

**DALWORTH  
RESTORATION**

**MONITORING / INSPECTION SURVEY**

Name: \_\_\_\_\_

Job #: \_\_\_\_\_ Date: \_\_\_\_\_

Tech: \_\_\_\_\_

Time in \_\_\_\_\_ Time out \_\_\_\_\_

**Daily Readings**

Out: \_\_\_\_\_

Aff: \_\_\_\_\_

Unaff: \_\_\_\_\_

Dehum: \_\_\_\_\_

Dehum: \_\_\_\_\_

Dehum: \_\_\_\_\_

AC/Heat: \_\_\_\_\_

All equipment on and placement correct YES NO

Check pad and sub-floor \_\_\_\_\_

Was the carpet raked YES NO

Is the furniture blocked YES NO

Any odors present YES NO

Area clean YES NO

Base pulled YES NO

If so location of base \_\_\_\_\_

Type of wall surface \_\_\_\_\_

Numbers of air movers left \_\_\_\_\_

\_\_\_\_\_

Numbers of dehums left \_\_\_\_\_

Reading sheets and moisture map filled out: YES NO

Original Technician \_\_\_\_\_

Technician out last \_\_\_\_\_

Next Appointment \_\_\_\_\_

Construction needed/ Explain \_\_\_\_\_

\_\_\_\_\_

**Equipment picked up:**

\_\_\_\_\_

**Notes:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_