

•	JOE	3					STORA		ckBox #		Picked-ı	ın? Y / N		
Insured's				Dho	LockBox # Picked-up? Y / N Phone #:									
	ess:							Date of Loss:						
Email:														
Adjuster: Policy								Claim #: Adj. Phone #:						
-								Adj. Phon	e#:					
Adj. Emai	i <u>l:</u>													
Circle one Water Category and Class: Cat 1 Cat 2 Cat 3 Mold CI						1 2	3 4	4 Year Built			Lead Test # of Samples Positive Negative			
	Work Autho	rization	Health Consent F			Form	orm Mold			Asbe	Asbestos # of Samples			
	_ Contaminer	nts Waive	r	Early	Equipment	Removal		Clearance			Test Positive Negative Clearance			
		1	Day					Pay			Day			
	ł		R.H.	Day Temp	GPP		R.H.	Day Temp	GPP	1 1	R.H.	Day Temp	GPP	
	Affec	cted Area						1] [۳		
	Unaffec	cted Area								4				
		Outdoors								1				
	Out of Deh	A/C Unit								1				
			Day					Day		4	Day			
	A 5541 A		R.H.	Temp	GPP		R.H.	Temp	GPP	1	R.H.	Temp	GPP	
	Affected Area Unaffected Area									1				
	Outdoors] [
	Out of Dehumidifier									↓				
		A/C Unit												
Loss Description: What Happened?														
Daily Log **List Notes for each day of job, if visit wasn't made list out why**														
Date	# of Techs	After Hrs						Notes						
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