

Mitigation Log - One Page Per Room

Room Name: _____



Insured: _____

DOL: _____

Address: _____

COL: _____

Ins. Company: _____

Ins. Rep: _____

EQUIPMENT	QUANTITY	DAYS	MED	L	XL	XXL	CONTENT MANIPULATION:			/hrs for this room				
Air Movers	#		0	0	NA	NA	Notes:			LF = Lineal Feet				
Dehumidifier	#		0	0	0	0				SF = Square Feet				
Air Scrubber	#		0	0	0	NA				- = Low Grade				
Other	#		0	0	0	0				+ = High Grade				
										++ = Premium Grade				
TYPE OF FLOORING			-	+	++	SERVICES PERFORMED			ALL	SF				
<input type="checkbox"/> Carpet	<input type="checkbox"/> Glued Down		0	0	0	<input type="checkbox"/> Extracted Water	<input type="checkbox"/> Heavy	0		SF				
<input type="checkbox"/> Pad	<input type="checkbox"/> Glued Down		0	0	0	<input type="checkbox"/> Cleaned	<input type="checkbox"/> Sanitized	0		SF				
<input type="checkbox"/> Solid Real Wood	<input type="checkbox"/> Glued Down		0	0	0	<input type="checkbox"/> HEPA Vacuumed Floor		0		SF				
<input type="checkbox"/> Laminated Wood	<input type="checkbox"/> Glued Down		0	0	0	<input type="checkbox"/> Lifted Carpet for Drying		0		SF				
<input type="checkbox"/> Prefinished Real Wood	<input type="checkbox"/> Glued Down		0	0	0	<input type="checkbox"/> Tore Out Flooring		0		SF				
<input type="checkbox"/> Vinyl Sheet Goods	<input type="checkbox"/> Glued Down		0	0	0	<input type="checkbox"/> Tore Out Tack Strip		0		SF				
<input type="checkbox"/> Vinyl Tile	<input type="checkbox"/> Glued Down		0	0	0	<input type="checkbox"/> Tore Out Underlayment-Lauan 1/4"		0		SF				
<input type="checkbox"/> Ceramic or Porcelain Tile			0	0	0	<input type="checkbox"/> Tore Out Subflooring		0		SF				
<input type="checkbox"/> None - Bare Concrete			0	0	0	<input type="checkbox"/> Clean & Sanitize Open Floor Joists		0		SF				
Underlayment:						<input type="checkbox"/> Coated Joists With Sealer		0		SF				
WALLS & CEILING - SERVICES PERFORMED								ALL	SF	REPLACE	NOTES:			
<input type="checkbox"/> Cleaned	<input type="checkbox"/> Sanitized	<input type="checkbox"/> Walls	<input type="checkbox"/> Ceiling	0		SF	NA							
<input type="checkbox"/> HEPA Vacuumed	<input type="checkbox"/> Walls	<input type="checkbox"/> Ceiling	0		SF	NA								
<input type="checkbox"/> Wet Drywall Removed (Flood Cut) By The LF Up To 2 Feet High								0		SF				0
<input type="checkbox"/> Wet Drywall Removed (Flood Cut) By The LF Up To 4 Feet High								0		SF				0
<input type="checkbox"/> Wet Drywall Removed By The Square Foot - Not Flood Cut - Walls								0		SF				0
<input type="checkbox"/> Wet Drywall Removed By The Square Foot - Not Flood Cut - Ceiling								0		SF				0
<input type="checkbox"/> Removed Wet Insulation - Walls								0		SF				0
<input type="checkbox"/> Removed Wet Insulation - Ceiling								0		SF				0
<input type="checkbox"/> Cleaned & Sanitized Open Wall Studs								0		SF				NA
<input type="checkbox"/> Coated Wall Studs With Sealer								0		SF				NA
<input type="checkbox"/> Paint Walls				<input type="checkbox"/> Paint Ceiling				0		SF	NA			
DOORS & TRIMS		AMOUNT	D&R	R&R	PAINT	STAIN	-	+	++	NOTES:				
Interior Door		#	0	0	0	0	0	0	0					
Exterior Door		#	0	0	0	0	0	0	0					
Bi-Fold Door		#	0	0	0	0	0	0	0					
Baseboards		LF	0	0	0	0	0	0	0					
Door/Window Casing		LF	0	0	0	0	0	0	0					
Quarter Round (Shoe)		LF	0	0	0	0	0	0	0					
Baseboard, Casing - How Many Inches Wide			Wood Type											
CABINETS	AMOUNT	D&R	R&R	CLEAN	PAINT	STAIN	-	+	++	MISC	AMOUNT	CLEAN	D&R	R&R
Lower Cabs	LF	0	0	0	0	0	0	0	0	Refrigerator	#	0	0	0
Upper Cabs	LF	0	0	0	0	0	0	0	0	Stove <input type="checkbox"/> Gas <input type="checkbox"/> Electric	#	0	0	0
Full Height	LF	0	0	0	0	0	0	0	0	Dishwasher	#	0	0	0
Countertop	SF	0	0	0	0	0	0	0	0	Sink <input type="checkbox"/> Single <input type="checkbox"/> Double	#	0	0	0
Backsplash	LF	0	0	0	0	0	0	0	0	Registers	#	0	0	0
Backsplash Type	<input type="checkbox"/>	Formica	<input type="checkbox"/>	Tile	<input type="checkbox"/>	Marble	<input type="checkbox"/>	Granite		Lights	#	0	0	0
Countertop Type	<input type="checkbox"/>	Formica	<input type="checkbox"/>	Tile	<input type="checkbox"/>	Marble	<input type="checkbox"/>	Granite		Microwave	#	0	0	0
NOTES:										Washer <input type="checkbox"/> Gas <input type="checkbox"/> Electric	#	0	0	0
										Dryer <input type="checkbox"/> Gas <input type="checkbox"/> Electric	#	0	0	0
										Toilet	#	0	0	0
										Ceiling Fan	#	0	0	0