

MOISTURE/WATER INTRUSION INCIDENT REPORT

RESIDENT'S NAME: _____

ADDRESS: _____

HOME TEL. #: _____ WORK TEL. #: _____

DATE & TIME OF FIRST REPORT: _____

REPORT MADE BY:

Written Maintenance Request

Telephone [Notes on file]

Personal Conversation [Notes on file]

Email [Printout of email on file]

Other (describe): _____

Date & time of investigation
by staff member: _____

Inspected by: _____

Describe affected area:

Detail any damage to personal property:

COURSE OF ACTION:

Action by staff only

Specialist called

IF ACTION TAKEN BY STAFF ONLY: (Generate work order for each course of action, attach copy upon completion.)

Vented
DATE COMPLETED: _____

Installed dehumidifier
DATE COMPLETED: _____

Installed ceiling fan
DATE COMPLETED: _____

Cleaned bed, furniture, clothing, etc.
DATE COMPLETED: _____

Transferred resident
DATE COMPLETED: _____

Provided short-term housing

DATE COMPLETED: _____

What else, if anything, has been done to eliminate the moisture source?

Pictures taken? Yes No

Date follow-up letter sent to household: _____

Follow-up phone call scheduled for: _____

IF SPECIALIST CALLED:

Type of specialist: _____

Name: _____

Date & time specialist was called: _____

Date & time of investigation
by specialist: _____

Description of repair work done by specialist named above:

Certification of specialist on file stating that work has been successfully completed

Date follow-up letter sent to resident: _____

Follow-up phone call scheduled for: _____