

BIRD|BUFFER

Invisible Bird Control...Guaranteed

INSTALLATION PLAN

Required to Implement Guarantee

Name & Location _____

Installation Plan by _____

Date _____ Time _____ to _____

Weather Conditions _____ Year round? _____ Seasonal? _____

Travel time (roundtrip for technician) _____ Freezing conditions anytime? _____

Sketch of facilities and area to be treated (pg 3 graph). This should be a plot plan with (estimated) dimensions. Note height of facilities, openings and bird traffic (direction of wind). Include the following:

- OBSERVATIONS – How many birds? Less than 12, 12-25, 50, more
- Note on the sketch location where birds tend to congregate, and circle in the area nesting. Use the following codes in Location Code adding #'s if possible, i.e., **M12**.

Species	#/Mo/Yr	Bird types	Activity/#	Location Code
Small Birds		Sparrows, canaries, swallows, finches		S
Medium Birds		Pigeons, Crows, Blackbirds, Grackles		M
Large Birds		Owls, Hawks, Seagulls,		L
Very Large Birds		Cranes, Geese,		V
Other pest birds:				O
Non-target birds:				N

- Can the birds get out? _____ Do they readily traffic in and out? _____
- FOOD SOURCES – If known, note location on sketch with these symbols. Can this be removed?

Type	Location Code	Amount Available	Observed feeding times
	F1		
	F2		
	F3		

- WATER SOURCE – note location on sketch if known

	Location Code	Amount Available	Observed drinking times
	W1		
	W2		

- WIND DIRECTION – Using **Windicator**, test wind direction during the morning hours and afternoon hours when the birds are flying. Determine wind flow inside the facility as well as the exterior, and

throughout the planned treatment area. Note on sketch wind direction and typical speed using the symbols in this chart.

Time of Day	Wind Direction Sym	Remarks
AM	→	
PM	⇒	

Attach a separate sheet if necessary. Digital photos if possible? _____

5. Specifics of problem with estimate of dollars lost (check and describe):
 - Contaminating food or food products
 - Defacing property
 - Odor
 - Safety hazards
 - Potential for disease and parasites
 - Noise
 - Other outdoor considerations:
 - How much wind is affecting the area? 0, 5, 10, 15, 20 mph?
 - What direction is the wind blowing? N NW W SW S SE E NE
6. Public relations problems (please answer with dollar estimates if possible):
 - How many employees (rate, hours or days) are affected?
 - How many others are affected (neighbors, visitors, safety)?
 - Does the facility need a health and safety certification to pass customer's requirements?
 - Volume of annual sales that is affected by bird droppings?
 - Will the safe and clean bird control save bad publicity?
7. Other conditions, problems w/bird control, (contamination of food, clothing, property, etc).
8. Unsuccessful past efforts of bird removal (check techniques and describe):

<input type="checkbox"/> Clean up of food source	<input type="checkbox"/> Trapping
<input type="checkbox"/> Spikes, electric shock	<input type="checkbox"/> Shooting or loud noise
<input type="checkbox"/> Nest destruction	<input type="checkbox"/> Mist Netting
<input type="checkbox"/> netting	<input type="checkbox"/> Dog chasing or hazing
<input type="checkbox"/> shooting	<input type="checkbox"/> High pressure air
<input type="checkbox"/> Loud noise or fast movement	
9. **Will the customer agree to a final clean up of all debris, droppings, nests or food?**
10. Only Bird Buffer guarantees 96% Bird Control. Includes a one year warranty or longer?
11. INSTALLATION – Note on the sketch, include your planned installation of the BirdBuffer units, and the direction in which they will be pointed. Lightly shade the areas that are to be treated.

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Facility Sketch and planned Installation

Plan Developed by _____ PCO, Reviewed by Customer _____

Approved by GBS _____ Date _____

