

Heat Preparation Sheet for a Successful Bed Bug Treatment

Property _____ Apartment # _____ Date of Treatment _____
 Address _____ City _____ State _____ Zip Code _____

Resident/Owner Responsibility Check List:

- | | |
|---|--|
| <input type="checkbox"/> Remove all plants and pets | <input type="checkbox"/> Remove Aerosol cans, lighters, and ammunition |
| <input type="checkbox"/> Remove all items from under the bed | <input type="checkbox"/> Drain all water beds/furniture |
| <input type="checkbox"/> Do not place clothes in plastic bags | <input type="checkbox"/> Bike tires and air mattresses need to be deflated |
| <input type="checkbox"/> Remove all Wall Hangings and set on floor | <input type="checkbox"/> Remove any CO2 cartridges/combustibles |
| <input type="checkbox"/> Remove all candles, cosmetics, and medicines | <input type="checkbox"/> Remove any oil paintings |
| <input type="checkbox"/> Place all perishable foods in the refrigerator | <input type="checkbox"/> Remove Musical instruments |
| <input type="checkbox"/> Remove all bedding from mattress | <input type="checkbox"/> Remove all clutter |
| <input type="checkbox"/> Remove all alcohol/wine bottles | <input type="checkbox"/> Remove all crayons |
| <input type="checkbox"/> Remove all carbonated beverages | <input type="checkbox"/> Remove all outlet covers prior to service |

All items that are removed, need to be placed in the bathroom for further inspection. I understand that if the listed items below are not prepared properly for service that it may cause the heat treatment to be rescheduled and/or not given a warranty. If the Heat Technician has to prepare the residence a **\$250.00** fee will be added to the original cost. If the residence cannot be treated on the scheduled service day and time a **\$500.00** trip charge will be charged unless a 48 hour notice is given.

By signing below you indicate that you have read over the checklist and understand the process of preparing your home for service. Any items damaged that were not removed as indicated will be the responsibility of the owner/resident and not True Heat Solutions.

_____ Residents Signature	_____ Owner/ Property Manager Signature
Technician Inspection Findings _____ _____ _____	List Areas of Activity _____ _____ _____
*To be filled out by technician only	

Level of Activity: Heavy Medium Light **Sprinkler System:** Yes No If yes, How Many _____

This property/unit was fully prepared: Yes No (filled out by tech)

The Process:

In order for the heat treatment to be successful, you will need to be out of your home for a minimum of 9 hours from the time we arrive. Your home will be heated to temperatures ranging from 122-138 degrees for a minimum 5 hours in order to ensure all bed bugs and their eggs are dead.

Please double check that all the above items have been removed as we will not be responsible for any damaged goods done by the heat. Do not store things in your car because the heat in your car can also damage goods.

When you return to your home you will find some things may be out of place. During the treatment we move things around (sofas, linens, cushions, clothes, furniture, etc) in order to get the maximum heat where needed. Things may not be in the same place as they originally were and it will be your responsibility to accommodate them as you need to.

Place anything that may melt in a basket if you cannot remove them yourselves and mark **DO NOT HEAT** and the service technician will carefully check them for bed bugs and store them until the process is over.

If you have any questions, please don't hesitate to give us a call at 866.722.3372