Job Name: _____
Date: _____ Time: _____
Technican: Phone:

MITIGATION CHECKLIST

BEGIN

Initial

WHY are you here? WHAT do you intend to do? Give them your business card.

1. **Photos: RISK and SOURCE** ①
2. Fill out Job Information [JI].
3. Contract/Work Authorization/A.T.R.

TIP: Take the time to tell the client what is going to happen

MITIGATION

MITIGATE THE LOSS - Stop Further Damage

4. Risk assessment – what hazards exist? Fill out Daily Report. — Daily Report [DR]

   Water Category: ☐1 [clear] ☐2 [grey] ☐3 [black/sewer]

5. Start Room Notes (Name and Dimensions Only) — Determine extent of water intrusion. — Room Notes [RN]
6. Photos of each room: affected areas, contents and pre-existing damage. ② — Room Photos
7. Stop Leak, Extract, Protect, Content Manipulation — TIP: Several photos per room. — Mitigation

Do NOT proceed until you've stopped the leak!

PREPARATION

PREPARE DRYING SYSTEM

Initial

8. Atmospheric Readings — Record of Drying Conditions [RDC]
9. Start Moisture Map / Diagram + Crawl Space Inspection — Floor Plan [FP]
10. Develop Drying Strategy + Perform Calculations — Drying Strategy [DC]
11. Check with owner ~ Questions? Concerns? — TIP: Discuss with crew THEN explain to owner- "This is how we are going to dry YOUR building." — Check IN

DEMOLITION

DEMOLITION

Initial

12. Protection: cover and photo document all masking/cover. ③ — Protection Pics
13. Demo: follow drying strategy [DC]. Remove "bound" water. ④ — Demo Pics
14. Clean up: dust free before air movers are placed — TIP TO GET PAID: Take photos of protection and demolition — Cleanup
15. Document: what was happened in each room. — Room Notes [RN]

DRYING

SET UP DRYING SYSTEM

Initial

16. SET EQUIPMENT [DC] — TIP: Wait ten mintues AFTER equipment is running. Confirm electrical circuits are operational ⑤ — Equipment Pics
17. Document specialty materials/equipment used. — Room Notes [RN]
18. Final Moisture Points: Exposed Framing [FP] Dehu Reading [RDC] — Floor Plan [FP] RecordOfDrying [RDC]
19. Lead Tech: review all paperwork ON SITE — Document Review [DR]
20. Follow-up appointment set for: _____ — End time: _____

Job Name: _____
Date: _____ Time: _____
Technican: Phone:

JOB INFORMATION [JI]

CLIENT [BILLING] ☐Own ☐Rent

Owner Name:_____ Phone:_____ Cell:_____

Email:_____

Address:_____City:_____State:_____Zip:_____

Mortgage Company: _____

JOB SITE ☐Residential ☐Commercial

On Site Contact Name:_____ ☐Tenant

Phone:_____ Email:_____ Other:_____

Company:_____ Phone2: _____

Address:_____City:_____State:_____Zip:_____

INSURANCE Loss Type: ☐Water ☐Fire ☐Mold ☐Sewer ☐Tree ☐Other_____

Claim #: _____ Deductible:$_____ XM8 Version:_____ DOL:_____

Carrier:_____ Adjuster:_____

Phone:_____ Cell:_____ FAX:_____

Email:_____Other:_____

Job Name: ______________________________

Date: ___________ Time: ___________

Technican: Phone:

DAILY REPORT [DR]

Hazards: ☐CAT3 ☐BioHazard ☐Slip/Fall ☐Young/Old Occupants ☐ PPE used______ ☐ _____________

Drying Considerations: ☐Multiple floor layers ☐ Large drying chamber ☐Limited Power ☐____________

Date	Initials	☐ After Hours Initial Response

Job Name: _____

Date: _____ Time: _____

Technician: Phone:

ROOM NOTES [RN]

ROOM:	ROOM:	ROOM:
x x =	x x =	x x =
L x W x H = FT3	L x W x H = FT3	L x W x H = FT3
Extraction: F 1/2 1/3 1/4 1/8	**Extraction:** F 1/2 1/3 1/4 1/8	**Extraction:** F 1/2 1/3 1/4 1/8
☐ Hard Surface ☐ Carpet ☐ **Anti-Microbial**	☐ Hard Surface ☐ Carpet ☐ **Anti-Microbial**	☐ Hard Surface ☐ Carpet ☐ **Anti-Microbial**
☐ Heavy ☐ Weight ☐	☐ Heavy ☐ Weight ☐	☐ Heavy ☐ Weight ☐
Contents Moved: .25 .5 .75 1 HRS	**Contents Moved:** .25 .5 .75 1 HRS	**Contents Moved:** .25 .5 .75 1 HRS
Cover / Protect: F W C ____ **SF**	**Cover / Protect:** F W C ____ **SF**	**Cover / Protect:** F W C ____ **SF**
☐ Mask ☐ Containment ☐ Zipper	☐ Mask ☐ Containment ☐ Zipper	☐ Mask ☐ Containment ☐ Zipper
Trim/Finish (LF): ____ Base ____ CWN	**Trim/Finish (LF):** ____ Base ____ CWN	**Trim/Finish (LF):** ____ Base ____ CWN
____ Tack ____ Casings ____	____ Tack ____ Casings ____	____ Tack ____ Casings ____
Drywall: ____ **SF**	**Drywall:** ____ **SF**	**Drywall:** ____ **SF**
Flood Cuts: 4" 2' 4' **LF:** PF 3/4 1/2 1/4	**Flood Cuts:** 4" 2' 4' **LF:** PF 3/4 1/2 1/4	**Flood Cuts:** 4" 2' 4' **LF:** PF 3/4 1/2 1/4
Insulation: ☐ Use DRY# ____ SF	**Insulation:** ☐ Use DRY# ____ SF	**Insulation:** ☐ Use DRY# ____ SF
Floor Demo: F 1/2 1/3 1/4 1/8	**Floor Demo:** F 1/2 1/3 1/4 1/8	**Floor Demo:** F 1/2 1/3 1/4 1/8
☐ **Vinyl** ☐ **UL** ☐ **LAM** ☐ **Wood**	☐ **Vinyl** ☐ **UL** ☐ **LAM** ☐ **Wood**	☐ **Vinyl** ☐ **UL** ☐ **LAM** ☐ **Wood**
☐ **Carpet** ☐ **Pad** ☐ **Float** ☐ **GD**	☐ **Carpet** ☐ **Pad** ☐ **Float** ☐ **GD**	☐ **Carpet** ☐ **Pad** ☐ **Float** ☐ **GD**
Cabinets (LF): ____ **Counters + Type**	**Cabinets (LF):** ____ **Counters + Type**	**Cabinets (LF):** ____ **Counters + Type**
____ Uppers ____ Lowers ____ FH	____ Uppers ____ Lowers ____ FH	____ Uppers ____ Lowers ____ FH
____ Toe Kick ____ Backsplash ____ Drill#	____ Toe Kick ____ Backsplash ____ Drill#	____ Toe Kick ____ Backsplash ____ Drill#
Doors Detached: ____ #Slabs ____ Bifold	**Doors Detached:** ____ #Slabs ____ Bifold	**Doors Detached:** ____ #Slabs ____ Bifold
Appliances/Fixtures:	**Appliances/Fixtures:**	**Appliances/Fixtures:**
☐ **DW** ☐ **RF** ☐ **RGE** ☐ **RGG** ☐ **MW**	☐ **DW** ☐ **RF** ☐ **RGE** ☐ **RGG** ☐ **MW**	☐ **DW** ☐ **RF** ☐ **RGE** ☐ **RGG** ☐ **MW**
☐ **WM** ☐ **DRY** ☐ **TLT** ☐ **SNK** ☐ **PSNK**	☐ **WM** ☐ **DRY** ☐ **TLT** ☐ **SNK** ☐ **PSNK**	☐ **WM** ☐ **DRY** ☐ **TLT** ☐ **SNK** ☐ **PSNK**
EQUIPMENT	**EQUIPMENT**	**EQUIPMENT**
TYPE - SIZE - UNIT# / SET DATE / PICKUP DATE	TYPE - SIZE - UNIT# / SET DATE / PICKUP DATE	TYPE - SIZE - UNIT# / SET DATE / PICKUP DATE

SHORT CODES - **W**: ft² of Walls **F**: ft² of **F**l oor **C**: ft² of **C**eiling **PF/PC**: Perimeter of Floor/Ceiling **LF:** Linear Feet

EQUIPMENT TYPES - **DH:**LGR (L, XL, XXL) **AM:** Air Mover **AX:** Axial **NA:** Negative Air **DES:** Dessicant **WD/FD:** Wall/Floor Drying Unit

Job Name: _____

Date: _____ Time: _____

Technican: Phone:

ROOM NOTES [RN]

ROOM:	ROOM:	ROOM:
X X = L x W x H = FT3	X X = L x W x H = FT3	X X = L x W x H = FT3
Extraction: F 1/2 1/3 1/4 1/8	**Extraction:** F 1/2 1/3 1/4 1/8	**Extraction:** F 1/2 1/3 1/4 1/8
☐ Hard Surface ☐ Carpet ☐ **Anti-Microbial**	☐ Hard Surface ☐ Carpet ☐ **Anti-Microbial**	☐ Hard Surface ☐ Carpet ☐ **Anti-Microbial**
☐ Heavy ☐ Weight ☐	☐ Heavy ☐ Weight ☐	☐ Heavy ☐ Weight ☐
Contents Moved: .25 .5 .75 1 HRS	**Contents Moved:** .25 .5 .75 1 HRS	**Contents Moved:** .25 .5 .75 1 HRS
Cover / Protect: F W C ____ **SF**	**Cover / Protect:** F W C ____ **SF**	**Cover / Protect:** F W C ____ **SF**
☐ Mask ☐ Containment ☐ Zipper	☐ Mask ☐ Containment ☐ Zipper	☐ Mask ☐ Containment ☐ Zipper
Trim/Finish (LF): ____ Base ____ CWN	**Trim/Finish (LF):** ____ Base ____ CWN	**Trim/Finish (LF):** ____ Base ____ CWN
____ Tack ____ Casings ____	____ Tack ____ Casings ____	____ Tack ____ Casings ____
Drywall: ____ **SF**	**Drywall:** ____ **SF**	**Drywall:** ____ **SF**
Flood Cuts: 4" 2' 4' **LF:** PF 3/4 1/2 1/4	**Flood Cuts:** 4" 2' 4' **LF:** PF 3/4 1/2 1/4	**Flood Cuts:** 4" 2' 4' **LF:** PF 3/4 1/2 1/4
Insulation: ☐ Use DRY# ____ SF	**Insulation:** ☐ Use DRY# ____ SF	**Insulation:** ☐ Use DRY# ____ SF
Floor Demo: F 1/2 1/3 1/4 1/8	**Floor Demo:** F 1/2 1/3 1/4 1/8	**Floor Demo:** F 1/2 1/3 1/4 1/8
☐ **Vinyl** ☐ **UL** ☐ **LAM** ☐ **Wood**	☐ **Vinyl** ☐ **UL** ☐ **LAM** ☐ **Wood**	☐ **Vinyl** ☐ **UL** ☐ **LAM** ☐ **Wood**
☐ **Carpet** ☐ **Pad** ☐ **Float** ☐ **GD**	☐ **Carpet** ☐ **Pad** ☐ **Float** ☐ **GD**	☐ **Carpet** ☐ **Pad** ☐ **Float** ☐ **GD**
Cabinets (LF): ____ **Counters + Type**	**Cabinets (LF):** ____ **Counters + Type**	**Cabinets (LF):** ____ **Counters + Type**
____ Uppers ____ Lowers ____ FH	____ Uppers ____ Lowers ____ FH	____ Uppers ____ Lowers ____ FH
____ Toe Kick ____ Backsplash ____ Drill#	____ Toe Kick ____ Backsplash ____ Drill#	____ Toe Kick ____ Backsplash ____ Drill#
Doors Detached: ____ #Slabs ____ Bifold	**Doors Detached:** ____ #Slabs ____ Bifold	**Doors Detached:** ____ #Slabs ____ Bifold
Appliances/Fixtures:	**Appliances/Fixtures:**	**Appliances/Fixtures:**
☐ **DW** ☐ **RF** ☐ **RGE** ☐ **RGG** ☐ **MW**	☐ **DW** ☐ **RF** ☐ **RGE** ☐ **RGG** ☐ **MW**	☐ **DW** ☐ **RF** ☐ **RGE** ☐ **RGG** ☐ **MW**
☐ **WM** ☐ **DRY** ☐ **TLT** ☐ **SNK** ☐ **PSNK**	☐ **WM** ☐ **DRY** ☐ **TLT** ☐ **SNK** ☐ **PSNK**	☐ **WM** ☐ **DRY** ☐ **TLT** ☐ **SNK** ☐ **PSNK**
EQUIPMENT	**EQUIPMENT**	**EQUIPMENT**
TYPE - SIZE - UNIT# / SET DATE / PICKUP DATE	TYPE - SIZE - UNIT# / SET DATE / PICKUP DATE	TYPE - SIZE - UNIT# / SET DATE / PICKUP DATE

SHORT CODES - **W**: ft² of Walls **F**: ft² of **F**l oor **C**: ft² of **C**eiling **PF/PC**: Perimeter of Floor/Ceiling **LF:** Linear Feet

EQUIPMENT TYPES - **DH:**LGR (L, XL, XXL) **AM:** Air Mover **AX:** Axial **NA:** Negative Air **DES:** Dessicant **WD/FD:** Wall/Floor Drying Unit

Job Name: _____

Date: _____ Time: _____

Technican:

FLOOR PLAN AND MOISTURE MAP [FP]

Moisture Points (MP)

Date:								
☺								
☹								

MP	Material Type	Dry Standard

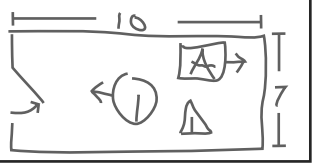
Use Multiple sheets as needed

Moisture Points

Floor: ①

Wall: Ⓐ

Ceiling: △1



Job Name: _____
Date: _____ Time: _____
Technican: _____

RECORD of DRYING CONDITIONS [RDC]

HYGROMETRICS

		OUTSIDE			UNAFFECTED			Affected _____			Affected _____			Affected _____		
Date	Time	Temp	RH	GPP*	Temp	RH	GPP*	Temp	RH	GPP*	Temp	RH	GPP*	Temp	RH	GPP*

		Dehumidifier Reading		
Date:	Time	Temp	RH	GPP*

TIP: You need a minimum of THREE readings
*Only record GPP if your meter calculates it.

Job Name: _____

Date: _____ Time: _____

Technican:

DEHUMIDIFIER CALCULATOR [DC]

Rooms [RN]	Cubic feet
Total Cubic Feet	

Find the cubic feet numbers from the Room Notes Sheet [RN]

Dehumidifier Type	PPD/ CFM	x	# of units	=	Total
1200	65	x		=	
Evolution	70	x		=	
Revolution	80	x		=	
R 175	92	x		=	
7000i	130	x		=	
200 HT	135	x		=	
		x		=	

ACTUAL TOTAL	PINTS	
	CFM	

Total Cubic Feet		LGR CLASS FACTOR		Pints Needed
_____	÷		=	_____

Total Cubic Feet		DESICCANT CLASS FACTOR		CFM Needed
_____	x		÷ 60	_____

ACTUAL TOTAL should **EXCEED** the MINIMUM

_____	MINIMUM PINTS/CFM NEEDED

Drying Strategy
Supplemental Heat Needed: ☐Yes ☐No
Type of System: ☐Open ☐Closed ☐Hybrid
Primary Equipment Used ☐LGR ☐Dessicant
Specialty drying situation [bound water]

Class Factors

Loss Class as a % of wet materials		LGR	DESS
1	Least Amount of Wet Porous Materials <5%	**100**	**1**
2	Significant amount of wet porous materials up to 40%	**50**	**2**
3	GREATEST amount of wet porous materials >40%	**40**	**3**
4*	Specialty drying situations [bound water]	**50**	**2**

*consult with project manager