/> Other
		K-5	15	92	A		
		G-2	6 lbs	23	96	F	
		R-4	127	93	97	A	

DATE OF SCHEDULED FOLLOWUP: 11/29/06
 CUSTOMER SIGNATURE: William Murrack YES NO
 TECHNICAL SIGNATURE: _____
 Thank you for your business.
 For outdoor application in states where required:
 OPERATOR SIGNATURE: _____
 OPERATOR LICENSE NO: _____
 OPERATOR STATE: _____
 OFFICE COPY



PEST CONTROL
World's Best

TAMU VET MED RESEARCH PARK
1192 TURK RD
COLLEGE STATION, TX 77843
(979) 845-5620

ORKIN - COLLEGE STATION, TX
3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCO: TPCL 710 JJ
Target Pest:

PLEASE FAX PAYMENT RECEIPT TO BECKY 979-845-2617

3348934
PC COMM STDP
Standard Service

PRIOR BALANCE: .00
THIS SERVICE: 242.00
DISCOUNT: .00
TAX: .00
TOTAL AFTER THIS SERVICE: 242.00
*Auto Charge Exp: 2/200

GRID: 0000014
KEY ACCT:
ROUTE: 3 STOP#: 03
FREQ: Monthly
P.O. #:
TECH: GEORGE ELDRED

Date: 10/20/06
Time In: 7:30:00
Time Out: 8:30:05
Scheduled Date: 10/20/06
Prior Service: Standard
Amount Paid: Standard
Please Remit The Total Du

The type of service performed today was:
 Initial Scheduled No Charge Special

Follow Up Service Date: _____ Details of this service are listed below.

Findings	Treatment
<input type="checkbox"/> No activity detected. Performed preventive treatment for target pest(s).	Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.
<input type="checkbox"/> Ants	Products
<input type="checkbox"/> Carpenter Ants	Quantity
<input type="checkbox"/> Fire Ants	Slits
<input type="checkbox"/> Pharaoh Ants	Method
<input type="checkbox"/> Mice	Equipment
<input type="checkbox"/> Rats	
<input type="checkbox"/> Fleas	
<input type="checkbox"/> Other	
<input type="checkbox"/> Activity detected. Treatment applied for the following:	
<input type="checkbox"/> Ants	<input type="checkbox"/> American Roaches
<input type="checkbox"/> Carpenter Ants	<input type="checkbox"/> Brown Banded Roaches
<input type="checkbox"/> Fire Ants	<input type="checkbox"/> German Roaches
<input type="checkbox"/> Pharaoh Ants	<input type="checkbox"/> Oriental Roaches
<input type="checkbox"/> Mice	<input type="checkbox"/> Smokey Brown Roaches
<input type="checkbox"/> Rats	<input type="checkbox"/> Crickets
<input type="checkbox"/> Fleas	<input type="checkbox"/> Spiders
<input type="checkbox"/> Other	<input type="checkbox"/> Stored Product Pests

ORKIN COMMERCIAL SERVICES

ORIGIN/REAR SCENTS

DATE OF SCHEDULED FOLLOWUP: _____

CLIENT SIGNATURE: *George Eldred*

TECHNICIAN SIGNATURE: _____

Comments: _____

Gate code 1192 and 1225

Thank you for your business.

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SUN CONDITION
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FOR OUTDOOR APPLICATION IN STATES WHERE REQUIRED

FOR ADDITIONAL INFORMATION A COPY OF THE LABEL AND/OR MSDS MAY BE REQUESTED FROM YOUR LOCAL BRANCH.

This report does not include wood infesting organisms and/or mold or any other pests.

ORRIN - COLLEGE STATION, TX
 3209 E BYPASS
 COLLEGE STATION, TX 77843
 (979) 693-3681
 LPC01 TPCL 710 JJ
 Target Pest:

ORRIN - COLLEGE STATION, TX
 3209 E BYPASS
 COLLEGE STATION, TX 77843
 (979) 693-3681
 LPC01 TPCL 710 JJ
 Target Pest:

PC COMM STD
 Standard Service

PRIOR BALANCE: .00
 THIS SERVICE: 242.00
 DISCOUNT: .00
 TAX: .00
 TOTAL AFTER THIS SERVICE: 242.00
 *Auto Charge Exp: 2/2007

This is Your Statement
 Please Remit The Total Due.
 242.00

The type of service performed today was:
 Initial Scheduled No Charge Special
 Follow Up Service Date: _____ Date of this service see listed below:

Date: 9/30/06
 Time In: 11:07
 Time Out: 11:37

Scheduled Date: 9/15/06
 Prior Service: 8/30/06 Standard Amount Paid
 7/28/06 Standard U Cash
 7:30:00 6/30/06 Perimeter Check

Payment Confirmation #
 paid w ce on 9/1

- Findings**
- No activity detected. Performant parameters maintained for target pest(s).
 - 37 Fries
 - Carpenter Ants
 - Flea Ants
 - Pharaoh Ants
 - Gargoyle
 - Earwigs
 - Flies
 - Flies
 - Other
 - Activity detected. Treatment applied for the following:
 - Ants
 - Carpenter Ants
 - Flea Ants
 - Pharaoh Ants
 - Lice
 - Flies
 - Flies
 - Other

Treatment

Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.

Products	Quantity	Size	Method	Equipment
R-6	0	23	98	J
L-611-1	644	23	96	41
G-1	216	23	96	41

ORRIN COMMERCIAL CUSTOMERS

DATE OF SCHEDULED FOLLOWUP: _____

Comments: **Done**

Thank you for your business.

ORRIN COMMERCIAL CUSTOMERS
 DATE OF SCHEDULED FOLLOWUP: _____

Thank you for your business.

For outdoor applications in states where required, use only the following products:

PRODUCT	USE	STATUS	DATE
ORRIN COMMERCIAL CUSTOMERS	USE	STATUS	DATE

ORRIN COMMERCIAL CUSTOMERS
 DATE OF SCHEDULED FOLLOWUP: _____



PEST CONTROL
World's Best

TAMU VET MED RESEARCH PARK
1542 TURK RD
COLLEGE STATION, TX 77843
(409) 845-5620

ORKIN - COLLEGE STATION, TX
3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCO; TPCL 710 JJ
Target Pest:

PC CONN STOP
Standard Service

PRIOR BALANCE: .00
THIS SERVICE: 242.00
DISCOUNT: .00
TAX: .00
TOTAL AFTER THIS SERVICE: 242.00
*Auto Charge Exp: 2/2007

INVOICE/SERVICE TICKET NUMBER
227962228

94

GRID: 0000014
KEY ACCT:

ROUTE: 3 STOP# : 03
FREQ: Monthly
P.O. #: GEORGE ELNRED
TECH: GEORGE ELNRED

Date: 8/18/06
Time In: 9:00
Time Out: 9:36

Scheduled Date: 8/18/06
Prior Service: 7/28/06 Standard
5/30/06 Perimeter Cash
7:30:00 5/31/06 Standard

This is Your Statement.
Please Remit The Total Due.

The type of service performed today was:

Initial Scheduled No Change Special

Details of this service are listed below.

Findings

- Active infested Performed preventive treatment for target pests.
- Ants
- Carpenter Ants
- Fire Ants
- Pharaoh Ants
- White Ants
- Fleas
- Flies
- Other
- Activity detected Treatment applied for the following:
 - American Roaches
 - Brown Banded Roaches
 - German Roaches
 - Oriental Roaches
 - Smoky Brown Roaches
 - Spiders
 - Stored Product Pests

Treatment

ORKIN labels came to place treatment materials where they will achieve maximum effectiveness. For codes see other side.

Products	Quantity	Site	Method	Equipment
G-7	716	23	96	E
R-6	12	23	97	J

Please follow checked instructions.
Do not touch treated areas until dry.
Do not tamper with rodenticide placements.
Do not return to room until ventilated (2 hrs. minimum).



ORKIN COMMERCIAL CUSTOMERS

DATE OF SCHEDULED FOLLOWUP: _____

Comments: Thanks

Customer Signature: _____ ARE YOU SATISFIED? YES NO

TECHNICIAN'S SIGNATURE: _____

Thank you for your business.

NAME	ADDRESS	CITY	STATE	ZIP
DIRECTION	VELOCITY	PERIOD OF	VELOCITY	SW
				QUANTITY



ORKIN - ORKIN, INC.
PEST CONTROL
 World's Best
 ORKIN - COLLEGE STATION, TX
 3209 E BYPASS
 COLLEGE STATION, TX 77845
 (979) 693-3651
 LPCC: TPCL 710 JJ
 Target Pest:

3348934

INVOICE/SERVICE TICKET NUMBER
 21917589

TAMU VST MED RESEARCH PARK
 192 TURK RD
 COLLEGE STATION, TX 77843
 (979) 845-5620

Please fax payment receipt to Becky 979-845-2617

Duplicate Ticket
 PC COMM STDP
 Standard Service

PRIOR BALANCE:
 TRIS SERVICE:
 DISCOUNT:
 TAX:
 TOTAL AFTER
 THIS SERVICE: 242.
 *Auto Charge Exp: 2/2

GRID: 0000014
 KEY ACCT:
 ROUTE: 3 STOP#: 03
 FREQ: Monthly
 P.O. #:
 TECH: GEORGE ELDRED

The type of service performed today was:
 Initial Scheduled No Charge Special
 Follow Up Service Date: Details of this service are listed below.

Findings

- No activity detected. Performed preventive treatment for target pest(s).
- Ants
 - Carpenter Ants
 - Fire Ants
 - Pharaoh Ants
 - Mice
 - Rats
 - Fleas
 - Spiders
 - Stored Product Pests
- American Roaches
- Brown Banded Roaches
 - German Roaches
 - Oriental Roaches
 - Smokey Brown Roaches
 - Crickets
 - Spiders
 - Stored Product Pests

Treatment

Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.

Products	Quantity	Sites	Method	Equipment
<i>Shampoo</i>				

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not tamper with rodenticide placements
 Do not return to room until vented (2 hrs. minimum)

Scheduled Date	Prior Service	Perimeter Amount Paid
7/21/06	6/30/06	Standard
	5/31/06	Standard
7:30:00	4/29/06	Perimeter

This is Your Statement
 Please Remit The Total I

Amount Paid _____
 Cash Check
 CK# _____



ORKIN COMMERCIAL CUSTOMERS

COMMERCIAL SERVICE	PREVIOUSLY INSTALLED	# ADDED	# PICKED UP
MULTI-CATCH TRAPS			
BAIT STATIONS			
ORKIN/BAVAR SCENTS			
FLY TRAPS			

Are there sanitation and/or storage practice issues? Yes No If yes, see below.
 Are there structural issues? Yes No If yes, see below.
 Are there plumbing issues? Yes No If yes see below.

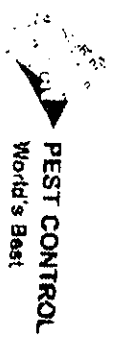
Thank you

DATE OF SCHEDULED FOLLOWUP
 CUSTOMER SIGNATURE: *George Eldred* ARE YOU SATISFIED: YES NO
 TECHNICIAN SIGNATURE

Thank you for your business.

For outdoor application in states where required

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SKY CONDITION



PEST CONTROL
World's Best

JANE YET RED RESEARCH PARK
2152 TURK RD
COLLEGE STATION, TX 77843
19731 543-5630

ORKIN - COLLEGE STATION, TX
3209 E HIPARS
COLLEGE STATION, TX 77844
(979) 693-3631
LPCC: TPCL 710 JJ
Target Pest:

Please fax payment receipt to Rocky 979-843-2617

3368934

Duplicate Ticket
PC COM STDP
Standard Service

93

21474704

PRIOR BALANCE: .00
THIS SERVICE: 242.00
DISCOUNT: .00
TAX: .00
TOTAL AFTER
THIS SERVICE: 242.00
Auto Charge Exp: 2/2007

UNIT: 0000014
RTE ACCT: 3
ROUTE: 3 STOP: 93
FREQ: MONTHLY
C.C. #: GEORGE ELLERD

Date: 4/30/06
Time In: 6:38
Time Out: 7:07

Scheduled Date: 5/16/06
Prior Service: 3/31/06
7:30:05 3/27/06 Standard

This is Your Statement.
Please Remit The Total Due.

Type of service performed today was:
Initial Scheduled No Charge Special

Findings

- No activity detected
- Carpenter Ants
- Fire Ants
- Pharaoh Ants
- Mice
- Rats
- Fleas
- Other
- American Roaches
- German Roaches
- Oriental Roaches
- Smoky Brown Roaches
- Spiders
- Stored Product Pests

Treatment

Orkin takes care to place treatments in strategic areas where they will achieve maximum effectiveness. For codes see other side.

Products	Quantity	Spots	Method	Equipment
4A	49	9	96	A

Please observe checked instructions:
 Do not touch treated areas until dry
 Do not tamper with inspection pastures
 Do not return to room until notified (2 hrs. minimum)



ORKIN COMMERCIAL CUSTOMERS

MULTI CHECK SERIAL	TERMINAL INSTALLED	PAID	# CHECK UP
00000000			

Comments

George Ellerd

DATE OF SCHEDULED FOLLOWUP

CLIENTS SIGNATURE ARE YOU SATISFIED: YES NO

WTE

Thank you for your business.

FOR OUTSIDE SERVICE ONLY	FOR OUTSIDE SERVICE ONLY	FOR OUTSIDE SERVICE ONLY
NAME	NAME	NAME
ADDRESS	ADDRESS	ADDRESS
CITY	CITY	CITY
STATE	STATE	STATE
ZIP	ZIP	ZIP

WEST CONTROL
World's Best

3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 698-3651
LPCO: TPCL 710 JJ
Target Pest:

JAMU VET MED RESEARCH PARK
1192 TURK RD
COLLEGE STATION, TX 77843
(979) 845-5620

PLEASE FAX PAYMENT RECEIPT TO RECKY
979-645-2617

PC CORN STDP
Standard Service

PRIOR BALANCE: .00
THIS SERVICE: 242.00
DISCOUNT: .00
TAX: .00
TOTAL AFTER THIS SERVICE: 242.00
*Auto Charge Exp: 2/2007

GRID: 0000014
KEY ACCT: 3
ROUTE: 3 STOP#: 03
FREQ: Monthly
P.O. #: GEORGE ELDRED
TEL: GEORGE ELDRED

Date: 2/19/06
Time In: 12:42
Time Out: 1:10
Scheduled Date: 4/29/06
Perimeter Amount Paid: 2/27/06
Standard Cash: 7:30:00
Standard Check: (3#)

This is Your Statement.
Please Remit The Total Due.

The type of service performed today was:

Initial Scheduled No Change Special

Details of this service are listed below.

Follow Up Service Date:

Findings	Treatment										
<input checked="" type="checkbox"/> No activity detected. Performed preventive treatment for length pest(s): <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Yellow Jackets <input type="checkbox"/> Wasps <input type="checkbox"/> Fleas <input type="checkbox"/> Other	<p>Often blazes come to piece treatment materials where they will achieve maximum effectiveness. For cuts see other side.</p> <table border="1"> <thead> <tr> <th>Products</th> <th>Quantity</th> <th>Spms</th> <th>Method</th> <th>Equipment</th> </tr> </thead> <tbody> <tr> <td>RB6</td> <td>12</td> <td>23</td> <td>47</td> <td>J</td> </tr> </tbody> </table>	Products	Quantity	Spms	Method	Equipment	RB6	12	23	47	J
Products	Quantity	Spms	Method	Equipment							
RB6	12	23	47	J							

ORIGIN **ORIGIN COMMERCIAL CUSTOMERS**

DATE OF SCHEDULED FOLLOWUP: 2/19/06

CUSTOMER SIGNATURE: [Signature] ARE YOU SATISFIED? YES NO

TECHNICIAN SIGNATURE: [Signature]

Comments: Thank you!

Thank you for your business.

For outdoor application in states where required:

WIND OPERATIONS	WIND WILDON	TEMPERATURE	WINDSPEED	OR
-----------------	-------------	-------------	-----------	----

ALL INFORMATION A COPY OF THE LABEL AND/OR MSDS MAY BE REQUESTED FROM YOUR LOCAL BRANCH.

TEXAS

OFFICE COPY

OFFICE COPY

ID: 4036530191

RESIDENCE

TAKU VET HRS RESEARCH PARK
4192 YORK RD
COLLECK STATION, TX 77843
(979) 845-5520

COLLECK STATION, TX 77843
(979) 845-2511
LPCO: TPCL 210 JJ
Target Pest:

Please fax payment receipt to Becky 979-845-2517

PC CORN STDP
Standard Service

PRIOR BALANCE: .00
THIS SERVICE: 242.00
DISCOUNT: .00
TAX: .00
TOTAL AFTER THIS SERVICE: 242.00
***Auto Charge Exp: 2/2007**

90

19649528

GRID: 0000014
KEY ACCT: 3
ROUTER: Monthly
STOP#: 03
FREQ: Monthly
P.O. #: GEORGE ELDRED
TECH: GEORGE ELDRED

In Type of service performed today was:
 Scheduled No Charge Special
 Bill # _____ Date: _____
 Row Up Service Date: _____

Findings

- No activity detected. Performed preventive treatment for (select pests):
- This
 - Carpenter Ants
 - Fire Ants
 - Pharaoh Ants
 - Yellowjackets
 - Wasps
 - Fleas
 - Ticks
 - Other
- Activity detected. Treatment applied for the following:
- Ants
 - Carpenter Ants
 - Fire Ants
 - Pharaoh Ants
 - Yellowjackets
 - Wasps
 - Fleas
 - Ticks
 - Other

Treatment

Check table care to please treatment materials where they will achieve maximum effectiveness. For codes see other side.

PRODUCT	Quantity	Size	Method	Equipment
11/11/11	4 gal	25	96	71
5-2	315	23	96	E
R-4	127	23	97	F

Please follow directed instructions:
 Do not touch treated areas until dry
 Do not tamper with protective placements
 Do not return to room until notified (if in, maintain)

This is Your Statement.
Please Remit The Total Due.

Scheduled Date: 4/21/06
 Prior Service: 3/27/06
 Standard Amount Paid: 242.00
 Standard Amount Paid: 242.00
 Standard Amount Paid: 242.00

ORKIN COMMERCIAL CUSTOMERS

ORKIN

DATE OF SCHEDULED FOLLOWUP: _____

CUSTOMER SIGNATURE: *George Eldred* ARE YOU SATISFIED? YES NO

Comments: *Thank You*

Thank you for your business.

NAME	ADDRESS	CITY	STATE	ZIP



PEST CONTROL
World's Best

TANDY HT AND PREPARED PARK
TURK RD
COLLEGE STATION, TX 77843
979-1-945-5520

ORKIN, INC.
COLLEGE STATION, TX
3205 W RYPASS
COLLEGE STATION, TX 77840
979-693-3651
LPO: TPCL 710 JJ
Pest Control

PC COMM STOP
Standard Service

INVOICE/SERVICE TICKET NUMBER
19270309

PRIOR BALANCE: .00
THIS SERVICE: 242.00
DISCOUNT: .00
TAX: .00
TOTAL AMOUNT DUE: 242.00
THIS SERVICE: 242.00
*Auto Charge Exp: 2/200

ORDER: 0000014
REF: 1001
ROUTE: 3 STAFF: 03
PHONE: NORTHV
P.O. #: 00000000000000000000

Date: 3/27/06
Time In: 4:45
Time Out: 5:15

Date: 3/17/06
Prior Service: Standard
Amount Paid: \$242.00
Check

This is Your Statement.
Please Remit The Total Due

The type of service performed today was:
 Initial Scheduled No Charge Special
Follow Up Service Date: _____ Details of this service are listed below.

Findings

No activity detected Performed preventive treatment for target pest(s)

Ants
 Carpenter Ants
 Fire Ants
 Pharaoh Ants
 Mice
 Rats
 Fleas
 Other

American Roaches
 Brown Banded Roaches
 German Roaches
 Oriental Roaches
 Smokey Brown Roaches
 Crickets
 Spiders
 Stored Product Pests

Activity detected Treatment applied for the following:
 Ants
 Carpenter Ants
 Fire Ants
 Pharaoh Ants
 Mice
 Rats
 Fleas
 Other

American Roaches
 Brown Banded Roaches
 German Roaches
 Oriental Roaches
 Smokey Brown Roaches
 Crickets
 Spiders
 Stored Product Pests

Your satisfaction is guaranteed. If needed, we will return at no additional charge.

Treatment

Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.

Products	Quantity	Site	Method	Equipment
HELL 4	1 gal	15	90	91
5-7	6 lbs	23	96	95
R-6	07 lbs	98		

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not temper with rodenticide placements
 Do not return to room until ventilated (2 hrs. minimum)

DATE OF SCHEDULED FOLLOWUP: _____
 CUSTOMER SIGNATURE: *Shirley McCallum*
 ARE YOU SATISFIED? YES NO

TECHNICIAN SIGNATURE: _____

ORKIN COMMERCIAL SERVICES

ORKIN COMMERCIAL CUSTOMERS

MULTI-CATCH TRAPS: _____ PREVIOUSLY INSTALLED: _____ # ADDED: _____ # PICKED UP: _____

BAIT STATIONS: _____

ORIGIN/AIR SCENTS: _____

FLY TRAPS: _____

Are these sanitation and/or storage practices issues? Yes No If yes, see below

Are there structural issues? Yes No If yes, see below

Are there plumbing issues? Yes No If yes, see below

Comments

Thank you for your business.

For outdoor application in states where required

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	MOISTURE	SUN CONDITION



PEST CONTROL
World's Best

TAVO VET MED RESEARCH PARK
2151 TURK RD
COLLEGE STATION, TX 77843
979-845-5620

Please fax payment receipt to Becky

ORKIN - COLLEGE STATION, TX
3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCO: TPCL 710
Target Pest:

3348934

EB

18722856

PC COMM STDP
Standard Service

PRIOR BALANCE: .00
THIS SERVICE: 112.00
DISCOUNT: .00
TAX: .00
TOTAL AFTER THIS SERVICE: 112.00
*Auto Charge Exp: 2/2007

CRID: 0000014
REI ACCT:
ROUT: 3 STOP#: 03
REQ: Monthly
P.O. #:
TECH: GEORGE ELDRED

Date: 2/23/05
Time In: 2:17
Time Out: 2:33

Scheduled Date: 2/17/05
Prior Service: 1/30/05 Standard
12/20/05 Standard
7:30:00 11/30/05 Standard

This is Your Statement.
Please Remit The Total Due.
Amount Paid: _____
Cash _____
Check _____
CR# _____

The type of service performed today was:
 Initial Scheduled No Charge Special
Follow Up Service Date: _____

Details of this service are listed below.

Findings		Treatment				
No activity detected. Performed preventive treatment (or target pest(s))		Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.				
		Products	Quantity	Sites	Method	Equipment
<input checked="" type="checkbox"/> Ants	<input checked="" type="checkbox"/> American Roaches					
<input checked="" type="checkbox"/> Carpenter Ants	<input checked="" type="checkbox"/> Brown Banded Roaches					
<input checked="" type="checkbox"/> Fire Ants	<input checked="" type="checkbox"/> German Roaches					
<input checked="" type="checkbox"/> Pharaoh Ants	<input checked="" type="checkbox"/> Oriental Roaches					
<input checked="" type="checkbox"/> Mice	<input checked="" type="checkbox"/> Smokey Brown Roaches					
<input checked="" type="checkbox"/> Rats	<input type="checkbox"/> Crickets					
<input checked="" type="checkbox"/> Fleas	<input type="checkbox"/> Spiders					
<input checked="" type="checkbox"/> Other	<input type="checkbox"/> Stored Product Pests					
Activity detected. Treatment applied for the following:						
<input type="checkbox"/> Ants	<input type="checkbox"/> American Roaches					
<input type="checkbox"/> Carpenter Ants	<input type="checkbox"/> Brown Banded Roaches					
<input type="checkbox"/> Fire Ants	<input type="checkbox"/> German Roaches					
<input type="checkbox"/> Pharaoh Ants	<input type="checkbox"/> Oriental Roaches					
<input type="checkbox"/> Mice	<input type="checkbox"/> Smokey Brown Roaches					
<input type="checkbox"/> Rats	<input type="checkbox"/> Crickets					
<input type="checkbox"/> Fleas	<input type="checkbox"/> Spiders					
<input type="checkbox"/> Other	<input type="checkbox"/> Stored Product Pests					

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not tamper with rodenticide placements
 Do not return to room until ventilated (2 hrs. minimum)

ORKIN COMMERCIAL SERVICES

ORIGIN COMMERCIAL CUSTOMERS

PREVIOUSLY INSTALLED: _____ # ADDED: _____ # PICKED UP: _____

MULTI-CATCH TRAPS: _____

BAIT STATIONS: _____

ON-KILN/REIN SCENTS: _____

EX TRAPS: _____

Are there sanitation and/or storage practice issues? Yes No If yes, see below.

Are there structural issues? Yes No If yes, see below.

Are there plumbing issues? Yes No If yes, see below.

Comments: _____

DATE OF SCHEDULED FOLLOWUP: _____

CUSTOMER SIGNATURE: _____ ARE YOU SATISFIED? YES NO

TECHNICIAN SIGNATURE: _____

Thank you for your business.

For outdoor application in states where required				
WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	APPLICATOR



PEST CONTROL
World's Best

TAMU VET MED RESEARCH PARK
1192 TURK RD
COLLEGE STATION, TX 77843
(979) 845-5620

ORKIN - COLLEGE STATION, TX
3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCO: TPCL 710
Target Pest:

Please fax payment receipt to Becky 879-845-2617

3348934

PG COMM STOP
Standard Service

18060890
87

PRIOR BALANCE: .00
THIS SERVICE: 242.00
DISCOUNT: .00
TAX: .00
TOTAL AFTER THIS SERVICE: 242.00
*Auto Charge Exp: 2/200

GRID: 0000014
KEY ACCT: 3
ROUTE: 3 STOP#: 03
FREQ: Monthly
P.O. #: GEORGE ELDRED
TECH: IN 200

Time In 1/30/05
Time Out 3:55

Scheduled Date 1/20/06 Prior Service Standard
Amount Paid 242.00
Please Remit The Total Due
7:30:00 10/31/05 Standard
Check Cash
Ck#

This is Your Statement.
Please Remit The Total Due

The type of service performed today was:
 Initial Scheduled No Charge Special
Follow Up Service Date Details of this service are listed below.

Findings

No activity detected Performed preventive treatment for target pest(s)

Ants American Roaches
 Carpenter Ants Brown Banded Roaches
 Fire Ants German Roaches
 Pharaoh Ants Oriental Roaches
 Mice Smokey Brown Roaches
 Rats Crickets
 Fleas Spiders
 Other Stored Product Pests

Activity detected Treatment applied for the following:
 Ants American Roaches
 Carpenter Ants Brown Banded Roaches
 Fire Ants German Roaches
 Pharaoh Ants Oriental Roaches
 Mice Smokey Brown Roaches
 Rats Crickets
 Fleas Spiders
 Other Stored Product Pests

Your satisfaction is guaranteed. If needed, we will return at no additional charge.

Treatment

ORKIN takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.

Products	Quantity	Sites	Method	Equipment
4-5a	1 gal	15	EX	11
1-16	12	23	907	07
5-5	1/16	23	96	07

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not tamper with rodenticide placements
 Do not return to room until ventilated (2 hrs. minimum)

ORIGIN COMMERCIAL CUSTOMERS

DATE OF SCHEDULED FOLLOWUP: 1/20/06

CUSTOMER SIGNATURE: [Signature] ARE YOU SATISFIED: YES NO

TECHNICIAN SIGNATURE: [Signature]

Comments: [Handwritten notes]

Thank you for your business.

For outdoor application in states where required

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	MOISTURE	SKY CONDITION



PEST CONTROL
 ORKIN - COLLEGE STATION, TX
 3209 E BYPASS
 COLLEGE STATION, TX 77845
 (979) 693-3651
 LPCO: TPCL 710
 Target Pests:

DATE: 12/16/05
 17152890

TAMU VET MED RESEARCH PARK
 1192 TURK RD
 COLLEGE STATION, TX 77943
 (979) 845-5620
 Please fax payment receipt to Becky

PC COMM STDP
 Perimeter Service
 PRIOR BALANCE: .00
 THIS SERVICE: 242.00
 DISCOUNT: .00
 TAX: .00
 TOTAL AFTER THIS SERVICE: 242.00
 Auto Charge BY 12/2005

GRID: 0000014
 KEY ACCT:
 ROUTE: 3 STOP#: 03
 FREQ: Monthly
 P.O. #:
 TECH: GEORGE ELDRED

Date: 12/16/05
 Time In: 2:53
 Time Out:

Scheduled Date: 12/16/05
 Prior Service: 10/31/05
 Standard Amount Paid: 242.00
 Perimeter Cash: 9/30/05
 Standard Check: 6/30/05
 CK#

The type of service performed today was:
 Initial Scheduled No Charge Special
 Details of this service are listed below.
 Follow Up Service Date:

Findings	Treatment																				
<input checked="" type="checkbox"/> No activity detected. Performed preventive treatment for target pest(s) <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Amblyopoda <input type="checkbox"/> Fleas <input type="checkbox"/> Fleas <input type="checkbox"/> Other <input type="checkbox"/> Actively detected. Treatment applied for the following: <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other	Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side. <table border="1"> <thead> <tr> <th>Products</th> <th>Quantity</th> <th>Size</th> <th>Method</th> <th>Equipment</th> </tr> </thead> <tbody> <tr> <td></td> <td>15</td> <td>15</td> <td>112</td> <td>11</td> </tr> <tr> <td></td> <td>12</td> <td>23</td> <td>787</td> <td>T</td> </tr> <tr> <td></td> <td>12</td> <td>23</td> <td>96</td> <td>P</td> </tr> </tbody> </table> Please follow checked instructions: <input checked="" type="checkbox"/> Do not touch treated areas until dry <input type="checkbox"/> Do not tamper with rodenticide placements <input type="checkbox"/> Do not return to room until ventilated (2 hrs. minimum)	Products	Quantity	Size	Method	Equipment		15	15	112	11		12	23	787	T		12	23	96	P
Products	Quantity	Size	Method	Equipment																	
	15	15	112	11																	
	12	23	787	T																	
	12	23	96	P																	

COMMERCIAL SERVICES	ORIGINALLY INSTALLED	# ADDED	# PICKED UP
MULTI-CATCH TRAPS			
BAIT STATIONS			
PREVENTATIVE SCENTS			
UV TRAPS			

Have these structural issues? Yes No If yes, see below
 Are there plumbing issues? Yes No If yes see below

Comments:

DATE OF SCHEDULED FOLLOWUP: 12/16/05
 CUSTOMER SIGNATURE: *George Eldred*
 ARE YOU SATISFIED? YES NO
 TECHNICIAN SIGNATURE: *George Eldred*

Thank you for your business.

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	MOISTURE



PEST CONTROL
World's Best

TAMU VET MED RESEARCH PARK
1192 TURK RD
COLLEGE STATION, TX 77843
(979) 845-5620

ORKIN, INC.
COLLEGE STATION, TX
3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCO: TPCL 710
Target Pest:

Please fax prevent receipt to Becky 979-845-2617

GRID: 0000014
KEY ACCT:
ROUTE: 3 STOP#: 03
FREQ: Monthly
P.O. #:
TECH: GEORGE ELDRED

The type of service performed today was:
 Initial Scheduled No Charge Special
Follow Up Service Date

Details of this service are listed below.

Findings

- No activity detected. Performed preventive treatment for target pest(s):
 - Ants
 - Carpenter Ants
 - Fire Ants
 - Pharaoh Ants
 - Mice
 - Rats
 - Fleas
 - Other
- American Roaches
- Brown Banded Roaches
- German Roaches
- Oriental Roaches
- Smokey Brown Roaches
- Crickets
- Spiders
- Stored Product Pests

Treatment

Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.

Products	Quantity	Sites	Method	Equipment
15c	18	2		
16	13	5		

- Please follow checked instructions:
- Do not touch treated areas until dry
 - Do not tamper with rodenticide placements
 - Do not return to room until ventilated (2 hrs. minimum)

33489934

PC COMM STDP
Standard Service

85

16729441

PRIOR BALANCE: .00
THIS SERVICE: 242.00
DISCOUNT: .00
TAX: .00
TOTAL AFTER THIS SERVICE: 242.00
Auto Charge Exp: 2/200

This is Your Statement.
Please Remit The Total Due

Scheduled Date: 11/18/05
Prior Service: 10/31/05
Standard Amount Paid: 9/30/05
Perimeter Cash: 6/30/05
Standard Check: 7:30:00



ORKIN COMMERCIAL CUSTOMERS

COMMERCIAL SERVICE	PREVIOUSLY INSTALLED	# ADDED	# PICKED UP
MULTI-CATCH TRAPS			
BAIT STATIONS			
ORIGINAURE/ARP SCENTS			
FLY TRAPS			

Comments

Thank You

DATE OF SCHEDULED FOLLOWUP

Customer Signature: *Becky*

TECHNICIAN SIGNATURE

Thank you for your business.

WIND DIRECTION	WIND SPEED	TEMPERATURE	HUMIDITY	SUN CONDITION



PEST CONTROL
World's Best

TAMU VET MED RESEARCH PARK
1192 TURK RD
COLLEGE STATION, TX 77843
(979) 845-5620

ORIGIN - COLLEGE STATION, TX
3209 E BYPASS
COLLEGE STATION, TX 77845
(579) 693-3651
LPCO: TPCL 710
Target Pest:

Please fax payment receipt to Becky 979-845-2617

3348934
PC COMM STDP
Standard Service
PRIOR BALANCE: .00
THIS SERVICE: 242.00
DISCOUNT: .00
TAX: 19.97
TOTAL AFTER THIS SERVICE: 261.97
*Auto Charge Exp: 2/2007

GRID: 0000014
KEY ACCT: 3
ROUTE: 3
STOP#: 03
REQ: Monthly
P.O. #: GEORGE ELDRED
TECH: GEORGE ELDRED

Date: 10/21/05
Time In: 8:15
Time Out: 3:15

Scheduled Date: 10/21/05
Prior Service: 5/30/05
8/30/05
7/29/05
Perimeter Amount Paid: Standard
Standard
Standard
Standard
Check

This is Your Statement.
Please Remit The Total Due.

ID # 4636530191

The type of service performed today was:
 Initial Scheduled No Charge Special
Follow Up Service Date: Details of this service are listed below.

Findings
 No activity detected. Performed preventive treatment for target pest(s).
 Carpenter Ants
 Fire Ants
 Pharaoh Ants
 Spiders
 Fleas
 Other

Treatment

Products	Quantity	Size	Method	Equipment
G-1	11lb	23	56	I
R-10	12	23	57	J

ORKIN COMMERCIAL CUSTOMERS
METRIC TITERS: 12
PREVIOUSLY INSTALLED: 0
AVOID: 0
PICKED UP: 0
Comments: Thank you

7-25-07 10:30 ORKIN

Your satisfaction is guaranteed. If needed, we will return at no additional charge.
 Activity detected. Treatment applied for the following:
 Ants
 Carpenter Ants
 Fire Ants
 Pharaoh Ants
 Spiders
 Fleas
 Other

Please follow checked instructions:
Do not touch treated areas until dry
Do not tamper with outside pesticide placement
Do not return to room until ventilated (2 hrs. minimum)

DATE OF SCHEDULED FOLLOWUP: _____
CUSTOMER SIGNATURE: _____
ARE YOU SATISFIED? YES NO
TECHNICIAN SIGNATURE: _____
Thank you for your business.

FOR ADDITIONAL INFORMATION, A COPY OF THE LABEL AND/OR INSDS MAY BE REQUESTED FROM YOUR LOCAL BRANCH.
OFFICE COPY

ORXIN PEST CONTROL
World's Best

TAMU VET MED RESEARCHER PARK
1132 YURK RD
COLLEGE STATION, TX 77843
(979) 845-5620

ORXIN - COLLEGE STATION, TX
3209 R HYPACKS
COLLEGE STATION, TX 77843
(979) 693-3651
LPEO: TPCL 710
Yarport Pest;

3348934
FC COMM STDP.
Standard Service

83
15148173

PRIOR BALANCE: 484.00
THIS SERVICE: 242.00
DISCOUNT: .00
TAX: .00
TOTAL AFTER THIS SERVICE: 726.00
*Auto Charge Exp: 2/2007

GRID: 0000014
KEY ACCT: 3
ROUTE: 3 STOP#: 03
FRQ: Monthly
P.O. #: GEORGE ELORON
TECH:

Date: 5/30/05
Time In: 12:34
Time Out: 2:00

Scheduled Date: 9/16/05
Prior Service: 7/29/05 Standard
7:00:00 6/21/05 Standard

This is Your Statement.
Please Remit The Total Due.
Amount Paid: 0 Cash
0 Check
CR#

The type of service performed today was:
 Initial Scheduled No Charge Special

Details of the service are listed below:

Findings

- No activity observed. Suggested preventive treatment for target pests:
- Ants
 - Carpenter Ants
 - Fire Ants
 - Pharaoh Ants
 - Millipede
 - Fleas
 - Fleas
 - Fleas
 - Other
- Actively detected. Treatment applied for the following:
- Ants
 - Carpenter Ants
 - Fire Ants
 - Pharaoh Ants
 - Millipede
 - Fleas
 - Fleas
 - Fleas
 - Other

Treatment

Often taken care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.

Products	Quantity	Size	Method	Equipment
G-1	6 lbs	23	96	I
R-6	10	23	97	J
Stella	10	23	96	P

Please follow standard instructions:
 Do not treat treated areas until dry
 Do not breathe with rodenticide placement
 Do not return to room until ventilated (2 hrs. minimum)



ORXIN COMMERCIAL CUSTOMERS

DATE OF SCHEDULED FOLLOWUP	PREVIOUSLY INSTALLED	# BILLED	# PAID UP
12	0	0	0

Comments

You

DATE OF SCHEDULED FOLLOWUP: _____

CUSTOMER SIGNATURE: *Thank* AME YOU SATEHER DAVIS DRNO

TECHNICIAN SIGNATURE: *Thank*

Thank you for your business.

For outdoor applications in areas where required

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SOIL CONDITION

OFFICE COPY

This report does not include wood infesting organisms and/or nests or any other data indicated.

ORXIN
10-2-05
OR ADDITIONAL INFORMATION, A COPY OF THE LABEL AND/OR MSDS MAY BE REQUESTED FROM YOUR LOCAL BRANCH
135-01 RW 525 (11/2003)



PEST CONTROL
World's Best

TAMU VET MED RESEARCH PARK
1192 TURK RD
COLLEGE STATION, TX 77843
(979) 845-5620

ORKIN, INC.
COLLEGE STATION, TX
3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCO: TPCL 710
Target Pest:

Please fax payment receipt to Becky 979-845-2617

PC COMM STD
Standard Service

3348934

INVOICE/SERVICE TICKET NUMBER
82
14399319

PRIOR BALANCE: 242.00
THIS SERVICE: 242.00
DISCOUNT: .00
TAX: .00
TOTAL AFTER THIS SERVICE: 484.00
Amts Charge Exp: 2/2007

GRID: 0006014
KEY ACCT: 5
ROUTES: Monthly
P.O. #: GEORGE ELDER
TECH:

Date: 8/19/05
Time In: 9:30
Time Out: 11:50

Scheduled Date: 8/19/05
Prior Service: 7/29/05 Standard
5/21/05 Standard
7:30:00 5/23/05 Standard

This is Your Statement.
Please Remit The Total Due.

51070

Amount Paid
Cash
Check
Ck#

The type of service performed today was:
 Initial Scheduled No Charge Special

Details of this service are listed below.

Findings

- No activity detected. Performed preventive treatment for target pests.
- Carpenter Ants
- Fire Ants
- Formosan Ants
- Hives
- Rats
- Fleas
- Other
- Activity detected. Treatment applied for the following:
 - Ants
 - Carpenter Ants
 - Fire Ants
 - Formosan Ants
 - Hives
 - Rats
 - Fleas
 - Other

Treatment

Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.

Products	Quantity	Steps	Method	Equipment

ORKIN COMMERCIAL SERVICES

ORIGINATOR: [] FREQUENTLY INSTALLED: []

DATE OF SCHEDULED FOLLOWUP: []

CUSTOMER SIGNATURE: [] ARE YOU SATISFIED: YES [] NO []

Comments: []

Thank you for your business.

W/M	W/M	W/M	W/M
APPLICATOR	W/M	W/M	W/M
APPLICATOR	W/M	W/M	W/M
APPLICATOR	W/M	W/M	W/M



PEST CONTROL
World's Best

ORKIN, INC.
3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCD: TPCL 710
Target Pest:

3348934

INVOICE/SERVICE TICKET NUMB
80
12727615

TAMU VET MED RESEARCH PARK
1192 TURK RD
COLLEGE STATION, TX 77843
(979) 845-5620

ORKIN - COLLEGE STATION, TX
3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCD: TPCL 710
Target Pest:

PC COMM STDP
Standard Service

PRIOR BALANCE: 242.
THIS SERVICE: 242.
DISCOUNT:
TAX:
TOTAL AFTER
THIS SERVICE: 484.

GRID: 0000014
KEY ACCT: 3
ROUTE: 3
FREQ: Monthly
P.O. #: GEORGE ELDRED
TECH: GEORGE ELDRED

YOU MUST LEAVE THE YELLOW TICKET WITH VERDE IN BUILDING 1

Scheduled Date: 6/17/05
Prior Service: 5/23/05
7:30:00 4/15/05
3/28/05

This is Your Statement
Please Remit The Total
Amount Paid
Standard
Standard
Standard
Standard
Check
OK#

The type of service performed today was:
 Initial Scheduled No Charge Special

Details of this service are listed below.

Findings

- No activity detected. Performed preventive treatment for target pest(s).
- Ants
- Carpenter Ants
- Fire Ants
- Pharaoh Ants
- Mice
- Rats
- Fleas
- Other
- Activity detected. Treatment applied for the following:
 - American Roaches
 - Brown Banded Roaches
 - German Roaches
 - Oriental Roaches
 - Smokey Brown Roaches
 - Spiders
 - Stored Product Pests
 - American Ants
 - Carpenter Ants
 - Fire Ants
 - Pharaoh Ants
 - Mice
 - Rats
 - Fleas
 - Other

Treatment

Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.

Products	Quantity	Sites	Method	Equipment
1-5x	18	97	A	
1-1	12	96	A	
1-6	7	96	A	

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not tamper with rodenticide placements
 Do not return to room until ventilated (2 hrs. minimum)



ORKIN COMMERCIAL CUSTOMERS

COMMERCIAL SERVICES	PREVIOUSLY INSTALLED	# ADDED	# PICKED UP
MULTI-CATCH TRAPS			
BAIT STATIONS			
ORIGURE/BAIR SCENTS			
FLY TRAPS			

Are there saturation and/or storage practice issues? Yes No If yes, see below.
Are there structural issues? Yes No If yes, see below.
Are there plumbing issues? Yes No If yes, see below.

Comments

John

DATE OF SCHEDULED FOLLOWUP

CUSTOMER SIGNATURE: *[Signature]* ARE YOU SATISFIED: YES NO
TECHNICIAN SIGNATURE: *[Signature]*

Thank you for your business.

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SKY CONDITION

JUN 20 2005

JUN 21 2005



PEST CONTROL
World's Best

ORKIN - COLLEGE STATION, TX
3209 R BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCO: TPCL 710
Target Pests:

9245934

11803086

June 1st

3240 VET MED RESEARCH PARK
4192 TURK RD
COLLEGE STATION, TX 77843
63791 645-5520

START TIME: 07:30am STOP TIME: 12:00pm

YOU MUST LEAVE THE YELLOW TICKET WITH VENDOR IN BUILDING 1

PRIOR BALANCE: .00
THIS SERVICE: 118.00
DISCOUNT: .00
TAX: .00
TOTAL AFTER THIS SERVICE: 118.00

FIELD: 0006614
KEY ACCT: 3
STOP#: 03
MONTHLY
P.O. #:
ADDRESS: COLLEGE BLVD

Date: 5/23/05
Time In: 7:27
Time Out:

Scheduled Date: 5/20/05
Prior Service: 4/15/05 Standard

7:30:00 2/28/05 Standard

This is Your Statement.
Please Remit The Total D
Amount Paid: Cash
 Check
CK#:

The type of service performed today was:

Initial Scheduled No Charge Special

Details of this service are listed below.

Findings

- No activity detected. Performed preventive treatment for target pest(s).
- Ants
 - Carpenter Ants
 - Fire Ants
 - Pharaoh Ants
 - Other
- Fleas
- Flies
- Spiders
- Stored Product Pests
- Other
- Activity detected. Treatment applied for the following:
 - American Roaches
 - Brown Banded Roaches
 - German Roaches
 - Oriental Roaches
 - Smokey Brown Roaches
 - Chickets
 - Spiders
 - Stored Product Pests
 - American Roaches
 - Brown Banded Roaches
 - German Roaches
 - Oriental Roaches
 - Smokey Brown Roaches
 - Chickets
 - Spiders
 - Stored Product Pests

Treatment

Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.

Products	Quantity	Sizes	Method	Equipment
R-6	0	23	98	J
K-5a	24	18	92	A
K-14	1	13	96	P
G-1	4	15	12	2092

Please follow checked instructions:
 Do not leave materials in areas
 Do not return to room until ventilated (2 hrs. minimum)



ORKIN COMMERCIAL CUSTOMERS

COMMERCIAL SERVICE	PREVIOUSLY INSTALLED	# ADDED	# PICKED UP
MULTI-CATCH TRAPS	0	0	0
BAIT STATIONS	0	0	0
ORIGINATOR SCENTS	0	0	0
FLY TRAPS	0	0	0

Comments

Thank You

DATE OF SCHEDULED FOLLOWUP: 6/1/05
 CUSTOMER SIGNATURE: *Debbie Gull*
 ARE YOU SATISFIED? YES NO
 TECHNICAL SIGNATURE: *[Signature]*

MAY 23 2005

VET MEDICAL PARK
 3240 VET MED RESEARCH PARK
 COLLEGE STATION, TX 77845

Thank you for your business.

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SWY CONDITION



PEST CONTROL
World's Best

ORKIN, INC.

ORKIN - COLLEGE STATION, TX
3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCO: TPCL 710
Target Pest:

3348934

78

11531691

INVOICE/SERVICE TICKET NUMBER

TAMU VET MED RESEARCH PARK
1192 TURK RD
COLLEGE STATION, TX 77843
(979) 845-5620

START TIME: 07:30am STOP TIME: 12:00pm

YOU MUST LEAVE THE YELLOW TICKET WITH VERDE IN BUILDING 1

GRID: 0000014
KEY ACCT:
ROUTE: 3 STOP#: 03
FREQ: Monthly
P.O. #: GEORGE ELDRED
TECH:

Scheduled Date: 4/15/05
Prior Service: 3/28/05 Standard
7:30:00 1/31/05 Standard

PRIOR BALANCE: 242.00
THIS SERVICE: 242.00
DISCOUNT:
TAX:
TOTAL AFTER THIS SERVICE: 484.00
Amount Paid:
Please Remit The Total I

The type of service performed today was:
 Initial Scheduled No Charge Special

Details of this service are listed below.

Findings		Treatment					
<input type="checkbox"/> No activity detected. Performed preventive treatment for target pest(s). <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other <input type="checkbox"/> Activity detected. Treatment applied for the following: <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Other <input type="checkbox"/> American Roaches <input type="checkbox"/> Brown Banded Roaches <input type="checkbox"/> German Roaches <input type="checkbox"/> Oriental Roaches <input type="checkbox"/> Smokey Brown Roaches <input type="checkbox"/> Spiders <input type="checkbox"/> Stored Product Pests <input type="checkbox"/> American Roaches <input type="checkbox"/> Brown Banded Roaches <input type="checkbox"/> German Roaches <input type="checkbox"/> Oriental Roaches <input type="checkbox"/> Smokey Brown Roaches <input type="checkbox"/> Spiders <input type="checkbox"/> Stored Product Pests		Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.	Products	Quantity	Sizes	Method	Equipment

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not tamper with rodenticide placements
 Do not return to room until vented (2 hrs. minimum)

DATE OF SCHEDULED FOLLOWUP: _____
 ORKIN COMMERCIAL CUSTOMERS
 PREVIOUSLY INSTALLED: _____ # ADDED: _____ # POKED UP: _____
 MULTI-CATCH TRAPS: _____
 BAIT STATIONS: _____
 ORKINARE/EAR SCENTS: _____
 FLY TRAPS: _____
 Are there sanitation and/or storage practice issues? Yes No If yes, see below.
 Are there structural issues? Yes No If yes, see below.
 Are there plumbing issues? Yes No If yes, see below.
 Comments: _____

TECHNICIAN SIGNATURE: _____
 DATE: _____

Thank you for your business.

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SKY COVERT
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For outdoor application in states where required.



PEST CONTROL
World's Best

ORKIN - COLLEGE STATION, TX
3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651
LPCO: TPCL 710
Target Pest:

3348934

10439716

TAMU VET MED RESEARCH PARK
1192 TURK RD
COLLEGE STATION, TX 77843
(979) 845-5620



PC COMM STD
Standard Service

PRICE BALANCE
THIS SERVICE
DISCOUNT
TAX
TOTAL AMOUNT
THIS SERVICE

START TIME: 07:30am STOP TIME: 12:00pm

YOU MUST LEAVE THE YELLOW TICKET WITH VERDE IN BUILDING 1

GRID: 0000014
KEY ACCT:
ROUTE: 3 STOP#: 03
FREQ: Monthly
P.O. #:
TECH: GEORGE ELDRED

Date
Time In
Time Out

Scheduled Date
3/18/05

Prior Service
12/31/03 Standard
12/17/04 Standard
11/19/04 Standard

This is Your Statement
Please Remit The Total
Amount Paid
Cash
Check
OK#

The type of service performed today was:
 Initial Scheduled No Change Special

Details of this service are listed below.

Findings	Treatment																									
<input type="checkbox"/> No activity detected. Performed preventive treatment for target pest(s). <input type="checkbox"/> Ants <input type="checkbox"/> Carpenter Ants <input type="checkbox"/> Fire Ants <input type="checkbox"/> Pharaoh Ants <input type="checkbox"/> Mice <input type="checkbox"/> Rats <input type="checkbox"/> Fleas <input type="checkbox"/> Fleas <input type="checkbox"/> Other <input type="checkbox"/> Activity detected. Treatment applied for the following: <input type="checkbox"/> American Roaches <input type="checkbox"/> Brown Banded Roaches <input type="checkbox"/> German Roaches <input type="checkbox"/> Oriental Roaches <input type="checkbox"/> Smokey Brown Roaches <input type="checkbox"/> Spiders <input type="checkbox"/> Stored Product Pests	<p>Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.</p> <table border="1"> <thead> <tr> <th>Products</th> <th>Quantity</th> <th>Sites</th> <th>Method</th> <th>Equipment</th> </tr> </thead> <tbody> <tr> <td></td> <td>0</td> <td>23</td> <td>98</td> <td>T</td> </tr> <tr> <td></td> <td>1/3</td> <td>15</td> <td>92</td> <td>A</td> </tr> <tr> <td></td> <td>1/4</td> <td>13</td> <td>96</td> <td>T</td> </tr> <tr> <td></td> <td>5/1</td> <td>13</td> <td>94</td> <td>T</td> </tr> </tbody> </table>	Products	Quantity	Sites	Method	Equipment		0	23	98	T		1/3	15	92	A		1/4	13	96	T		5/1	13	94	T
Products	Quantity	Sites	Method	Equipment																						
	0	23	98	T																						
	1/3	15	92	A																						
	1/4	13	96	T																						
	5/1	13	94	T																						

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not tamper with rodenticide placements
 Do not return to room until ventilated (2 hrs. minimum)

ORKIN COMMERCIAL SERVICES

ORKIN COMMERCIAL CUSTOMERS

PREVIOUSLY INSTALLED

ADDED

PICKED UP

MULTI-CATCH TRAPS

BAIT STATIONS

ORIGINAIRE/BAIT SCENTS

TV TRAPS

Are there sanitation and/or storage practices issues? Yes No If yes, see below.

Are there plumbing issues? Yes No If yes, see below.

Comments

DATE OF SCHEDULED FOLLOWUP

CUSTOMER SIGNATURE

ARE YOU SATISFIED: YES NO

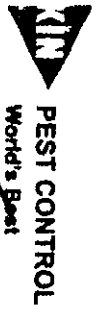
TECHNICIAN SIGNATURE

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	CO

Thank you for your business.

For outdoor application in states where required.

This report does not include wood infesting organisms and/or mold etc



ORKIN - COLLEGE STATION, TX
 3209 E BYPASS
 COLLEGE STATION, TX 77843
 (979) 693-3651
 LPCO: TPCL 710
 Target Pest:

3348934

INVOICE SERVICE TICKET NUMBER
 10579720
 10439716

Duplicate Ticket
 PC COMM STDP
 Standard Service

PRIOR BALANCE: 209.84
 THIS SERVICE: 242.00
 DISCOUNT: .00
 TAX: .00
 TOTAL AFTER THIS SERVICE: 451.84

MU VET MED RESEARCH PARK
 TURK RD
 COLLEGE STATION, TX 77843
 START TIME: 07:30am STOP TIME: 12:00PM

YOU MUST LEAVE THE YELLOW TICKET WITH ~~THE~~ ^{Yellow} IN BUILDING 1

11/5/04

ID: 0000014
 ACCT: 3 STOP#: 03
 JTE: Monthly
 EQ: #:
 GEORGE ELDRED

Date: 3/25/05
 Time In: 1:06
 Time Out:

Scheduled Date: 3/18/05
 Prior Service: 1/31/05 Standard, 12/17/04 Standard, 11/19/04 Standard

This is Your Statement.
 Please Remit The Total Due.
 Amount Paid: \$0.00
 Cash:
 Check: CK#

Details of this service are listed below:
 Scheduled No Charge Special

Findings

Activity detected: Performed preventive treatment (get pest(s))
 5. American Roaches
 5. Brown Banded Roaches
 5. German Roaches
 5. Oriental Roaches
 5. Smokey Brown Roaches
 5. Crickets
 5. Spiders
 5. Stored Product Pests
 5. Other

Treatment

Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.

Products	Quantity	Sites	Method	Equipment
1.50	14	15	92	11
1.11/11	4	23	91	71
6.01	1/11	23	91	71
R.C.6	12	23	97	J

ORKIN COMMERCIAL SERVICES

ORIGIN: 11/11 PREVIOUSLY INSTALLED: 0 # ADDED: 0 # PICKED UP: 0

MULTI-CATCH TRAPS: 0

BAIT STATIONS: 0

ORIGINAIR/AR SCENTS: 0

FLY TRAPS: 0

Any there sanitation and/or storage practice issues? Yes No If yes, see below.

Are there structural issues? Yes No If yes, see below.

Are there plumbing issues? Yes No If yes, see below.

Comments:

DATE OF SCHEDULED FOLLOWUP: 11/11/05

CUSTOMER SIGNATURE: [Signature] ARE YOU SATISFIED: YES NO

TECHNICIAN SIGNATURE: [Signature]

Activity detected: Treatment applied for the following:
 5. American Roaches
 5. Brown Banded Roaches
 5. German Roaches
 5. Oriental Roaches
 5. Smokey Brown Roaches
 5. Crickets
 5. Spiders
 5. Stored Product Pests
 5. Other

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not tamper with rodenticide placements
 Do not return to room until ventilated (2 hrs. minimum)

Thank you for your business.

For outdoor application in states where required:

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SKY CONDITION



ORKIN - COLLEGE STATION, TX
 3209 E BYPASS
 COLLEGE STATION, TX 77845
 (979) 693-3651

*Tim G. & Lynn P. Brown, 1121
 1922 Two Kings
 College Station, TX 77845*



PRIOR BALANCE:
 THIS SERVICE:
 TAX:
 TOTAL AFTER
 THIS SERVICE

9705290

LPCO: TPCL 710
 GRID:
 ROUTE:
 FREQ:

The type of service performed today was:
 Initial Scheduled No Change Special

Findings

- No activity detected. Performed preventive treatment for target pest(s).
- Ants
 - Carpenter Ants
 - Fire Ants
 - Pharaoh Ants
 - Mice
 - Fleas
 - Fleas
 - Other
- Activity detected. Treatment applied for the following:
 - American Roaches
 - Carpenter Ants
 - Fire Ants
 - Pharaoh Ants
 - Mice
 - Fleas
 - Fleas
 - Other

STEP #1
 FAMIS Doc # A506717 Date 1/31/05
 Inv Recd Dt 1/31/05 Time In 7:28
 Goods/Serv Recd Dt 1/31/05 Time Out
 Disc Due Dt
 Acct # 144016
 Supp Acct # 0000

Treatment

ORKIN takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.

Products	Quantity	Skus	Method	Equipment
<u>R-4</u>	<u>1 gal</u>	<u>28</u>	<u>92</u>	<u>17</u>
<u>B-18</u>	<u>5 lbs</u>	<u>23</u>	<u>96</u>	<u>I</u>
<u>R-6</u>	<u>10</u>	<u>23</u>	<u>97</u>	<u>P</u>

Details of this service are listed below. PO#0131200

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not tamper with rodenticide placements
 Do not return to room until instructed to do so.

FAMIS Doc #
 Inv Recd Dt 1-31-05
 Goods/Serv Recd Dt 1-31-05
 Disc Due Dt
 Acct # 144016
 Supp Acct #



ORKIN COMMERCIAL CUSTOMERS

MULTI-CATCH TRAPS	PREVIOUSLY INSTALLED	# ADDED	# PICKED UP
BAT STATIONS		0	
ORIGINAUSE/IR SCENTS		0	
FLY TRAPS			

Comments

Are there structural issues? Yes No If yes, see below
 Are there plumbing issues? Yes No If yes, see below
 Are there ventilation and/or storage practices issues? Yes No If yes, see below

DATE OF SCHEDULED FOLLOWUP
 CUSTOMER SIGNATURE [Signature]
 ARE YOU SATISFIED: YES NO
 TECHNICIAN SIGNATURE [Signature]

Thank you for your business.

For outdoor application in states where required:

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SKY CONDITION

JAN 31 2005



ORKIN - COLLEGE STATION, TX
 3209 R BYPASS
 COLLEGE STATION, TX 77845
 (979) 693-3651
 LPO: TPCL 710
 Target Pest:

3348934
 74
 8656342

TAMU VET MED RESEARCH PARK
 1192 TURK RD
 COLLEGE STATION, TX 77843
 (979) 845-5620

START TIME: 07:30am
 STOP TIME: 12:00pm

YOU MUST LEAVE THE YELLOW TICKET WITH VERDE IN BUILDING 1

PC COMM STDP
 Perimeter Service
 PRIOR BALANCE: 679.84
 THIS SERVICE: 230.01
 DISCOUNT: .01
 TAX: .01
 TOTAL AFTER THIS SERVICE: 909.84

GRID: 0000014
 RTV ACCT: 1
 ROUTE: 3 STOP#: 03
 FREQ: Monthly
 TECH: GEORGE ELDRED

Date	12/17/04	Scheduled Date	11/19/04	Prior Service	Standard
Time	3:02				
FAMIS Doc #	AS02542				
Inv Recd Dt	12/17/04				
Goods/Serv Recd Dt	12/17/04				
Disc Due Dt					
Acct #	144016				

This is Your Statement.
 Please Remit The Total Di
 Amount Paid
 10/28/04 Standard Cash
 9/30/04 Perimeter Check



Orkin stores care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.

Species	Quantity	Shoe	Method	Equipment
156	16	23	97	J
154	15	416	92	A
153	9	6		



ORKIN COMMERCIAL CUSTOMERS

MULTI-CATCH TRAPS	PREVIOUSLY INSTALLED	# ADDED	# PICKED UP
BAT STATIONS	<input checked="" type="checkbox"/>	0	0
ORGANISM/AIR SCENTS	<input type="checkbox"/>	0	0
FLY TRAPS	<input type="checkbox"/>	0	0

Are there sanitation and/or storage practices issues? Yes No If yes, see below.
 Are there structural issues? Yes No If yes, see below.
 Are there plumbing issues? Yes No If yes, see below.

Comments
 Thank you

DATE OF SCHEDULED FOLLOWUP
 CUSTOMER SIGNATURE: *George Eldred*
 ARE YOU SATISFIED? YES NO
 TECHNICIAN SIGNATURE: *George Eldred*

Thank you for your business.

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SUN CONDITION

For outdoor application in states where required.



World's Best
Thank You Method Research Park
1152 Tur K Rd
College Station, TX 77843
675 845-5620

3209 E BYPASS
COLLEGE STATION, TX 77845
(979) 693-3651

8062590

LPCO: TPCL 710
GRID:
ROUTE:
FREQ:

STOP#:

Date
Time In
Time Out

Scheduled Date

Prior Service



MIS Doc # AS02548
Inv Recd Dt 11/19/04
Goods/Serv Recd Dt 11/19/04
Disc Due Dt
Acct # 144016
Sup Acct #

PRIOR BALANCE:
THIS SERVICE: 230
TAX:
TOTAL AFTER
THIS SERVICE

This is Your Statement.
Please Remit The Total Du
Amount Paid
 Cash
 Check
CK#

The type of service performed today was:

- Initial
- Scheduled
- No Charge
- Special

Details of this service are listed below

Findings

No activity detected. Performed preventive treatment for target pest(s).

- Ants
- Carpenter Ants
- Fire Ants
- Pharaoh Ants
- Mice
- Rats
- Fleas
- Other

Activity detected. Treatment applied for the following:

- American Roaches
- Brown Banded Roaches
- German Roaches
- Oriental Roaches
- Smokey Brown Roaches
- Crickets
- Spiders
- Stored Product Pests

American Roaches

Brown Banded Roaches

German Roaches

Oriental Roaches

Smokey Brown Roaches

Crickets

Spiders

Stored Product Pests

Other

Your satisfaction is guaranteed. If needed, we will return at no additional charge.

Treatment

Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.

Products	Quantity	Size	Method	Equipment
L5a	1 gal	18	92	A
R-6	1 lb	23	97	J
L-6	1 lb	23	96	H
G-1	1 lb	23	96	I
N-7	10	18	99	J

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not tamper with rodenticide placements
 Do not return to room until ventilated (2 hrs. minimum)

ORKIN COMMERCIAL SERVICES

ORKIN COMMERCIAL CUSTOMERS

PREVIOUSLY INSTALLED

ADDED

PICKED UP

MULT-CATCH TRAPS

BAIT STATIONS

ORIGINAIREPAIR SCENTS

FLY TRAPS

Are there structural issues? Yes No If yes, see below

Are there sanitation and/or storage practice issues? Yes No If yes, see below

Are there plumbing issues? Yes No If yes, see below

Comments

DATE OF SCHEDULED FOLLOWUP

CUSTOMER SIGNATURE: *Shirley McCallum*

TECHNICIAN SIGNATURE: *[Signature]*

ARE YOU SATISFIED: YES NO

861.942

Thank you for your business.

For outdoor application in states where required.

WIND DIRECTION	WIND VELOCITY	TEMPERATURE	HUMIDITY	SKY CONDITION



ORKIN PEST CONTROL
Wade's Post
3790 E. Rypass
College Station, TX 77843
1192 Turk Rd
College Station, TX 77843
379-845-5620

ORKIN, INC.
3790 E. Rypass
College Station, TX 77843
379-845-5620
TRA 710

3378134

INVOICE # 5232880



RECEIVED
JAN 18 2005
MEDICAL PARK
RICHIE'S

Date 1/18/05
Time In 11:11
Time Out 12:07

FAMIS Doc #	144016
Inv Recd Dt	11/8/05
Goods/Serv Recd Dt	10/28/04
Disc Due Dt	
Acct #	144016
SPY#	9999
Prior Service	

This Is Your Statement.
Please Remit The Total Due.
Amount Paid
 Cash
 Check
CK#

The type of service performed today was:
 Initial Scheduled No Charge Special

Details of this service are listed below.

Findings

- RF No activity detected. Performed preventive treatment for target pest(s):
- Fleas
 - Carpenter Ants
 - Dry Wood Termites
 - Fire Ants
 - Pharaoh Ants
 - Spiders
 - Roaches
 - Other
- RF Activity detected. Treatment applied for the following:
- Fleas
 - Carpenter Ants
 - Dry Wood Termites
 - Fire Ants
 - Pharaoh Ants
 - Spiders
 - Roaches
 - Other

Treatment

Orkin takes care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.

Product	Quantity	Size	Method	Equipment
R-10	16	23	97	T
R-16	23	23	96	H
GT-1	316	183	96	F

Please follow checked instructions:
 Do not touch treated areas until dry
 Do not sweep with mechanical sweeper
 Do not rub in to areas with wet/damp cloth (if in, otherwise)



ORKIN COMMERCIAL CUSTOMERS

DATE OF SCHEDULED FOLLOWUP

CUSTOMER SIGNATURE: *[Signature]* ARE YOU SATISFIED: YES NO

TECHNICIAN SIGNATURE: *[Signature]*

Comments: *Thanks*

Thank you for your business.

NAME	ADDRESS	CITY	STATE	ZIP
DIRECTOR				
SUPV				
COMPANION				

PROF CONTROL
Worlds Best

ORAIN - COLLEGE STATION, TX 3209 E BYPASS 3348934
 COLLEGE STATION, TX 77845
 (979) 693-3651
 LPCO: TPCL 710
 Target Pest:

START TIME: 07:30am STOP TIME: 12:00pm
 YOU MUST LEAVE THE YELLOW TICKET WITH VERDE IN BUILDING 1

GRID: 0000014
 KEY ACCT: 3 STOP#: 03
 ROUTE: Monthly
 FREQ: P.O. #: GEORGE ELDRED
 TECH: 5728233

PC COMM STDP Standard Service
 PRIOR BALANCE: 450.25
 THIS SERVICE: 230.00
 DISCOUNT: .00
 TAX: .00
 TOTAL AFTER THIS SERVICE: 690.25

This is Your Statement.
 Please Remit The Total Due.
 Amount Paid
 Cash Check

Products	Quantity	Sites	Method	Equipment
R-6	4	25	97	I
G-1	8/15	23	97	I

Findings

No activity detected. Performed preventive treatment for target pest(s).

Ants
 Carpenter Ants
 Fire Ants
 Pharaoh Ants
 Mice
 Rats
 Fleas
 Flies
 Other

American Roaches
 Brown Banded Roaches
 German Roaches
 Oriental Roaches
 Spotted Brown Roaches
 Crickets
 Spiders
 Stored Product Pests

Active detected. Treatment applied for the following:
 Ants
 Carpenter Ants
 Fire Ants
 Pharaoh Ants
 Mice
 Rats
 Fleas
 Flies
 Other

Initial Scheduled No Charge Special

Treatment
 Other labels care to place treatment materials where they will achieve maximum effectiveness. For codes see other side.

ORION COMMERCIAL CUSTOMERS

MULTI-CATCH TRAPS	PREVIOUSLY INSTALLED	# ADDED	# PICKED UP
RAMI STATIAMS	1	0	0
CRICKET/SPIDER SCENTS			
FLY TRAPS			

Are these sanitation or other storage practices being followed? Yes No If yes, see below.
 Are there structural issues? Yes No If yes, see below.

Comments: *Thank you*

DATE OF SCHEDULED FOLLOWUP: 12/20/04

CUSTOMER SIGNATURE: *George Eldred* ARE YOU SATISFIED? YES NO

TECHNICIAN SIGNATURE: *[Signature]*

Thank you for your business.

For outdoor photography, a copy of the label AND/OR MSDS MAY BE REQUESTED FROM YOUR LOCAL BRANCH 866-998-1196 #BX TEXAS

OFFICE COPY

FOR ADDITIONAL INFORMATION, A COPY OF THE LABEL AND/OR MSDS MAY BE REQUESTED FROM YOUR LOCAL BRANCH 866-998-1196 #BX TEXAS

Inv Recd Dt: 12/20/04
 Goods/Serv Recd Dt: 9/30/04
 Disc Due Dt:
 Acct #: 270660
 Sub Acct #:

DEC 20 2004

1 report does not include wood infesting organisms and/or mold or any other conditions

Pest Control Report

Pest Control treats for insects and rodents on a regular basis. I was asked by Calvin Schoonover to show when we treated the following buildings.

requests our services. Treat only when the Building Proctor

Building Proctor. reat monthly and on request of the

Building Proctor. Treat quarterly and upon request of the

I have attached activity reports on what we did in the above buildings for a 2004, 2005, 2006, & 2007 (to present)years.

If a room, area, or building has special needs or uses, we use baits only.

Norman Paul Maxwell, Jr.
Pest Control Supervisor

From: "Calvin Schoonover" <cschoonover@ppgw.tamu.edu>
To: <araines@vprmail.tamu.edu>
Date: 7/25/2007 5:29:40 PM
Subject: Fwd: CDC Reports

Angelia, here is the pest control records for the last 3 years for the following buildings:

Calvin Schoonover
Superintendent Operations Maintenance
Texas A&M University
1371 Agronomy Road, Suite 131
College Station, TX 77843-1371
Office: 979-845-5511
Cellular: 979-220-6720
Fax 979-458-0456
cschoonover@ppfs4.tamu.edu

CC: "Jeff Heye" <jhey@ppgw.tamu.edu>, "Les Swick" <lswick@ppgw.tamu.edu>

**Physical Plant Department
Monthly Activities Report for Pest Control
April, 2004---S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
6		Treated for insects. 1 Gallon Tempo .05%	S			6661	6hrs.
14		Mice: 36 Trapper 24/7 Multiple Catch Traps		N		6661	1hr.
15		Ants: 8 Ozs. Permethrin (50 Gals.)	N			6661	4hrs.
20		Ants: Fire Ants: 1 Qt. Tempo .05%	N			6661	1hr.
21		Skunk: Set a trap. 1 Can Cat food			N	6661	1.5hrs.
22		Skunk: Checked the trap.			N	6661	1hr.
23		Skunk: Checked the trap.			N	6661	1hr.
27		Skunk: Checked the trap.			N	6661	1.5hrs.
28		Skunk: Checked the trap.			N	6661	1hr.
29		Skunk: Checked the trap.			N	6661	1hr.
30	24	Skunk: Removed the trap and 1 skunk.			N	6661	1.5hrs.

Physical Plant Department
Monthly Activities Report for Pest Control
August, 2004---S = Scheduled N = Nonscheduled

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
2		Treated for insects. 1.5 Gals. Demon WP .02%	S			6661	4hrs.
5		Ants: 50 Gals. Permethrin 8 Ozs. Permethrin	N			6661	2hrs.
18		Opossum: We will set a trap on Thursday.			N	6661	1hr.
19		Opossum: Set a trap. 1 Can Cat Food			N	6661	1hr.
20		Opossum: Nothing caught.			N	6661	1hr.
26		Skunks: Checked the trap.			N	6661	.5hrs.

Physical Plant Department
Monthly Activities Report for Pest Control
September, 2004----S = Scheduled N = Nonscheduled

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
		Treated for insects. 1 Gal. Demon WP .02%	S			06661	4hrs.
		Ants: Carpenter Ants: 2 Ozs. Drione Dust	N			09943	1hr.

**Physical Plant Department
Monthly Activities Report for Pest Control
October, 2004----S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
4		Treated for insects. 1 Gal. Demon WP .02%	S			06661	3hrs.
25		Treated for insects. 1 Gal. Tempo .05%	S			09943	3.5hrs.
25		Opossum: The opossum is gone. It was seen the other day but has not returned.			N	06661	1hr.
28		Treated for insects. 1 Qt. Tempo .05%	S			09943	1hr.

**Physical Plant Department
Monthly Activities Report for Pest Control
December, 2004---S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time

**Physical Plant Department
 Monthly Activities Report for Pest Control
 January, 2005----S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
17		1 Birds: Removed 1 bird.			N	09943	3hrs. OT

**Physical Plant Department
 Monthly Activities Report for Pest Control
 February, 2005---S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
1		Treated for insects. 1 1/2 Gals. Tempo .05%	S			06661	6hrs.
15		Mice: 1 Mouse Sized Mechanical Trap		N		06661	1hr.
16		Bats: Removed 1 bat.			N	06661	1hr.
23		Mice: The mouse is gone. It was caught in room 119.		N		09943	1hr.
28		Treated for insects. 1 Gal. Tempo .05%	S			06661	6hrs.

**Physical Plant Department
 Monthly Activities Report for Pest Control
 March, 2005----S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
22		Jats: Removed a sick bat.			N	09943	1hr.
28		Mice: 3 Pkgs. Small Glue traps		N		0666	1hr.
29		Mice: 1 Pkg. Small Glue Traps		N		06661	1hr.
29		Mice: Checked traps		N		0666	1hr.
30		Mice: Checked traps 4 Small glue traps, 2 Mouse Sized Snap Traps		N		06661	1hr.
31		Mice: Checked traps.		N		06661	1hr.

**Physical Plant Department
 Monthly Activities Report for Pest Control
 April, 2005----S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
4		Mice: Removed 1 dead mouse.		N		06661	1hr.
6		Treated for insects. 1 Gal. Tempo .05%	S			06661	2hrs.
15		Ants: Carpenter Ants: Used PT 265A Knoxout, 1 Pt. Tempo .05%	N			06661	.5hrs.
18		Opossum: Removed 1 opossum.			N	09943	1hr.
19		Mice: 1 Pkg. Small Glue Traps		N		06661	1hr.
21		Mice: Checked traps.		N		06661	1hr.
22		Mice: Checked traps.		N		06661	1hr.

**Physical Plant Department
 Monthly Activities Report for Pest Control
 June, 2005----S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
6	J	Treated for insects ½ Gal. Tempo .05%	S			06661	4hrs.
21		Flies: 2 Gold Fly Traps	N			09943	.5hrs.
21		Mice: 1 Pkg. Small Glue traps		N		06661	1hr.

Physical Plant Department
Monthly Activities Report for Pest Control
July, 2005----S = Scheduled N = Nonscheduled

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
7		Mice: Caught the mice. Close work request.		N		09943	.5hrs.
14		Mites: Used 1 Pt. Tempo .05%	N			12399 09943	1hr. Each
11		Treated for insects. 1 Gal. Tempo .05%	S			06661	4hrs.
20		Ants: Used MXF Ant Bait Gel	N			06661	1hr.

**Physical Plant Department
 Monthly Activities Report for Pest Control
 August, 2005----S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
5		Treated for insects. 1 Gal. Tempo .05%	S			06661	5hrs.

**Physical Plant Department
 Monthly Activities Report for Pest Control
 September, 2005---S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
1		Treat for insects. 1 Gal. Tempo .05%	S			06661	7hrs.
19		Ants: 1 Pt. Tempo .05%, 1 Tube MXF Ant Bait Gel	N			09943 12399	1hr. Each
19		Ants: Carpenter Ants: 1 Oz. Drione Dust	N			09943 12399	1hr. Each

**Physical Plant Department
 Monthly Activities Report for Pest Control
 October, 2005---S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
7		Micc: 1 Pkg. Large Glue traps		N		06661	1hr.
21		Ants: Ants coming from the ceiling. 1 Qt. Tempo .05%	N			06661	1hr.
25		Flies: Phorid Flies: A good cleaning got rid of them. No treatment performed.	N			12399	1hr.

**Physical Plant Department
 Monthly Activities Report for Pest Control
 November, 2005----S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
9		Treat for insects. 1.5 Gals. Tempo .05%, 1 Can Wasp Spray	S			06661	6hrs.
10		Mice: 1 Pkg. Large glue traps		N		12399	1hr.
11		Mice: Checked traps. Caught 1 mouse.		N		12399	1hr.
28		Cat: A cat was reported trapped. We could not find it or hear it.			N	06661	1.5hrs.

**Physical Plant Department
 Monthly Activities Report for Pest Control
 December, 2005----S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
1		Treated for insects. 1.5 Gals. Tempo .05%	S			06661	6hrs.
5		Treated for insects. ¼ Gal. Tempo .05%	S			09943	3.5hrs.

**Physical Plant Department
 Monthly Activities Report for Pest Control
 January, 2006---S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
9		Treated for insects. 1 Gal. Tempo .025%	S			06661	4hrs.
10		Treated for insects. 1 Gal. Tempo .025%	S			06661	5hrs.
31		Skunks: Set trap for a skunk. 1 Can Cat Food			N	06661	1hr.

**Physical Plant Department
Monthly Activities Report for Pest Control
February, 2006---S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
1		Skunks: Checked the trap.			N	06661	1hr.
1		Treated for insects. ½ Gal. Tempo .025%	S			06661	6hrs.
2		Skunks: Checked the trap. Caught 1 skunk. 1 Can Cat Food			N	06661	1.5hrs.
3		Skunks: Checked the trap. Closed trap.			N	06661	1hr.
7		Cats: Set a trap in a grate covered hole on the Eastside of the building. 1 Can Cat Food			N	12399 06661	.5hrs. 1.5hrs.
8		Cats: Caught the cat and turned it over to the AFCAT people.			N	06661 12399	1.5hrs. .5hrs.
27		Mice: 1 Pkg. Large Glue Traps.		N		06661	1hr.

**Physical Plant Department
 Monthly Activities Report for Pest Control
 March, 2006----S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
1		Mice: Caught 1 mouse. 1 Pkg. Large Glue Traps		N		06661	1hr.
6		Treated for insects. 1 Gal. Tempo .025%	S			06661	3hrs.
9		Skunks: Set trap in Main Mechanical Room. 1 Can Cat Food			N	06661	1hr.
10		Skunks: Removed the trap for the weekend.			N	06661	1hr.
20		Mice: Checked traps. No more problems		N		06661	1hr.

**Physical Plant Department
 Monthly Activities Report for Pest Control
 April, 2006---S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
3		Ants: Made arrangements to treat area for fire ants on Tuesday.	N			06661	1hr.
4		Treated for insects. ½ Gal. Tempo .025%	S			06661	3hrs.
4		Ants: Unable to treat because the truck needed is in PM at Transportation.	N			06661	1hr.
5	1	Ants: 200 Gals. Permethrin (24 Ozs.)	N			06661	6hrs.
19		Ants: 24 MXF Ant Baits	N			06661	1hr.
21		Insects: 1 Pt. Tempo .025%	N			09943	1hr.

Physical Plant Department
Monthly Activities Report for Pest Control
May, 2006---S = Scheduled N = Nonscheduled

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
1		Treated for insects. 1 Gal. Tempo .025%	S			06661	4.5hrs.
3		Bees: 5 Gals. Permethrin .1%	N			06661 09943	2hrs. 1.5hrs.
4		Notified to be treated for insects on 5/8/06 to 5/12/06.	S			09943	.5hrs.
8		Treated for insects. 1 Qt. Tempo .025%	S			09943	2hrs.
8		Wasps: Used wasp spray.	N			09943	.5hrs.
10		Treated for insects. 1 Qt. Tempo .025%	S			09943	2hrs.
25		Birds: Starlings nest in this ceiling and the fledglings make noise every year as they leave the nest.			N	09943	.5hrs.
25		Ants: Used MXF Ant Bait Gel	N			09943	.5hrs.
25		Ants: Used MXF Ant Bait Gel	N			09943	.5hrs.

Physical Plant Department
Monthly Activities Report for Pest Control
June, 2006---S = Scheduled N = Nonscheduled

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
1		Mice: 2 Pkgs. Large Glue Traps		N		09943	1hr.
5		Treated for insects. Used 1 Gal. Tempo .025%	S			06661	3.5hrs.
8		Rats: 8 Talon G Weather Bloks		N		06661	1hr.
15		Ants: 1 Pt. Demon EC .2% Areas: FAU113, ESW123	N			06661	1hr.
15		Ants: 1 Pt. Demon EC .2%	N			06661	1hr.
22		Ants: 1 Pt. Tempo .025%	N			06661	1hr.

**Physical Plant Department
 Monthly Activities Report for Pest Control
 August, 2006----S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
2		Treated for insects. 1 Gal. Tempo .025%	S			06661	4.5hrs.
7		Ants: 1 Pt. Tempo .025%	N			09943 12572	.5hrs. Each
7		Ants: 1 Pt. Tempo .025%	N			09943 12572	.5hrs. Each
18		Ants: 1 Qt. Onslaught .05%	N			06661	1hr.

**Physical Plant Department
 Monthly Activities Report for Pest Control
 September, 2006----S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
5		Treated for insects. 1 Gal. Tempo .025%	S			06661	6hrs.
21		Roaches: 144 MXF Small Roach Baits	N			09943	.5hrs.
22		Crickets: Could not get into the office to treat.	N			12572	Each
28		Ants: Treated the yard areas. 163 Ozs. Distance, 608 Ozs. Award	N			09943	.5hrs.
						12572	Each

**Physical Plant Department
 Monthly Activities Report for Pest Control
 October, 2006---S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
26		Bird: Removed a starling.			N	09943	1hr.
27		Ants: 1 Pt. Tempo .025%	N			12572 06661	Each .5hrs.
27		Ants: 1 Qt. Tempo .025%	N			06661	1hr.

**Physical Plant Department
 Monthly Activities Report for Pest Control
 November, 2006----S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
1		Treated for insects and Rodents: Used 1 Gallon Tempo .025%	S			06661	4.5hrs.
10		Snake: Dead snake removed from the room.			N	09943	.5hrs.
29		Ants: Used 1 Pt. Tempo .025%	N			12572	Each
						09943	.5hrs.
						12572	Each

**Physical Plant Department
Monthly Activities Report for Pest Control
December, 2006---S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time

**Physical Plant Department
 Monthly Activities Report for Pest Control
 February, 2007---S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
6		Treated for insects. 1 Gal. Tempo .25%	S			06661	7hrs.

**Physical Plant Department
Monthly Activities Report for Pest Control
March, 2007---S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
21		Ants: Used MXF Ant Bait Gel	N			06661	1hr.

**Physical Plant Department
 Monthly Activities Report for Pest Control
 May, 2007----S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
2		Treated for insects. 1 Gal. Tempo .025%	S			06661	5hrs.
4		Bats: Looked for a reported bat but could not find it. Outside on the wall.			N	06661	1hr.
8		Mice: Left 36 24/7 traps so they can catch mice humanly.		N		06661	1hr.
9		Ants: Used MXF Ant Bait Gel	N			09943 12572	1hr. Each
9		Birds: Caught the birds.			N	09943 12572	1hr. Each
16		Ants: Did not use any chemical because they had used Raid.	N			06661	1hr.

Physical Plant Department
Monthly Activities Report for Pest Control
June, 2007----S = Scheduled N = Nonscheduled

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
6		Treated for insects. 1 Gal. Tempo .025%	S			06661	5hrs.
29		Skunks: Removed dead baby skunk.			N	06661	1hr.

**Physical Plant Department
 Monthly Activities Report for Pest Control
 July, 2007---S = Scheduled N = Nonscheduled**

Date	Building/Area	Comments	Insects	Rodents	Other	Emp #	Time
2		Treated for insects. 1 Gal. Tempo .025%	S			06661	7hrs.
20		Spiders: 1 Pt. Onslaught .025%	N			12572	1hr.

SBAT Incident Reports

L 2001-07

Form 3 will be filed by 8/31/07 ed

SBAT Incident Tracking Sheet

Date 7/24/07 /time 4:28

Notified by: J. Samuel

Received by Mail ___ Email ___ Phone

requested that he call UPD as required by I.R.P. for Loss.

- I contacted BSO - Requested he contact UPD - PI

Lab Director/Principal Investigator	Incident Type (Check one)	Location of Incident
Samuel	Theft: ___ Loss: <input checked="" type="checkbox"/> Release: ___	E Room(s) _____

Summary of the incident: Per Samuel: CDC inspectors were ~~reporting~~ reviewing SBAT inventory for Samuel. 3 tubes of Brucella could not be accounted for. UPDC input from PI and BSO, will investigate and submit report to the ROD/BC with 5 days. RO will submit form 3 to CDC by 7/31/07

ed

Initial notification by ORC			Follow up Notification by ORC			Follow up Notification by ORC		
Initial all that apply:	Date/Time	Type of contact (Mail, Email, Phone)	Initial all that apply:	Date/Time	Type of contact (Mail, Email, Phone)	Initial all that apply:	Date/Time	Type of contact (Mail, Email, Phone)
<input checked="" type="checkbox"/> RO	7/24/07 4:30		<input type="checkbox"/> RO			<input type="checkbox"/> RO		
<input checked="" type="checkbox"/> CDC	N. Ray 4:31 (CDT)		<input type="checkbox"/> CDC			<input type="checkbox"/> CDC		
<input type="checkbox"/> BSO	4:31		<input type="checkbox"/> BSO			<input type="checkbox"/> BSO		
<input checked="" type="checkbox"/> PI (called me)	4:28		<input type="checkbox"/> PI			<input type="checkbox"/> PI		
<input checked="" type="checkbox"/> UPD (called me)	4:30		<input type="checkbox"/> UPD			<input type="checkbox"/> UPD		
<input checked="" type="checkbox"/> HSC Carlson	4:40		<input type="checkbox"/> HSC			<input type="checkbox"/> HSC		
<input checked="" type="checkbox"/> Other Taylor	4:43		<input type="checkbox"/> Other			<input type="checkbox"/> Other		

Documents Submitted/Received

Document Type	Date Submitted	Date Received	CC's
Form 3 Due 7/31/07			
CDC Response			
Updated Security Plan			
Updated Safety Plan			
Updated Incident Plan			
Other			
Other			

7/24/07
* CDC was on site and reported incident to home office. I. M. Bee. and J. M. Bee.

SBAT Incident Tracking Sheet

Date 7/24/07 / time 4:28

Received by Mail Email Phone

Notified by: J. Samuel

*- requested that he call UPD as required by I.R.P. for Loss.
- I contacted BSO - Requested he contact UPD - PJ*

Lab Director/Principal Investigator	Incident Type (Check one)	Location of Incident
<u>Samuel</u>	Theft: <input type="checkbox"/> Loss: <input checked="" type="checkbox"/> Release: <input type="checkbox"/>	Building: _____ Room(s): _____

Summary of the incident: *Per Samuel: CDC inspectors were ~~reporting~~ reviewing SBAT inventory for Samuel. 3 tubes of Parvella could not be accounted for. UPDC input from PI and BSO, will investigate and submit report to ROD/BC with 5 days. ROD will submit form 3 to CDC by 7/31/07*

Cur

Initial notification by ORC			Follow up Notification by ORC			Follow up Notification by ORC		
Initial all that apply:	Date/Time	Type of contact (Mail, Email, Phone)	Initial all that apply:	Date/Time	Type of contact (Mail, Email, Phone)	Initial all that apply:	Date/Time	Type of contact (Mail, Email, Phone)
<input checked="" type="checkbox"/> RO	7/24/07 4:30		<input type="checkbox"/> RO			<input type="checkbox"/> RO		
<input checked="" type="checkbox"/> CDC	4:31 (CDRC)		<input type="checkbox"/> CDC			<input type="checkbox"/> CDC		
<input checked="" type="checkbox"/> BSO	4:31		<input type="checkbox"/> BSO			<input type="checkbox"/> BSO		
<input checked="" type="checkbox"/> PI (called me)	4:28		<input type="checkbox"/> PI			<input type="checkbox"/> PI		
<input checked="" type="checkbox"/> UPD (called me)	4:30		<input type="checkbox"/> UPD			<input type="checkbox"/> UPD		
<input checked="" type="checkbox"/> HSC Carlsson	4:40		<input type="checkbox"/> HSC			<input type="checkbox"/> HSC		
<input checked="" type="checkbox"/> Other Felber	4:43		<input type="checkbox"/> Other			<input type="checkbox"/> Other		

Documents Submitted/Received

Document Type	Date Submitted	Date Received	CC's
Form 3 due 7/31/07			
CDC Response			
Updated Security Plan			
Updated Safety Plan			
Updated Incident Plan			
Other			
Other			

*7/24/07
* CDC was on site and reported incident to home office. I/M R/J. Mc Bee, on line*



REPORT OF THEFT, LOSS, OR RELEASE OF SELECT AGENTS AND TOXINS (APHIS/CDC FORM 3)

FORM APPROVED
OMB NO. 0579-0213
OMB NO. 0920-0576
EXP DATE 12/31/2008

Read all instructions carefully before completing the report. Answer all items completely and type or print in ink. The report must be signed and submitted to either APHIS or CDC:

Animal and Plant Health Inspection Service
Agricultural Select Agent Program
4700 River Road Unit 2, Mailstop 22, Cubicle 1A07
Riverdale, MD 20737
FAX: 301-734-3652

Centers for Disease Control and Prevention
Division of Select Agents and Toxins
1600 Clifton Road NE, Mailstop A-46
Atlanta, GA 30333
FAX: 404-718-2096

SECTION 1 - TO BE COMPLETED BY ALL ENTITIES			
1. Entity name: Texas A&M University		2. Entity registration number (if applicable): APHIS# _____ CDC# C2006-06050489	
3. Entity address (NOT a post office address):		4. City: College Station	5. State: 6. Zip Code: 77843-1186
7. Responsible Official (RO) or facility director First: Richard MI: I Last: Ewing		8. Telephone: (979) 845-8585	9. FAX: (979) 862-3176
11. RO or facility director address (NOT a post office address): Same as Entity (listed above)		12. City:	13. State: 14. Zip Code:
15. Type of incident: <input type="checkbox"/> Theft <input type="checkbox"/> Loss <input checked="" type="checkbox"/> Release		16. Immediate notification provided to: <input type="checkbox"/> APHIS <input checked="" type="checkbox"/> CDC	
17. Date of immediate notification: 05/11/2007		18. Type of immediate notification: <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Telephone	
19. An internal review of laboratory procedures and policies has been initiated to prevent recurrences of loss of select agents and toxins at this entity: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please provide additional details in an attachment.)			

SECTION 2 - TO BE COMPLETED BY ALL ENTITIES			
LIST OF SELECT AGENTS AND TOXINS LOST, STOLEN OR RELEASED (Please see page 4.)			
27. Date and time of incident: 05/11/2007 9:00 am	28. Date of last inventory: 12/11/2006	29. Name of principal investigator for laboratory with select agents and toxins First: James MI: Last: Samuel	
30. Location of incident (building and room #):	31. Location of incident (within room (e.g., freezer, incubator)): N/A		32. Biosafety level of laboratory where incident occurred: ABSL3
33. Name and telephone number of agencies or local authorities notified: CDC and Brazos County Health Department		34. Symbols or markings on vials (if any): N/A	35. Agent was recovered (theft/loss): <input type="checkbox"/> No <input type="checkbox"/> Yes
36. Provide a summary of actions taken: <input type="checkbox"/> Called ambulance <input type="checkbox"/> Called fire department <input type="checkbox"/> Closed laboratory doors <input type="checkbox"/> Closed building <input type="checkbox"/> Consulted MSDS or chemical database <input type="checkbox"/> Called police department (case #) <input checked="" type="checkbox"/> Other (explain): See detailed summary below			
37. Provide a detailed summary of events (attach additional sheets if necessary): On 5/11/07, the BSO/ARO received a baseline report that indicated that indicated a higher than normal titer for Q fever (Phase I = <1:64) (Phase II=1:1024). The employee was DSAT approved on 1/5/07. Prior to that date, the employee was escorted in the lab on 4 separate occasions. However, he was only allowed to observe blood draws of infected animals and did not have access to the agent. After further review of the employee's work, we found that he had been working with Coxiella antigens but also had possible previous exposure while working with cow serum in a veterinary diagnostic lab in China. Also, in reviewing the information, we found that the PI failed to follow his written protocol regarding baseline blood draws prior to lab access. All lab personnel will be required to receive refresher training on this requirement prior to June 1, 2007. In reviewing the Plans (security, incident response, safety) no changes were required, however all lab personnel will be required to receive refresher training in June.			

SECTION 3 - IF THE INCIDENT OCCURRED DURING TRANSFER PROVIDE THE FOLLOWING INFORMATION			
38. APHIS authorization number from transfer form:		39. CDC authorization number from transfer form:	
40. Name of carrier:		41. Airway bill number/bill of lading number/tracking number:	
42. Package description (size, shape, description of packaging including number and type of inner packages; attach additional sheets if necessary):			
	SENDER INFORMATION		RECIPIENT INFORMATION
43. Name of person:	a. First: MI: Last:	b. First: MI: Last:	
44. Name of entity:	a.		b.
45. APHIS/CDC registration number:	a. APHIS:	b. CDC:	c. APHIS: d. CDC:
46. PHS/USDA import permit number:	a. PHS:	b. USDA:	c. PHS: d. USDA:
47. Date shipped:	a.		b.
48. Telephone:	a.		b.
49. FAX:	a.		b.
50. Package with select agents and toxins received by requestor: <input type="checkbox"/> No <input type="checkbox"/> Yes		51. Package with select agents and toxins appears to have been opened: <input type="checkbox"/> No <input type="checkbox"/> Yes (if Yes, explain)	
52. Sender was contacted regarding incident: <input type="checkbox"/> No <input type="checkbox"/> Yes		53. Carrier/courier was contacted regarding incident: <input type="checkbox"/> No <input type="checkbox"/> Yes	


SECTION 4 - TO BE COMPLETED ONLY FOR RELEASE OF SELECT AGENTS AND TOXINS	
54. Hazards posed by release: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, explain. Use an attachment if necessary.)	
55. Exposures: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, provide number of persons, animals, and plants exposed. Attach additional sheets if necessary.)	
56. Area was decontaminated: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, explain. Use an attachment if necessary.)	
57. Medical treatment was provided: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, explain. Use an attachment if necessary.)	

SECTION 2 - TO BE COMPLETED BY ALL ENTITIES

LIST OF SELECT AGENTS AND TOXINS LOST, STOLEN OR RELEASED

20. Select Agents and Toxins	21. Characterization of Agent	22. Number of Vials	23. Form (powder/liquid/slant)	24. Vol or Wt per Vial (e.g., ml, mg, ng)	25. Total Quantity	26. Concentration/Vial (e.g., 10 ⁸ pfu/ml)
1	Coxiella burnetii					1 x 10
2						1 x 10
3						1 x 10
4						1 x 10
5						1 x 10
6						1 x 10
7						1 x 10
8						1 x 10
9						1 x 10
10						1 x 10
11						1 x 10
12						1 x 10

I hereby certify that the information contained on this form is true and correct to the best of my knowledge. I understand that if I knowingly provide a false statement on any part of this form, or its attachments, I may be subject to criminal fines and/or imprisonment. I further understand that violations of 42 CFR 73, 9 CFR 121, or 7 CFR 331 may result in civil or criminal penalties, including imprisonment.

Signature of Respondent:  Typed or printed name of Respondent: Angelia Raines
 Title: Director, Office of Research Compliance Date: 05/18/2007

Public reporting burden: Public reporting burden of providing this information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0576).


APHIS/CDC FORM 3 (12/31/2008)
 (CDC Adobe Acrobat 5.0 Electronic Version, 1/2006)



TEXAS A&M UNIVERSITY
Environmental Health & Safety Department

To: Angelia Raines
Director of the Office of Research Compliance

Institutional Biosafety Committee

From: Brent S. Mattox, CIH 
Institutional Biosafety Officer

Date: May 15, 2007, With May 18, 2007 Addendum

Subject: Investigative Report on Elevated Q Fever Titer

The following paragraphs contain the investigative report summarized in an email to your office on May 15, 2007.

On late afternoon of 5/10/2007, Scott and White called to inform Occupational Health that a high titer for Q Fever (Phase II 1:1024) was received on a new addition (baseline titer) to the Occupational Health Surveillance Program. Due to issues with obtaining a copy of the titer results, EHSD did not receive a copy of the titer until Friday, 5/11/07. At that time, (9 AM), the Office of Research Compliance was informed via email that this was a reportable incident. According to the Texas Department of State Health Services, a titer of greater than 1:256 is evidence of a prior infection, but, it DOES NOT confirm that the infection was recent. EHSD spoke with the researcher, Dr. James Samuel, on Friday via cell phone, and was assured that no symptoms of disease had manifested themselves in the individual with the elevated titer, or any other employee. Dr. Samuel was out of town until late Monday, May 14, but responded via email with the hiring date of the individual, his arrival on job, possible past exposures (prior to employment), possible on the job exposures (BL3, BL2 access logs), and any other individuals potentially exposed who were not currently being monitored. According to Dr. Samuel, the individual had been hired 8/18/2005, and had reported for work on 11/07/2005. He had possible exposures while working in a veterinary diagnostic lab in [redacted]. He had been potentially exposed to the agent while at TAMU.

On Tuesday May 15 at 1:45 PM, I met with Dr. Samuel at their Laboratory in [redacted] and obtained additional information on the potential exposures. Although [redacted] had not entered the BL3 laboratory in [redacted] he had assisted a Veterinarian on Dr. Samuel's staff with blood drawings of animals at the [redacted] on [redacted] on four separate occasions. The individual had been working with antigens of Coxiella. Copies of the entry logs into the BL3 for [redacted] are attached.

It was determined that [redacted] had not had a baseline test until the draw on 4/20/2007. It was also determined that Dr. Samuel's Laboratory Special Practices requires that baselines be collected prior to any exposures.

The following paragraph summarizes the findings.

[redacted] was CJIS approved and had accessed the [redacted] facility on four (4) occasions prior to the baseline. Laboratory Special Practices does call for baselines prior to exposure. The [redacted] facility Access was for [redacted] NOT the aerosol chamber housed in [redacted]. The individual participated in blood drawing from animals that had been exposed to Coxiella on three of the dates, assisting the DVM. The DVM, who also conducted aerosol studies with Coxiella in the Madison Chamber, has shown elevated titers in the past, but has not been tested this year. According to Dr. Samuel the reason for not having a recent test was due to some individuals being out of town. Dr. Samuel was urged to get the individuals tested as soon as practical. [redacted] indicated that he had not been ill, and was not feeling ill at the time. He is scheduled for a follow-up with S&W on June 1, as confirmed by Scott & White. [redacted] indicated that he had possible previous exposure from a veterinary diagnostic lab [redacted] when he was working with cow serum.

The conclusions drawn would suggest possible previous exposure, although lab exposure at TAMU, although remote, cannot be completely ruled out [redacted] does work with antigens of Coxiella, which theoretically could cause elevated titers. Although a baseline titer should have been conducted or a serum sample collected prior to access, no unusual incidents or deviations from established protocols were noted. Individual was wearing a PAPR and protective clothing, and followed proper decontamination procedures [redacted] will continue to be monitored under the Occupational health Program as outlined above.

Summarizing the findings, the principal investigator failed to follow written protocols requiring baseline blood drawings prior to exposure. Two individuals in the Laboratory have not had 2007 titers drawn. Previous exposure is a possibility, but occupational exposure at TAMU cannot be ruled out.

Addendum, May 18, 2007

A question was raised concerning the access the individual had to the agent, or contaminated surfaces. As a result, I conducted a follow-up phone interview at 12:45 PM on Friday, May 18, 2007, with Kasi Russell-Londrigue, the Veterinarian who was present and escorted [redacted] on all four visits. Kasi stated that [redacted] never came into direct contact or had access to the agent. According to Kasi, [redacted] did not draw the blood but only observed. At no time during access did he come into direct physical contact with the agent, or the blood drawn. Kasi took the blood and spun it down for serum, placing the serum in a locked refrigerator. In theory, the agent isn't in the serum being only in the cells. The serum was later heat treated in preparation for an ELISA test. This should have completely inactivated any Coxiella that could have been in the serum, although there should not have been any agent present. [redacted] did have access to the heat treated serum.

FACILITY ACCESS LOG

ROOM #

BUILDING #

PI NAME SAMUEL

ALL persons entering this facility MUST sign In and Out - Please write legibly

THIS SECTION TO BE COMPLETED BY ALL PERSONS ENTERING THIS FACILITY					THIS SECTION TO BE COMPLETED BY ALL VISITORS				
Date	Printed Name	Signed Name	Department/Organization	Time	Status (Initial One)	[1] Purpose of Access (Use Legend Below)	[2] ID Verification (Use Legend Below)	Verified/Recorded By (Initials)	Received Hazard Training (Initial)
8/16/00	Britt Lack	<i>Britt Lack</i>	CMP	8:55	BL				
8/16	Grady Draper	<i>Grady Draper</i>	CMP	10:27	GD				
9/20	Grady Draper	<i>Grady Draper</i>	CMP	10:22	GD				
8-21	Kas Russell-Lindsay	<i>Kas Russell-Lindsay</i>	MMP	8:55	KL				
8/21	Grady Draper	<i>Grady Draper</i>	CMP	22:43	GD				
11-6-00	John Deaney	<i>John Deaney</i>	CMP	9:40	JD				
11-6-00	Kas Russell-Lindsay	<i>Kas Russell-Lindsay</i>	MMP	10:05	KL				
11-6-00	Chen Chen	<i>Chen Chen</i>	mmp	10:05	CC	R	Att ID	KL	CC
11/6				11:55					KL
11/6	Grady Draper	<i>Grady Draper</i>	CMP	154	GD				
11/6	Kas Russell-Lindsay	<i>Kas Russell-Lindsay</i>	MMP	2:15	KL				

[1] Purpose of Access: Maintenance (M) - Include Description of Work; Delivery (D); Research (R); Tour (T); Inspection (I)
 [2] Acceptable Forms of ID: Current Drivers License (DL) - Include Issuing State; Government ID Card (GID); Passport (P)

FACILITY ACCESS LOG

ROOM # _____

BUILDING _____

PI NAME Samuel

ALL persons entering this facility MUST sign In and Out - Please write legibly

THIS SECTION TO BE COMPLETED BY ALL PERSONS ENTERING THIS FACILITY				THIS SECTION TO BE COMPLETED BY ALL VISITORS					
Date	Printed Name	Signed Name	Department/ Organization	Time	Status (Initial One)	[1] Purpose of Access (Use Legend Below)	[2] ID Verification (Use Legend Below)	Verified/ Recorded By (Initials)	Received Hazard Training (Initials)
11/14/06	EDWARD SHAW	<i>[Signature]</i>	ESU	1:45	✓	R	02	ESU	KR
11/15/06	Kos Russell-Hobson	<i>[Signature]</i>	mmp	8:55	KR				
11/15/06	Chen Chen	<i>[Signature]</i>	mmp	10:40	CC	R	UIN	216001886	CC
11/16/06	Brandon Dango	<i>[Signature]</i>	emp	2:5					
11/16/06	Gracie Spivey	<i>[Signature]</i>	emp	2:50					
11/16/06	Sean Knox	<i>[Signature]</i>	CMP	8:40	SK				
11/17/06	Amy Hanson	<i>[Signature]</i>	emp	1:20	act				
11/17/06	Amytenson	<i>[Signature]</i>	emp	8:14	act				
11/19/06	Amytenson	<i>[Signature]</i>	emp	8:17	act				
11/22/06	Chen Chen	<i>[Signature]</i>	mmp	9:50	C.C.	R	UIN	216001886	CC
11/22/06	Kos Russell-Hobson	<i>[Signature]</i>	mmp	9:50	KR				

[1] Purpose of Access: Maintenance (M); Delivery (D); Research (R); Tour (T); Inspection (I)
 [2] Acceptable Forms of ID: Current Drivers License (DL) - Include Issuing State; Government ID Card (GID); Passport (P)

FACILITY ACCESS LOG ROOM # BUILDING # TE Samsel

ALL persons entering this facility MUST sign In and Out - Please write legibly

THIS SECTION TO BE COMPLETED BY ALL PERSONS ENTERING THIS FACILITY					THIS SECTION TO BE COMPLETED BY ALL VISITORS				
Date	Printed Name	Signed Name	Department/ Organization	Time	Status (Initial One)	(1) Purpose of Access (Use Legend Below)	(2) ID Verification (Use Legend Below)	Verified/ Escorted By (Initials)	Received Hazard Training (Initials)
12/1/04	Sean Knox	[Signature]	CMP	6:57 1:00	SR				
12/3	Garden Draper	[Signature]	CMP	11:54 10:2	AD				
12/4	Garden Draper	[Signature]	CMP	8:46 12:23	AD				
12/5	Garden Draper	[Signature]	CMP	8:54 11:18	AD				
12/6	Amy Henson	[Signature]	CMP	9:13 12:10	AD				
12/6	Chen Chen	[Signature]	MMPA	10:00 10:40	CE	R	2160186	PR	PR
12/6	Kasi Russell	[Signature]	MMPA	10:00 10:40	PR				
12/6	Kasi Russell	[Signature]	MMPA	11:11 12:30	KR				
12/7	John D. Delaney	[Signature]	CMP	8:54 11:07	AD				
12/7	John D. Delaney	[Signature]	CMP	1:25	AD				
12/8	Amy Henson	[Signature]	CMP	2:40 5:14	AD				

[1] Purpose of Access: Maintenance (M) - Include Description of Work; Delivery (D); Research (R); Tour (T); Inspection (I)
 [2] Acceptable Forms of ID: Current Drivers License (DL) - Include Issuing State; Government ID Card (GID); Passport (P)

From: "Mattox, Brent S" <bsmattox@tamu.edu>
To: "Raines, Angelia" <araines@vprmail.tamu.edu>
Date: 5/18/2007 1:12:42 PM
Subject: RE: Draft - RE: Investigative Report on Q Fever

Angelia:

I have additional information I did not include in the report. After reading your email, I decided to contact Kasi Russell-Lodrigue at around 12:45 today, who was present during the entries of Kasi, which was also my understanding, .did not draw the blood but only observed. At no time during access did he have access to the agent, or the blood drawn. Kasi took the blood and spun it down for serum, placing the serum in a locked refrigerator. In theory, the agent isn't in the serum being only in the cells. The serum was later heat treated in preparation for an ELISA test. This should have completely inactivated any Coxiella that could have been in the serum, although there should not have been any there anyway. .did have access to the heat treated serum.

Thus, in my opinion, he never had direct access to the agent. Why his titer is elevated remains the unanswered question. Please add this email to my report as an attachment. The training issue is still a good point. There still seems to be confusion over what "escorted" means and what that entails for the escort, and a discussion about pre-screening and serum banking probably needs to occur.

Hopefully, this email will help alleviate some of the concerns over access. Feel free to forward or distribute this email as you see fit.

Sincerely,

Brent S. Mattox, CIH
Biological Safety Officer

-----Original Message-----

From: Angelia Raines [mailto:araines@vprmail.tamu.edu]
Sent: Friday, May 18, 2007 12:22 PM
To: Ewing, Richard
Cc: Vernon Tesh; Kretzschmar, Bert; Mattox, Brent S; Meyer, Chris; Salsman, John M; Kelly, Scott; Thomas Ficht; Tiffany Agnew; Fuller Bazer
Subject: Draft - RE: Investigative Report on Q Fever

Dr. Ewing,

I am trying to draft our report to CDC and need input regarding how the institution is going to handle this issue of non-compliance.

Per the response from Brent below, it appears that an employee who was not approved for access to a select agent was allowed to use it. I am very concerned and think that immediate action is needed in order to prevent future occurrence. We are planning training for all Select Agent personnel and it will be conducted by June 30th, but in the mean time I would like to suggest some type of immediate action be taken.

I have to submit the report to CDC today. With your input on the action

required, I will include it in the documentation. I will send a draft of the report to you as well as the PI, BSO, IBC and Departmental contacts for review as quickly as possible.

Thanks,
Angie

>>> "Mattox, Brent S" <bsmattox@tamu.edu> 5/18/2007 11:39:33 AM >>>
Below are responses to your three questions concerning the high titer issue. Please note that the employee has not shown signs or symptoms of any illness, so this is an investigation of a high Q fever titer, not an investigation of Q fever.

1. The first visit as to draw blood from pre-exposed varmint (in other words, no potential exposure to the agent). The remaining three were to draw blood that would have potentially contained the AGENT, not antigen. These three trips would constitute documented risk of exposure due to the proximity of the agent (in rodent and blood). The first exposure is more remote, with the agent not being present in the same room as the employee. Further, I recommend that all work with select agents involve pre-exposure screening, including all visitors. I recommend (for example) that all individuals entering the are required to have titers drawn for Q fever and Brucella, in addition to TB testing. Obviously, this recommendation needs to go to the IBC.
2. The researcher's own protocols require pre-exposure monitoring and were apparently disregarded. However, we may want to look at the facility plan to require not just TB screening for access, but baseline serum titers for anyone entering the facility (BL3 rooms) regardless of planned exposure. That is what we are doing with the contractor, but his risk is obviously higher (cutting into contaminated ductwork linking all the rooms).
3. The SOP regarding pre-screening was not followed, according to the PI. I do not know if re-training is necessary, but clearly the PIs should be informed that pre-screening is a necessity for their employees, and that they must strictly adhere to their written SOPs.

Hope this helps,

Brent S. Mattox
Biological Safety Officer

-----Original Message-----

From: Angelia Raines [mailto:araines@vprmail.tamu.edu]
Sent: Friday, May 18, 2007 11:06 AM
To: Mattox, Brent S
Cc: Vernon Tesh; Kretzschmar, Bert; Meyer, Chris; Salsman, John M; Thomas Ficht; Tiffany Agnew; Fuller Bazer
Subject: Re: Investigative Report on Q Fever

Hi Brent,

Thanks for sending the report. I am preparing form-3 to send to CDC and want to make sure I have the correct information. I will send it to

you, Jim and Bert to review before I send it. However before completing it, I have a few questions:

1. During the 4 times the employee accessed the Lab, was he exposed to the antigen only?

He was not DSAT approved until 1/07 and the facility access logs were completed prior to that approval. I want to make sure we include the correct information in the report.

2. Do the plans (security, safety, incident or surveillance) need to be changed as a result of this incident? If so, what changes are needed.

3. In reviewing the report, it appears that the SOP that required screening prior to work in the lab was not followed. If this is the case, when will refresher training be conducted? Since your report will be presented to the IBC at the next meeting, we will need to be sure the follow up letter from the committee indicates what type of training documentation is required.

Thanks again for the report.

Angelia

Angelia Raines
Director, VPR Office of Research Compliance
TAMU 1186
1500 Research Parkway
Suite 150 B (Centeq Building)
College Station, Texas 77843-1186
araines@vprmail.tamu.edu
(979) 847-9362 office
(979) 862-3176 fax

>>> "Mattox, Brent S" <bsmattox@tamu.edu> 5/17/2007 10:05:52 AM >>>
Angelia:

Please find attached another pdf of the investigative report on the Q fever titer. I inadvertently left off copies of the entry logs


Thanks,

Brent

Note to File:

Based on the investigation of the incident, the BSO reviewed requirement for baseline blood draws during annual training sessions conducted June 2007.

All SBAT personnel who will continue to have access to facilities attended the training.

Angelia Raines
7/18/07 

From: "Mattox, Brent S" <bsmattox@tamu.edu>
To: "Raines, Angelia" <araines@vprmail.tamu.edu>, <jsamuel@medicine.tamhsc.edu>
Date: 5/11/2007 9:00:55 AM
Subject: Elevated Titer for Q Fever

Angelia/Dr. Samuel:

Scott and White informed me that a high titer (Phase II 1:1024) was received on a new addition (baseline titer) to the Occupational Health Surveillance Program yesterday afternoon (5/11/07). Due to issues with obtaining a copy of the titer results, our response was delayed until this morning. According to the Texas Department of State Health Services, a titer of greater than 1:256 is evidence of a prior infection, but, it DOES NOT confirm that the infection was recent. EHSD will be conducting an investigation concerning this issue, and will need the date of hire and the work history of the individual, including any possible exposures, since employment at Texas A&M Health Sciences Center. If any other individuals have been potentially exposed, please notify our office. A detailed occupational history of past possible exposures prior to employment is also requested from the employee.

According to recent statements from CDC, it is EHSD's opinion that this constitutes a reportable condition to CDC. It is also our understanding that this reporting is to be done by the Office of Research Compliance. We will provide a summary of our findings to the Office of Research upon completion of the investigation. The employee will continue to be monitored by the Occupational Health Program as directed by the occupational health physician at Scott & White.

If you have any further questions, please let me know. A copy of the titer result is attached.

CC: "Meyer, Chris" <c-m-meyer@tamu.edu>, "Salsman, John M" <jmsalsman@tamu.edu>

From: "Mattox, Brent S" <bsmattox@tamu.edu>
To: <jsamuel@medicine.tamhsc.edu>
Date: 5/11/2007 2:11:02 PM
Subject: High Titer Report

Dr. Samuel:

Please let me know if the employee was potentially exposed to any rDNA from Coxiella (this is for NIH purposes), and if any additional employees could have been exposed. If the employee has no known exposures since his arrival at A&M, let me know that. I believe you left a number when you attempted to contact my cell phone at 12:10, but the cell phone message was unintelligible in places, unfortunately one of which was the number.

I understand that you are out of the Office this afternoon, but I will be in touch with you upon your return Monday.

Thanks,

Brent

CC: "Salsman, John M" <jmsalsman@tamu.edu>, "Raines, Angelia" <araines@vprmail.tamu.edu>



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY M.D.
COMMISSIONER

1100 W. 49th Street • Austin, Texas 78756
1-888-963-7111 • <http://www.dshs.state.tx.us>
TDD: 512-458-7708

Submitter copy to: ** DUPLICATE REPORT ** Page 1 of 2*
Date: 5/2/2007

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #: S07SM001915
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient Address:

Patient

DOB: 4/26/1981
COLLEGE STATION, TX

Date Rcvd: 4/23/2007
Spec Type: SERUM

Test Reas: DIAGNOSIS

Please fax your NPI to 512.458.7533 by May 23, 2007. Delay in sending the NPI risks reimbursement as well as the reimbursement of your health care partners. Federal Regulation (Health Insurance Portability and Accountability Act of 1996 (HIPAA)) outlines you must share your NPI with other providers, health plans, clearinghouses, and any entity that may need it for billing purposes.

Final Results

Specimen Numbers: S07SM001915
Date Collected: 4/20/2007

BRUCELLA AGGLUTINATION <1:40

An agglutination titer of <1:40 is considered to be negative. This test was developed and its performance characteristics determined by the Laboratory Services Section at DSHS. The test has not been approved or cleared by the US Food and Drug Administration (FDA).

Q FEVER IFA
**PHASE I <1:64
PHASE II 1:1024

A single Q fever IFA titer of greater than or equal to 1:256 is evidence of a prior infection, but, it does not confirm that the infection was recent. The most convincing evidence of recent infection is a fourfold rise in antibody titer between an acute serum

and fluorescent serum. Reactions to both phase I and phase II
 anti- often **TEXAS DEPARTMENT OF STATE HEALTH SERVICES**
 phase I body is usually higher than the phase I titer. In chronic
 Q fever phase I titers rise in later specimens while phase II titers
 fall or remain constant.

DAVID L. LAKEY M.D.
 COMMISSIONER

(continued)

1100 W. 49th Street • Austin, Texas 78756
 1-888-963-7111 • <http://www.dshs.state.tx.us>
 TDD: 512-458-7708



REPORT OF THEFT, LOSS, OR RELEASE OF SELECT AGENTS AND TOXINS (APHIS/CDC FORM 3)

FORM APPROVED
OMB NO. 0579-0213
OMB NO. 0920-0576
EXP DATE 12/31/2006

Read all instructions carefully before completing the report. Answer all items completely and type or print in ink. The report must be signed and submitted to either APHIS or CDC:

Animal and Plant Health Inspection Service
Agricultural Select Agent Program
4700 River Road Unit 2, Mailstop 22, Cubicle 1A07
Riverdale, MD 20737
FAX: 301-734-3652

Centers for Disease Control and Prevention
Division of Select Agents and Toxins
1600 Clifton Road NE, Mailstop A-46
Atlanta, GA 30333
FAX: 404-718-2096

SECTION 1 - TO BE COMPLETED BY ALL ENTITIES					
1. Entity name: Texas A&M University			2. Entity registration number (if applicable): APHIS# _____ CDC# 200606050489		
3. Entity address (NOT a post office address): TAMU 1111			4. City: College Station		5. State: _____ 6. Zip Code: 77843-1111
7. Responsible Official (RO) or facility director First: Richard MI: _____ Last: Ewing			8. Telephone: (979) 845-8585		9. FAX: (979) 862-3176
11. RO or facility director address (NOT a post office address): same as above			12. City:		13. State: _____ 14. Zip Code: rewing@vprmail.tamu.ed
15. Type of incident: <input type="checkbox"/> Theft <input type="checkbox"/> Loss <input checked="" type="checkbox"/> Release		16. Immediate notification provided to: <input type="checkbox"/> APHIS <input checked="" type="checkbox"/> CDC		17. Date of immediate notification: 04/17/2007	
19. An internal review of laboratory procedures and policies has been initiated to prevent recurrences of loss of select agents and toxins at this entity: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, please provide additional details in an attachment.)			18. Type of immediate notification: <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Telephone		
SOPs were reviewed. Decontamination procedures were changed.					

SECTION 2 - TO BE COMPLETED BY ALL ENTITIES		
LIST OF SELECT AGENTS AND TOXINS LOST, STOLEN OR RELEASED (Please see page 4.)		
27. Date and time of incident: 04/03/2006	28. Date of last inventory: 12/12/2006	29. Name of principal investigator for laboratory with select agents and toxins First: James MI: _____ Last: Samuel
30. Location of incident (building and room #): N/A	31. Location of incident (within room (e.g., freezer, incubator)): N/A	32. Biosafety level of laboratory where incident occurred: BSL3
33. Name and telephone number of agencies or local authorities notified: Brazos County Health Department 979 381-4440	34. Symbols or markings on vials (if any): N/A	35. Agent was recovered (theft/loss): <input type="checkbox"/> No <input type="checkbox"/> Yes
36. Provide a summary of actions taken: <input type="checkbox"/> Called ambulance <input type="checkbox"/> Called fire department <input checked="" type="checkbox"/> Closed laboratory doors <input type="checkbox"/> Closed building <input type="checkbox"/> Consulted MSDS or chemical database <input type="checkbox"/> Called police department (case #) <input checked="" type="checkbox"/> Other (explain): Bio-Safety Officer		
37. Provide a detailed summary of events (attach additional sheets if necessary): As a result of recent reporting problems, Texas A&M has been auditing all Select Agent files to ensure that any incident involving theft, loss or release has been properly report to the CDC. On 4/17/07, we reviewed a file involving elevated titers, which at the time, were not considered to be a release because there was no indication of having clinical symptoms of illness associated with Q fever. Two of the employees also indicated that they had a history of elevated titers based on previous work they performed. None of the individuals with elevated titers presented with clinical signs of illness. While we still seek your guidance in defining 'Occupational Exposure' until there is more clarify, all elevated titers will be reported to the CDC as a release. After receiving information regarding the elevated titers, Texas A&M's Occupational health and Safety Office as well as the investigator, ensured that the lab was decontaminated as safety precaution and the SOPs were reviewed and updated to include new plans for decontamination		

SECTION 3 - IF THE INCIDENT OCCURRED DURING TRANSFER PROVIDE THE FOLLOWING INFORMATION

38. APHIS authorization number from transfer form:		39. CDC authorization number from transfer form:		
40. Name of carrier:		41. Airway bill number/bill of lading number/tracking number:		
42. Package description (size, shape, description of packaging including number and type of inner packages; attach additional sheets if necessary):				
	SENDER INFORMATION		RECIPIENT INFORMATION	
43. Name of person:	a. First: MI: Last:		b. First: MI: Last:	
44. Name of entity:	a.		b.	
45. APHIS/CDC registration number:	a. APHIS:	b. CDC:	c. APHIS:	d. CDC:
46. PHS/USDA import permit number:	a. PHS:	b. USDA:	c. PHS:	d. USDA:
47. Date shipped:	a.		b.	
48. Telephone:	a.		b.	
49. FAX:	a.		b.	
50. Package with select agents and toxins received by requestor: <input type="checkbox"/> No <input type="checkbox"/> Yes		51. Package with select agents and toxins appears to have been opened: <input type="checkbox"/> No <input type="checkbox"/> Yes (if Yes, explain)		
52. Sender was contacted regarding incident: <input type="checkbox"/> No <input type="checkbox"/> Yes		53. Carrier/courier was contacted regarding incident: <input type="checkbox"/> No <input type="checkbox"/> Yes		

SECTION 4 - TO BE COMPLETED ONLY FOR RELEASE OF SELECT AGENTS AND TOXINS

54. Hazards posed by release: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, explain. Use an attachment if necessary.)
55. Exposures: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If Yes, provide number of persons, animals, and plants exposed. Attach additional sheets if necessary.) Three Employees
56. Area was decontaminated: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If Yes, explain. Use an attachment if necessary.) See attached
57. Medical treatment was provided: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, explain. Use an attachment if necessary.)

SECTION 2. TO BE COMPLETED BY ALL ENTITIES

LIST OF SELECT AGENTS AND TOXINS LOST, STOLEN OR RELEASED

20. Select Agents and Toxins	21. Characterization of Agent	22. Number of Vials	23. Form (powder/liquid/slant)	24. Vol or Wt per Vial (e.g., ml, mg, ng)	25. Total Quantity	26. Concentration/Vial (e.g., 10 ⁶ pfu/ml)
1	Coxiella burnetii					
2						1 x 10
3						1 x 10
4						1 x 10
5						1 x 10
6						1 x 10
7						1 x 10
8						1 x 10
9						1 x 10
10						1 x 10
11						1 x 10
12						1 x 10

I hereby certify that the information contained on this form is true and correct to the best of my knowledge. I understand that if I knowingly provide a false statement on any part of this form, or its attachments, I may be subject to criminal fines and/or imprisonment. I further understand that violations of 42 CFR 73, 9 CFR 121, or 7 CFR 331 may result in civil or criminal penalties, including imprisonment.

Signature of Respondent: 

Typed or printed name of Respondent: Angela Raines

Date: 04/24/2007

Public reporting burden: Public reporting burden of providing this information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (9920-0576).

APHIS/CDC FORM 3 (12/31/2006)
 (CDC Adobe Acrobat 5.0 Electronic Version, 1/2006)



Office of the Vice President for Research
Texas A&M University

April 24, 2007

Office of Research Compliance

Academy for
Advanced
Telecommunication
and Learning
Technologies

Center for Information
Assurance and Security

Comparative Medicine Program

Institute for
Scientific Computation

Integrative Center for
Homeland Security

Microscopy Imaging Center

National Center for
Foreign Animal and Zoonotic
Disease Defense

Office of Distance Education

Office of Graduate Studies

Office of Proposal Development

Office of Sponsored Projects

Professional Development Group

Technology Commercialization
Center

Texas A&M University
Research Park

Mr. James F. McGee
Centers for Disease Control & Prevention
Division of Select Agents & Toxins
1600 Clifton Rd, NE., Mailstop A46
Atlanta, GA 30333

Mr. McGee:

Attached is form 3 for an incident involving elevated titers in three individuals who were working with the antigen of the select agent Coxiella. This was reported to you by phone on 4/17/07.

As you know, as a result of recent reporting problems, Texas A&M has been auditing all Select Agent files to ensure that any incident involving theft, loss or release has been properly report to the CDC.

On 4/17/07, we reviewed a file involving elevated titers, which at the time, were not considered to be a release because there was no indication of clinical symptoms of illness associated with Q fever. Elevated titers are determined by comparison with a baseline titer collected from the employee at initial hiring or assignment to an area containing the agent. Two of the employee's initial baseline titers indicated that they had a history of elevated titers based on previous work they performed. None of the individuals with elevated titers presented with clinical signs of illness.

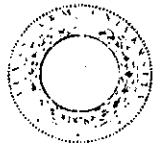
While we seek your guidance in defining 'Occupational Exposure' until there is additional guidance, all elevated titers will be reported to the CDC as a release.

After receiving information regarding the elevated titers, Texas A&M's Occupational health and Safety Office as well as the Investigator, ensured that the lab was decontaminated as a safety precaution and the SOPs were reviewed and updated to include new plans for decontamination.

Please feel free to contact our office at (979) 847-9362, if additional information is needed.

Sincerely,

Angelia Raines
ARO/Director, Office of Research Compliance
Texas A&M University (#C20060605-0489)



TEXAS A&M
UNIVERSITY

1990 TAMU

127 Research Park

STATION

TEXAS A&M UNIVERSITY

1990 TAMU

1990 TAMU

127 Research Park



REPORT OF THEFT, LOSS, OR RELEASE OF SELECT AGENTS AND TOXINS (APHIS/CDC FORM 3)

FORM APPROVED
OMB NO. 0579-0213
OMB NO. 0920-0376
EXP DATE 12/31/2008

Read all instructions carefully before completing the report. Answer all items completely and type or print in ink. The report must be signed and submitted to either APHIS or CDC:

Animal and Plant Health Inspection Service
Agricultural Select Agent Program
4700 River Road Unit 2, Mailstop 22, Cubicle 1A07
Riverdale, MD 20737
FAX: 301-734-3652

Centers for Disease Control and Prevention
Division of Select Agents and Toxins
1600 Clifton Road NE, Mailstop A-46
Atlanta, GA 30333
FAX: 404-718-2096

SECTION 1 - TO BE COMPLETED BY ALL ENTITIES			
1. Entity name: Texas A&M University		2. Entity registration number (if applicable): APHIS# _____ CDC# 200606050489	
3. Entity address (NOT a post office address): TAMU 1111		4. City: College Station	5. State: _____ 6. Zip Code: 77843-1111
7. Responsible Official (RO) or facility director First: Richard MI: _____ Last: Ewing		8. Telephone: (979) 845-8585	9. FAX: (979) 862-3176 10. E-mail: rewing@vprmail.tamu.ed
11. RO or facility director address (NOT a post office address): same as above		12. City: _____	13. State: _____ 14. Zip Code: _____
15. Type of incident: <input type="checkbox"/> Theft <input type="checkbox"/> Loss <input checked="" type="checkbox"/> Release	16. Immediate notification provided to: <input type="checkbox"/> APHIS <input checked="" type="checkbox"/> CDC	17. Date of immediate notification: 04/17/2007	18. Type of immediate notification: <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Telephone
19. An internal review of laboratory procedures and policies has been initiated to prevent recurrences of loss of select agents and toxins at this entity: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please provide additional details in an attachment.) SOPs were reviewed. Decontamination procedures were changed.			

SECTION 2 - TO BE COMPLETED BY ALL ENTITIES			
LIST OF SELECT AGENTS AND TOXINS LOST, STOLEN OR RELEASED (Please see page 4.)			
27. Date and time of incident: 04/03/2006	28. Date of last inventory: 12/12/2006	29. Name of principal investigator for laboratory with select agents and toxins First: James MI: _____ Last: Samuel	
30. Location of incident (building and room #):	31. Location of incident (within room (e.g., freezer, incubator)): N/A		32. Biosafety level of laboratory where incident occurred: BSL3
33. Name and telephone number of agencies or local authorities notified: Brazos County Health Department 979 381-4440	34. Symbols or markings on vials (if any): N/A	35. Agent was recovered (theft/loss): <input type="checkbox"/> No <input type="checkbox"/> Yes	
36. Provide a summary of actions taken: <input type="checkbox"/> Called ambulance <input type="checkbox"/> Called fire department <input checked="" type="checkbox"/> Closed laboratory doors <input type="checkbox"/> Closed building <input type="checkbox"/> Consulted MSDS or chemical database <input type="checkbox"/> Called police department (case #) <input checked="" type="checkbox"/> Other (explain): Bio-Safety Officer			
37. Provide a detailed summary of events (attach additional sheets if necessary): As a result of recent reporting problems, Texas A&M has been auditing all Select Agent files to ensure that any incident involving theft, loss or release has been properly report to the CDC. On 4/17/07, we reviewed a file involving elevated titers, which at the time, were not considered to be a release because there was no indication of having clinical symptoms of illness associated with Q fever. Two of the employees also indicated that they had a history of elevated titers based on previous work they performed. None of the individuals with elevated titers presented with clinical signs of illness. While we still seek your guidance in defining "Occupational Exposure" until there is more clarify, all elevated titers will be reported to the CDC as a release. After receiving information regarding the elevated titers, Texas A&M's Occupational health and Safety Office as well as the Investigator, ensured that the lab was decontaminated as safety precaution and the SOPs were reviewed and updated to include new plans for decontamination			

SECTION 3 - IF THE INCIDENT OCCURRED DURING TRANSFER PROVIDE THE FOLLOWING INFORMATION

38. APHIS authorization number from transfer form:	39. CDC authorization number from transfer form:																														
40. Name of carrier:	41. Airway bill number/bill of lading number/tracking number:																														
42. Package description (size, shape, description of packaging including number and type of inner packages; attach additional sheets if necessary):																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">SENDER INFORMATION</th> <th style="width:35%;">RECIPIENT INFORMATION</th> </tr> </thead> <tbody> <tr> <td>43. Name of person:</td> <td>a. First: MI: Last:</td> <td>b. First: MI: Last:</td> </tr> <tr> <td>44. Name of entity:</td> <td>a.</td> <td>b.</td> </tr> <tr> <td>45. APHIS/CDC registration number:</td> <td>a. APHIS:</td> <td>b. CDC:</td> </tr> <tr> <td>46. PHS/USDA import permit number:</td> <td>a. PHS:</td> <td>b. USDA:</td> </tr> <tr> <td>47. Date shipped:</td> <td>a.</td> <td>b.</td> </tr> <tr> <td>48. Telephone:</td> <td>a.</td> <td>b.</td> </tr> <tr> <td>49. FAX:</td> <td>a.</td> <td>b.</td> </tr> <tr> <td>50. Package with select agents and toxins received by requestor: <input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td colspan="2">51. Package with select agents and toxins appears to have been opened: <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, explain)</td> </tr> <tr> <td>52. Sender was contacted regarding incident: <input type="checkbox"/> No <input type="checkbox"/> Yes</td> <td colspan="2">53. Carrier/courier was contacted regarding incident: <input type="checkbox"/> No <input type="checkbox"/> Yes</td> </tr> </tbody> </table>			SENDER INFORMATION	RECIPIENT INFORMATION	43. Name of person:	a. First: MI: Last:	b. First: MI: Last:	44. Name of entity:	a.	b.	45. APHIS/CDC registration number:	a. APHIS:	b. CDC:	46. PHS/USDA import permit number:	a. PHS:	b. USDA:	47. Date shipped:	a.	b.	48. Telephone:	a.	b.	49. FAX:	a.	b.	50. Package with select agents and toxins received by requestor: <input type="checkbox"/> No <input type="checkbox"/> Yes	51. Package with select agents and toxins appears to have been opened: <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, explain)		52. Sender was contacted regarding incident: <input type="checkbox"/> No <input type="checkbox"/> Yes	53. Carrier/courier was contacted regarding incident: <input type="checkbox"/> No <input type="checkbox"/> Yes	
	SENDER INFORMATION	RECIPIENT INFORMATION																													
43. Name of person:	a. First: MI: Last:	b. First: MI: Last:																													
44. Name of entity:	a.	b.																													
45. APHIS/CDC registration number:	a. APHIS:	b. CDC:																													
46. PHS/USDA import permit number:	a. PHS:	b. USDA:																													
47. Date shipped:	a.	b.																													
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SECTION 4 - TO BE COMPLETED ONLY FOR RELEASE OF SELECT AGENTS AND TOXINS	
54. Hazards posed by release: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, explain. Use an attachment if necessary.)	
55. Exposures: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If Yes, provide number of persons, animals, and plants exposed. Attach additional sheets if necessary.)	Three Employees
56. Area was decontaminated: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If Yes, explain. Use an attachment if necessary.)	See attached
57. Medical treatment was provided: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, explain. Use an attachment if necessary.)	


APHIS/CDC FORM 3 (12/31/2006)
(CDC Adobe Acrobat 5.0 Electronic Version, 1/2006)

SECTION 21 TO BE COMPLETED BY ALL ENTRIES

LIST OF SELECT AGENTS AND TOXINS LOST, STOLEN OR RELEASED

20. Select Agents and Toxins	21. Characterization of Agent	22. Number of Vials	23. Form (powder/liquid/solid)	24. Vol or Wt per Vial (e.g., ml, mg, ng)	25. Total Quantity	26. Concentration/Vial (e.g., 10 ⁶ pfu/ml)
1 Cordella Burnett						1 x 10
2						1 x 10
3						1 x 10
4						1 x 10
5						1 x 10
6						1 x 10
7						1 x 10
8						1 x 10
9						1 x 10
10						1 x 10
11						1 x 10
12						1 x 10

I hereby certify that the information contained on this form is true and correct to the best of my knowledge. I understand that if I knowingly provide a false statement on any part of this form, or its attachments, I may be subject to criminal fines and/or imprisonment. I further understand that violators of 42 CFR 73, 9 CFR 121, or 7 CFR 331 may result in civil or criminal penalties, including imprisonment.

Signature of Respondent:  Typed or printed name of Respondent: Angelita Raines

Title: Alternate Responsible Official Date: 04/24/2007

Public reporting burden: Public reporting burden of providing this information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDCA/TSOR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0576).

APHIS/CDC FORM 3 (12/31/2006)
 (CDC Adobe Acrobat 5.0 Electronic Version, 1/2006)



Office of the Vice President for Research
Texas A&M University

April 24, 2007

Office of Research Compliance

Academy for
Advanced
Electronic Communication
and Learning
Technologies

Center for Information
Assurance and Security

Comparative Medicine Program

Institute for
Scientific Computation

Integrative Center for
Homeland Security

Microscopy Imaging Center

National Center for
Foreign Animal and Zoonotic
Disease Defense

Office of Distance Education

Office of Graduate Studies

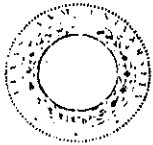
Office of Proposal Development

Office of Sponsored Projects

Professional Development Group

Technology Commercialization
Center

Texas A&M University
Research Park



Texas A&M
University

130 TAMU

1107 Research Park Ave

SUITE 1000

COLLEGE STATION, TEXAS

77706

254/291-5100

FAX: 254/291-5100

Mr. James F. McGee
Centers for Disease Control & Prevention
Division of Select Agents & Toxins
1600 Clifton Rd, NE., Mailstop A46
Atlanta, GA 30333

Mr. McGee:

Attached is form 3 for an incident involving elevated titers in three individuals who were working with the antigen of the select agent Coxiella. This was reported to you by phone on 4/17/07.

As you know, as a result of recent reporting problems, Texas A&M has been auditing all Select Agent files to ensure that any incident involving theft, loss or release has been properly report to the CDC.

On 4/17/07, we reviewed a file involving elevated titers, which at the time, were not considered to be a release because there was no indication of clinical symptoms of illness associated with Q fever. Elevated titers are determined by comparison with a baseline titer collected from the employee at initial hiring or assignment to an area containing the agent. Two of the employee's initial baseline titers indicated that they had a history of elevated titers based on previous work they performed. None of the individuals with elevated titers presented with clinical signs of illness.

While we seek your guidance in defining 'Occupational Exposure' until there is additional guidance, all elevated titers will be reported to the CDC as a release.

After receiving information regarding the elevated titers, Texas A&M's Occupational health and Safety Office as well as the Investigator, ensured that the lab was decontaminated as a safety precaution and the SOPs were reviewed and updated to include new plans for decontamination.

Please feel free to contact our office at (979) 847-9362, if additional information is needed.

Sincerely,

Angelia Raines
ARO/Director, Office of Research Compliance
Texas A&M University (#C20060605-0489)



REPORT OF THEFT, LOSS, OR RELEASE OF SELECT AGENTS AND TOXINS (APHIS/CDC FORM 3)

FORM APPROVED
OMB NO. 0579-0213
OMB NO. 0920-0576
EXP DATE 12/31/2006

Read all instructions carefully before completing the report. Answer all items completely and type or print in ink. The report must be signed and submitted to either APHIS or CDC:

Animal and Plant Health Inspection Service
Agricultural Select Agent Program
4700 River Road Unit 2, Mailstop 22, Cubicle 1A07
Riverdale, MD 20737
FAX: 301-734-3652

Centers for Disease Control and Prevention
Division of Select Agents and Toxins
1600 Clifton Road NE, Mailstop A-46
Atlanta, GA 30333
FAX: 404-718-2096

SECTION 1 - TO BE COMPLETED BY ALL ENTITIES					
1. Entity name: Texas A&M University			2. Entity registration number (if applicable): APHIS# _____ CDC# 200606050489		
3. Entity address (NOT a post office address): 1500 Research Parkway, Suite B150 TAMU 1186			4. City: College Station		5. State: _____
7. Responsible Official (RO) or facility director First: Richard MI: _____ Last: Ewing			8. Telephone: 979 847-9362		9. FAX: 979 862-3176
11. RO or facility director address (NOT a post office address): 1500 Research Parkway, Suite B150			12. City: College Station		10. E-mail: araines@vprmail.tamu.edu
15. Type of incident: <input type="checkbox"/> Theft <input type="checkbox"/> Loss <input checked="" type="checkbox"/> Release		16. Immediate notification provided to: <input type="checkbox"/> APHIS <input checked="" type="checkbox"/> CDC		17. Date of immediate notification: 07/02/2007	
19. An internal review of laboratory procedures and policies has been initiated to prevent recurrences of loss of select agents and toxins at this entity: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if yes, please provide additional details in an attachment.) (See explanation in Section 2)				18. Type of immediate notification: <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Telephone	

SECTION 2 - TO BE COMPLETED BY ALL ENTITIES			
LIST OF SELECT AGENTS AND TOXINS LOST, STOLEN OR RELEASED (Please see page 4.)			
27. Date and time of incident: 07/02/2007		28. Date of last inventory: _____	
29. Name of principal investigator for laboratory with select agents and toxins First: N/A MI: _____ Last: N/A			
30. Location of incident (building and room #): N/A		31. Location of incident (within room (e.g., freezer, incubator)): N/A	
33. Name and telephone number of agencies or local authorities notified: Health Dept. 512 458-7318		32. Biosafety level of laboratory where incident occurred: BSL3	
36. Provide a summary of actions taken: <input type="checkbox"/> Called ambulance <input type="checkbox"/> Called fire department <input type="checkbox"/> Closed laboratory doors <input type="checkbox"/> Closed building <input type="checkbox"/> Consulted MSDS or chemical database <input type="checkbox"/> Called police department (case #) <input checked="" type="checkbox"/> Other (explain): see below		34. Symbols or markings on vials (if any): _____	
35. Agent was recovered (theft/loss): <input type="checkbox"/> No <input type="checkbox"/> Yes			
37. Provide a detailed summary of events (attach additional sheets if necessary): Attached is a follow up report on an elevated titer reported to you on 5/11/07. Although the report indicates a reduction in ratio, the titer is still elevated. The person has not had access to the agent since coming to Texas A&M but previously worked in a Veterinary Diagnostic Clinic. While we continue to seek your guidance, we believe using elevated titers as a sole indicator of an occupational exposure is not adequate. Texas A&M has developed a new definition for occupational exposure and will apply it as we are monitoring labs for safety until we get guidance from CDC. Occupational exposures are now defined as "clinical symptoms confirmed by laboratory evidence or an abnormal event in which the agent could have been released outside of the primary bio-containment barrier." Titers will still be collected as part of our medical surveillance program. Elevated titers will be investigated and if the investigation determines that an occupational exposure occurred. If there are any concerns regarding Texas A&M's definition, please let us know immediately.			

SECTION 3 - IF THE INCIDENT OCCURRED DURING TRANSFER PROVIDE THE FOLLOWING INFORMATION

38. APHIS authorization number from transfer form:		39. CDC authorization number from transfer form:					
40. Name of carrier:		41. Airway bill number/bill of lading number/tracking number:					
42. Package description (size, shape, description of packaging including number and type of inner packages; attach additional sheets if necessary):							
	SENDER INFORMATION		RECIPIENT INFORMATION				
43. Name of person:	a. First:	MI:	Last:	b. First:	MI:	Last:	
44. Name of entity:	a.			b.			
45. APHIS/CDC registration number:	a. APHIS:	b. CDC:		c. APHIS:		d. CDC:	
46. PHS/USDA import permit number:	a. PHS:	b. USDA:		c. PHS:		d. USDA:	
47. Date shipped:	a.			b.			
48. Telephone:	a.			b.			
49. FAX:	a.			b.			
50. Package with select agents and toxins received by requestor: <input type="checkbox"/> No <input type="checkbox"/> Yes				51. Package with select agents and toxins appears to have been opened: <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, explain)			
52. Sender was contacted regarding incident: <input type="checkbox"/> No <input type="checkbox"/> Yes				53. Carrier/courier was contacted regarding incident: <input type="checkbox"/> No <input type="checkbox"/> Yes			

SECTION 4 - TO BE COMPLETED ONLY FOR RELEASE OF SELECT AGENTS AND TOXINS


54. Hazards posed by release: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, explain. Use an attachment if necessary.)
55. Exposures: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If Yes, provide number of persons, animals, and plants exposed. Attach additional sheets if necessary.) 1 employee showed evidence of prior exposure.
56. Area was decontaminated: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If Yes, explain. Use an attachment if necessary.) The chamber is now flushed with a disinfectant rather than using manual cleaning methods. In addition, personnel are now using positive air displacement respirators instead of the N95 face mask.
57. Medical treatment was provided: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If Yes, explain. Use an attachment if necessary.) The employee had previously been treated by a private physician and is currently being monitored.

SECTION 2 - TO BE COMPLETED BY ALL ENTITIES

LIST OF SELECT AGENTS AND TOXINS LOST, STOLEN OR RELEASED

20. Select Agents and Toxins	21. Characterization of Agent	22. Number of Vials	23. Form (powder/liquid/slant)	24. Vol or Wt per Vial (e.g., ml, mg, ng)	25. Total Quantity	26. Concentration/Vial (e.g., 10 ⁶ pfu/ml)
1	Coxiella burnetii					1 x 10
2						1 x 10
3						1 x 10
4						1 x 10
5						1 x 10
6						1 x 10
7						1 x 10
8						1 x 10
9						1 x 10
10						1 x 10
11						1 x 10
12						1 x 10

I hereby certify that the information contained on this form is true and correct to the best of my knowledge. I understand that if I knowingly provide a false statement on any part of this form, or its attachments, I may be subject to criminal fines and/or imprisonment. I further understand that violations of 42 CFR 73, 9 CFR 121, or 7 CFR 331 may result in civil or criminal penalties, including imprisonment.

Signature of Respondent:  Typed or printed name of Respondent: Angelia Raines

Title: ARO, Director of Research Compliance Date: 07/09/2007

Public reporting burden: Public reporting burden of providing this information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0576).

APHIS/CDC FORM 3 (12/31/2008)
 (CDC Adobe Acrobat 5.0 Electronic Version, 1/2006)



Texas Department of State Health Services

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3194
(512) 458-7318

LABORATORY SERVICES SECTION
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

Submitter copy to:

Page 1 of 2*

Date: 6/8/2007

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

Patient Address:

DOB: 4/26/1981

Date Rcvd: 6/5/2007
Spec Type: SERUM

Test Reas: DIAGNOSIS

To all providers: If you have not reported your NPI to DSHS, please call
1-888-963-7111, ext. 6030.

Final Results

Specimen Numbers:
Date Collected:

6/1/2007

BRUCELLA AGGLUTINATION

<1:40

An agglutination titer of <1:40 is considered to be negative. This test was developed and its performance characteristics determined by the Laboratory Services Section at DSHS. The test has not been approved or cleared by the US Food and Drug Administration (FDA).

Q FEVER IFA

**PHASE I (1:64)
PHASE II 1:512

A single Q fever IFA titer of greater than or equal to 1:256 is evidence of a prior infection, but, it does not confirm that the infection was recent. The most convincing evidence of recent infection is a fourfold rise in antibody titer between an acute serum and a convalescent serum. Reactions to both phase I and phase II antibody are often seen in test sera. However, in acute Q fever the phase II antibody is usually higher than the phase I titer. In chronic Q fever phase I titers rise in later specimens while phase II titers fall or remain constant.

This test was developed and its performance characteristics determined by the Laboratory Services Section at DSHS. The test has not been approved or cleared by the US Food and Drug Administration (FDA).

(continued)

TLW



Texas Department of State Health Services

1100 WEST 49TH STREET
AUSTIN, TEXAS 78758-3194
(512) 458-7318

LABORATORY SERVICES SECTION
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

Page 2 of 2*

Date: 6/8/2007

Submitter copy to:

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Sub# #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient

Patient Address:

DOB: 4/26/1981

((Q FEVER IFA is Reportable to Health Dept))

Susan U. Neill, Ph.D., M.B.A.
Director, Laboratory Services Section
CLIA License Number 45D0660644
www.dshs.state.tx.us/lab



REPORT OF THEFT, LOSS, OR RELEASE OF SELECT AGENTS AND TOXINS (APHIS/CDC FORM 3)

FORM APPROVED
OMB NO. 0579-0213
OMB NO. 0920-0576
EXP DATE 12/31/2006

Read all instructions carefully before completing the report. Answer all items completely and type or print in ink. The report must be signed and submitted to either APHIS or CDC:

Animal and Plant Health Inspection Service
Agricultural Select Agent Program
4700 River Road Unit 2, Mailstop 22, Cubicle 1A07
Riverdale, MD 20737
FAX: 301-734-3652

Centers for Disease Control and Prevention
Division of Select Agents and Toxins
1600 Clifton Road NE, Mailstop A-46
Atlanta, GA 30333
FAX: 404-718-2096

SECTION 1 - TO BE COMPLETED BY ALL ENTITIES					
1. Entity name: Texas A&M University			2. Entity registration number (if applicable): APHIS# _____ CDC# 200606050489		
3. Entity address (NOT a post office address): 1500 Research Parkway, Suite B150 TAMU 1186			4. City: College Station		5. State: TX
7. Responsible Official (RO) or facility director First: Richard MI: Last: Ewing			8. Telephone: 979 847-9362		9. FAX: 979 862-3176
11. RO or facility director address (NOT a post office address): 1500 Research Parkway, Suite B150			12. City: College Station		13. State: TX
15. Type of incident: <input type="checkbox"/> Theft <input type="checkbox"/> Loss <input checked="" type="checkbox"/> Release		16. Immediate notification provided to: <input type="checkbox"/> APHIS <input checked="" type="checkbox"/> CDC		17. Date of immediate notification: 07/02/2007	
19. An internal review of laboratory procedures and policies has been initiated to prevent recurrences of loss of select agents and toxins at this entity: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, please provide additional details in an attachment.) (See explanation in Section 2)		18. Type of immediate notification: <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Telephone		10. E-mail: araines@vpmail.tamu.edu	
14. Zip Code: 77843-1186					

SECTION 2 - TO BE COMPLETED BY ALL ENTITIES					
LIST OF SELECT AGENTS AND TOXINS LOST, STOLEN OR RELEASED (Please see page 4.)					
27. Date and time of incident: 07/02/2007		28. Date of last inventory:		29. Name of principal investigator for laboratory with select agents and toxins First: N/A MI: Last: N/A	
30. Location of incident (building and room #): N/A		31. Location of incident (within room (e.g., freezer, incubator)): N/A		32. Biosafety level of laboratory where incident occurred: BSL3	
33. Name and telephone number of agencies or local authorities notified: Health Dept. 512 458-7318			34. Symbols or markings on vials (if any):		35. Agent was recovered (theft/loss): <input type="checkbox"/> No <input type="checkbox"/> Yes
36. Provide a summary of actions taken: <input type="checkbox"/> Called ambulance <input type="checkbox"/> Called fire department <input type="checkbox"/> Closed laboratory doors <input type="checkbox"/> Closed building <input type="checkbox"/> Consulted MSDS or chemical database <input type="checkbox"/> Called police department (case #) <input checked="" type="checkbox"/> Other (explain): see below					
37. Provide a detailed summary of events (attach additional sheets if necessary): Attached is a follow up report of an elevated titer previously reported to you on 4/24/07. Although the report indicates a reduction in ratio, the titer is still elevated. The person was exposed prior to joining Texas A&M and has since continued to have elevated titers. While we continue to seek your guidance, we believe using elevated titers as a sole indicator of an occupational exposure is not adequate. Texas A&M has developed a new definition for occupational exposure and will apply it as we are monitoring labs for safety until we get guidance from CDC. Occupational exposures are now defined as "clinical symptoms confirmed by laboratory evidence or an abnormal event in which the agent could have been released outside of the primary bio-containment barrier." Titers will still be collected as part of our medical surveillance program. Elevated titers will be investigated and if the investigation determines that an occupational exposure occurred. If there are any concerns regarding Texas A&M's definition, please let us know immediately.					

SECTION 3 - IF THE INCIDENT OCCURRED DURING TRANSFER PROVIDE THE FOLLOWING INFORMATION

38. APHIS authorization number from transfer form:		39. CDC authorization number from transfer form:					
40. Name of carrier:		41. Airway bill number/bill of lading number/tracking number:					
42. Package description (size, shape, description of packaging including number and type of inner packages; attach additional sheets if necessary):							
	SENDER INFORMATION		RECIPIENT INFORMATION				
43. Name of person:	a. First:	MI:	Last:	b. First:	MI:	Last:	
44. Name of entity:	a.			b.			
45. APHIS/CDC registration number:	a. APHIS:	b. CDC:		c. APHIS:	d. CDC:		
46. PHS/USDA import permit number:	a. PHS:	b. USDA:		c. PHS:	d. USDA:		
47. Date shipped:	a.			b.			
48. Telephone:	a.			b.			
49. FAX:	a.			b.			
50. Package with select agents and toxins received by requestor: <input type="checkbox"/> No <input type="checkbox"/> Yes				51. Package with select agents and toxins appears to have been opened: <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, explain)			
52. Sender was contacted regarding incident: <input type="checkbox"/> No <input type="checkbox"/> Yes				53. Carrier/courier was contacted regarding incident: <input type="checkbox"/> No <input type="checkbox"/> Yes			

SECTION 4 - TO BE COMPLETED ONLY FOR RELEASE OF SELECT AGENTS AND TOXINS

54. Hazards posed by release: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, explain. Use an attachment if necessary.)
55. Exposures: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If Yes, provide number of persons, animals, and plants exposed. Attach additional sheets if necessary.) 1 employee showed evidence of prior exposure.
56. Area was decontaminated: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If Yes, explain. Use an attachment if necessary.) The chamber is now flushed with a disinfectant rather than using manual cleaning methods. In addition, personnel are now using positive air displacement respirators instead of the N95 face mask.
57. Medical treatment was provided: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If Yes, explain. Use an attachment if necessary.) The employee had previously been treated by a private physician and is currently being monitored.

SECTION 2 - TO BE COMPLETED BY ALL ENTITIES

LIST OF SELECT AGENTS AND TOXINS LOST, STOLEN OR RELEASED

20. Select Agents and Toxins	21. Characterization of Agent	22. Number of Vials	23. Form (powder/liquid/slant)	24. Vol or Wt per Vial (e.g., ml, mg, ng)	25. Total Quantity	26. Concentration/Vial (e.g., 10 ⁸ pfu/ml)
1	Coxiella burnetii					1 x 10
2						1 x 10
3						1 x 10
4						1 x 10
5						1 x 10
6						1 x 10
7						1 x 10
8						1 x 10
9						1 x 10
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11						1 x 10
12						1 x 10

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Signature of Respondent: [Signature] Typed or printed name of Respondent: Angelia Raines

Title: ARO, Director of Research Compliance Date: 07/09/2007

Public reporting burden: Public reporting burden of providing this information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0576).

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Texas Department of State Health Services

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3194
(512) 458-7318

LABORATORY SERVICES SECTION
CLIA #45D0860644

CONFIDENTIAL LABORATORY REPORT

Submitter copy to:

• Page 1 of 2*
Date: 6/20/2007

SCOTT AND WHITE CLINIC-02180184
1600 UNIVERSITY DRIVE
attn: Jack Crouch
COLLEGE STATION, TX 77840

Spec #:
Subm #:
Lab: MEDICAL SEROLOGY
Tel #: (512)458-7578

Patient Address: _____ Patient _____ DOB: 10/26/1972

Date Rcvd: 6/15/2007
Spec Type: SERUM

Test Reas: DIAGNOSIS

To all providers: If you have not reported your NPI to DSHS, please call 1-888-963-7111, ext. 6030.

Final Results

Specimen Numbers:
Date Collected:

6/14/2007

Q FEVER IFA

**PHASE I (1:64
PHASE II 1:128

A single Q fever IFA titer of greater than or equal to 1:256 is evidence of a prior infection, but, it does not confirm that the infection was recent. The most convincing evidence of recent infection is a fourfold rise in antibody titer between an acute serum and a convalescent serum. Reactions to both phase I and phase II antibody are often seen in test sera. However, in acute Q fever the phase II antibody is usually higher than the phase I titer. In chronic Q fever phase I titers rise in later specimens while phase II titers fall or remain constant.

This test was developed and its performance characteristics determined by the Laboratory Services Section at DSHS. The test has not been approved or cleared by the US Food and Drug Administration (FDA).
(continued)