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|  |  |  | | | |  | | |
| Work order overview |  |  | | | |  | | |
| Account  Client Work Order Number  Affected Site Address | {{account}}  {{client\_work\_order\_number}}  {{affected\_site\_address}} | **Work Order Number**  **Job Category** | | | | {{work\_order\_number}}  {{job\_category}} | | |
| cLIENT DETAILS: |  |  | | | |  | | |
| Name:  Phone Number: | {{name}}  {{phone\_number}} | **Email:**  **Address:** | | | | {{email}}  {{address}} | | |
| Service Appointment Details |  |  | | | |  | | |
| Appointment Number  Attendance Date  Number of Resources Attending | {{appointment\_number}}  {{attendance\_date}}  {{number\_resources\_attending}} | **Hours worked – Business Hours**  **Hours Worked – After Hours** | | | | {{business\_hours\_worked}}  {{after\_hours\_worked}} | | |
| Discussion with insured |  |  | | | |  | | |
| Client discussion on site | {{client\_discussion}} | | |  | | |  | | |
| Overview of initial. findings |  |  | | | |  | | |
| Date damage occurred (If known)  Cause of Damage  Water Damage Class  Water Damage Category | {{date\_damage\_occurred}}  {{cause\_of\_damage}}  {{water\_damage\_class}}  {{water\_damage\_category}} | |  | |  | | |
| oUTDOOR PSYCHOMETRICS |  |  | | | |  | | |
| Outdoor Relative Humidity  Outdoor Dew Humidity | {{outdoor\_relative\_humidity}}  {{outdoor\_dew\_humidity}} | **Outdoor Temperature**  **Outdoor GPK** | | | | {{outdoor\_temperature}}  {{outdoor\_gpk}} | | |

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| aFFECTED aREA pSYCHOMETRICS |  |  |  |

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| --- | --- | --- | --- | --- |
| **Room Name** | **Attendance Relative Humidity (%)** | **Attendance Temperature** | **Attendance Dew Point** | **Attendance GPK** |
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| aFFECTED aREA Findings |  |  |  |

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| --- | --- | --- | --- | --- |
| **Room Name** | **Width** | **Length** | **Height** | **Room Damage (%)** |
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| --- | --- | --- | --- | --- |
| **Flooring Type** | **Carpet Type** | **Colour of Underlay (Carpeted)** | **Is Flooring Restorable?** | **Quantity of Flooring Removed** |
|  |  |  |  |  |

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| --- | --- |
| **Findings** | **Findings – Supporting Information** |
|  |  |

|  |  |
| --- | --- |
| **Actions** | **Actions – Supporting Information** |
|  |  |

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| Equipment Register |  |  |  |

***No equipment was required to be placed upon attendance***

|  |  |  |  |
| --- | --- | --- | --- |
| **Room Name** | **Air Movers** | **Dehumidifier** | **Air Filtration Device (AFD)** |
|  |  |  |  |

Other Equipment/Materials Left On-Site:

{{equipment\_left\_on\_site}}

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | |  | |  | |
| Next Steps/Further Work to Be Completed: | | |  |  | |  | |
| Yes/No  Steps: | {{yes\_no\_further\_work}}  {{steps}} | | |  | |  | |
| ARE OTHER TRADES REQUIRED? |  | | |  |  | |
| Yes/No  What trades? Why | {{yes\_no\_other\_trades}}  {{what\_trades\_why\_trades}} | | |  | |  | |
| MATTERS FOR CONSIDERATION |  | | |  | |  | |
|  | {{matters\_for\_consideration}} | | |  | |  | |
| Is Temporary Accommodation Required? | |  | |  | |  | |
| Yes/no  How many days? | {{yes\_no\_temporary\_accommodation}}  {{days\_of\_accommodation}} | | |  | |  | |
| IS INSURANCE EXCESS COLLECTED? |  | | |  | |  | |
| Yes/No | {{insurance\_excess\_collected}} | | |  | |  | |

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|  |  |  |  |
| Photographic evidence |  |  |  |