

Customer Information

Customer Name:
Tech Name:
Category of Water: 1 2 3

Room Dimensions
Room

Room Length (L):
Room Width (W):
Room Height (H):
Floor Type:

Room Dimensions
Offset

Room Length (L):
Room Width (W):
Room Height (H):
Floor Type:

Room Dimensions
Offset

Room Length (L):
Room Width (W):
Room Height (H):
Floor Type:

Equipment Placement

Dehumidifier Mode/Size:

Example: (____ / ____ EA) x ____ (____ Days)

x

Wall Drying (checkOne)

Injected Ducted

Example: (____ / ____ EA) x ____ (____ Days)

X

Other

Example: (____ EA) x (____ Days)

X

Air Mover (checkOne) Standard Axial Axial1HP

X

E-TES (Electric):

X

Air Scrubber (CheckOne) 500CFM 700 1399CFM 1400+ CFM

X

ReplacedInternalFilter

Yes
No