

Customer Name: _____ Category of Water: ☐ 1 ☐ 2 ☐ 3 Class: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Room:	(L)	(W)	(H)	Floor Type:	C = Carpet V = Vinyl L = Laminate Co = Concrete	T = Ceramic Tile VCT = Vinyl Tile VP = Vinyl Plank W = Wood
Offset:	(L)	(W)	(H)	Floor Type:		

Check the box to the left of the activity. **AH = After Hours – Check the yellow box if activity occurred after 5pm/weekend/holiday.** Blacked out box indicates no after-hours rate available.

A	R	Mitigation Activities	QTY	A	R	"Detach Only" or "Detach & Reset"	"D" or "D/R"	QTY	A	R	Tear Out / Remove & Dispose	QTY
H	H			H	H				H	H		
		Build containment barrier (SF)				Light/Ceiling fan (EA)					Ceramic wall tile (SF)	
		Barrier poles (# POLES) _____ X Days _____				<input type="checkbox"/> Washer (EA) <input type="checkbox"/> Dryer (EA)					Paneling (SF)	
		Zipper (EA) <input type="checkbox"/> REGULAR <input type="checkbox"/> HEAVY DUTY				<input type="checkbox"/> Refrigerator (EA) <input type="checkbox"/> Range Hood (EA)					Drywall (SF) <input type="checkbox"/> Wall <input type="checkbox"/> Ceiling	
		Contents by room <input type="checkbox"/> SM <input type="checkbox"/> AVG <input type="checkbox"/> LRG <input type="checkbox"/> XL				Range (EA) <input type="checkbox"/> Electric <input type="checkbox"/> Gas					Drywall – (flood cut) (LF) <input type="checkbox"/> 4" up <input type="checkbox"/> 2' up <input type="checkbox"/> 4' up	
		Contents (PER HOUR)				Door (EA) <input type="checkbox"/> Door only <input type="checkbox"/> Jamb, casing, door					Insulation (SF)	
		Block/Pad contents <input type="checkbox"/> SM <input type="checkbox"/> AVG <input type="checkbox"/> LRG				Bifold (EA) <input type="checkbox"/> SINGLE <input type="checkbox"/> DOUBLE					Carpet (SF)	
		Protect Contents (SF)				Mirror (SF)					Glued-down carpet (SF)	
		Truck-mounted pumping (PER HOUR)				Switch/outlet cover (EA)					Carpet pad (SF)	
		2" Submersible pump (PER HOUR)				Sink faucet (EA)					Tack strip (LF)	
		Muck out <input type="checkbox"/> LT (< 3") <input type="checkbox"/> AVG (< 6 ") <input type="checkbox"/> HEAVY (> 6") (SF)				Sink (EA) <input type="checkbox"/> SINGLE <input type="checkbox"/> DBL <input type="checkbox"/> PEDESTAL					Floor - Vinyl plank (SF) <input type="checkbox"/> w/Underlayment <input type="checkbox"/> No	
		Pressure <input type="checkbox"/> Steam <input type="checkbox"/> Wash <input type="checkbox"/> AVG <input type="checkbox"/> HEAVY (SF)				P-Trap (EA)					Floor - Vinyl composite tile (SF) <input type="checkbox"/> w/Underlayment <input type="checkbox"/> No	
		Extract carpet (SF) <input type="checkbox"/> REGULAR <input type="checkbox"/> HEAVY				Sink supply line (EA)					Floor - Vinyl - sheet (SF) <input type="checkbox"/> w/Underlayment <input type="checkbox"/> No	
		Extract carpet – weighted (SF)				<input type="checkbox"/> Disposer (EA) <input type="checkbox"/> Dishwasher (EA)					Floor – Ceramic tile (SF)	
		Lift carpet for drying (SF)				Laminate Countertop (LF)					Laminate (pad included) (SF)	
		Extract hard surface (SF)				Solid/Granite Countertop (SF)					Engineered/Wood flooring (SF) OVER <input type="checkbox"/> Concrete <input type="checkbox"/> Wood	
		Drill holes for cavity drying (EA)				Marble vanity top (LF)					Transition strip (LF) <input type="checkbox"/> Vinyl <input type="checkbox"/> Carpet <input type="checkbox"/> Wood	
		HEPA vacuum (SF) <input type="checkbox"/> LIGHT <input type="checkbox"/> DETAILED				Upper cabinet (LF)					Underlayment (SF)	
		HEPA vacuum (PER HOUR)				Full height cabinet (LF)					Subfloor (SF)	
		Vacuuming – Regular (SF)				Lower cabinet (LF)					Upper cabinet (LF)	
		Clean walls (SF)				Vanity cabinet (LF)					Full height cabinet (LF)	
		Clean stud wall (SF)				Cabinet toe kick (LF)					Lower cabinet (LF)	
		Clean hard floor/subfloor (SF)				Trim (LF) Type: _____					Vanity cabinet (LF)	
		Clean floor tile (SF)				Baseboard (LF) <input type="checkbox"/> Grout <input type="checkbox"/> No Grout					Trim (LF) Type: _____	
		Antimicrobial – regular <input type="checkbox"/> CEILING <input type="checkbox"/> WALLS <input type="checkbox"/> FLOOR				Toilet (EA)					Baseboard (LF) <input type="checkbox"/> In Grout <input type="checkbox"/> No Grout	
		Antimicrobial – plant-based <input type="checkbox"/> CEILING <input type="checkbox"/> WALLS <input type="checkbox"/> FLOOR				Register (EA) <input type="checkbox"/> WALL <input type="checkbox"/> CEILING <input type="checkbox"/> FLOOR					Floor Protection (SF) <input type="checkbox"/> Plastic <input type="checkbox"/> Cardboard <input type="checkbox"/> Drop Cloth	

Additional Information For This Room: _____

Equipment	Type / Size	Asset ID	Qty	Date Added	Date Removed	Additional Comments
Select Equipment						
Select Equipment						
Select Equipment						
Select Equipment						
Select Equipment						
Other Equipment (type in here)						