

APPENDIX A
TERMITE MANAGERS TIMBERSECURE QUESTIONNAIRE

Client name: _____ Address _____ State: _____

Treated Property Address: _____ State: _____

This questionnaire is in addition to the Visual Termite Inspection Report to AS 3660.2 - 2000 or a Timber Pest Report to AS 4349.3 - 2010 and is an Addendum to the Visual Inspection Report carried out on:

_____ / _____ / 20____

 The Termite Management System (s) (TMS) Installed is: A Soil Chemical Treatment . A Physical System .

 A Reticulation System . Impregnated Sheet Material . A Termite Monitoring and Baiting System .

The actual Product Brand Name(s) of the TMS(s) installed is: _____

The Date the TMS(s) was installed: _____ / _____ / 20____

Comment (if any): _____

TABLE: Tick in the Table below either **Yes** or **No** (If answer is Yes Describe in Table below)

Q	Changes to Property since Last inspection	Yes/No	If Yes - Describe
1	Has there been an extension to the property since the Termite management System was installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2	Is there evidence of building works that may have compromised the TMS?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3	Have the environmental conditions changed sufficiently to affect the TMS?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4	Has the TMS been compromised in any way?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5	Has the property been affected by flooding? (If Yes retreatment required)	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Date of Appendix A Inspection: _____ / _____ / 20____

Appendix A Inspectors Name: _____ Inspectors Accreditation No. _____