

Monitoring Report



Home Owner: _____

Date: _____

Address: _____

Access	Exterior Doors	Locked/Unlocked
	Alarm System	On/Off
	Lock Box	yes/no

Odor none/slight/overpowering

Lights	on/off	Water Heater	on/off
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Water Supply on/off

Water Heater/Circuit Breaker to Water Heater		on/off	
Electric Panel	Breaker or fuses	all on/off	If off: Why? _____

Gas on/off

Refrigerator/Freezer	#1 on/of - cold/warm	#2 on/off - cold/warm
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Ice Maker	#1 on/off/NA	#2 on/off/NA
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Zone #1 Air Conditioning	on/off	Temperature	_____
		Humidity	_____

Zone #2 Air Conditioning	on/off	Temperature	_____
		Humidity	_____

Toilets	#1 Full/ Half Full	#2 Full/Half Full	#3 Full/Half Full
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Kitchen Sink	#1 OK/Mold/Water/Odor	#2 OK/Mold/Water/Odor
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		#3OK/Mold/Water/Odor
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Bathroom Sinks	#1 OK/Mold/Water/Odor	#2 OK/Mold/Water/Odor
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		#2 OK/Mold/Water/Odor
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Smoke Detector	OK/Active/Beep/NA	CO2 Detectors	Active/Beep/NA
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Fire Sprinklers	Active/Beep/NA	Radon Detectors	Active/Beep/NA
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Carpet (Thermal Image)	dry/wet	Floor Covering	dry/wet
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Ceiling (Thermal Image)	dry/wet	Other:	_____
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Notes/Comments: _____