| ENVIROCHECK | $\checkmark$ |
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## Work Order

| 2211 W. Orangewood Avenue                                              | Tel: (800) 6                                                                                                                                                        | 365-7586                                            | Date                  | Time            | Tech             |  |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------|-----------------|------------------|--|
| Orange, CA 92868                                                       | Fax: (714)                                                                                                                                                          |                                                     | Duit                  |                 | 10011            |  |
| Called In By:                                                          | Date Called In:                                                                                                                                                     |                                                     | Referred By:          |                 |                  |  |
| Phone #:                                                               |                                                                                                                                                                     |                                                     |                       |                 |                  |  |
| Billing Information:                                                   | Job Information:                                                                                                                                                    |                                                     | Service Requested:    |                 |                  |  |
| Company:                                                               | Building Owner:                                                                                                                                                     |                                                     |                       |                 |                  |  |
| Contact:                                                               | Contact:                                                                                                                                                            |                                                     | Asbestos              | Lead            | Mold             |  |
| Address:                                                               | Address:                                                                                                                                                            |                                                     |                       |                 |                  |  |
|                                                                        |                                                                                                                                                                     |                                                     | Air                   | Bacteria        | Wall Cavities    |  |
| City:                                                                  | City:                                                                                                                                                               |                                                     | 20                    |                 |                  |  |
| Zip:                                                                   | Zip:                                                                                                                                                                |                                                     | P.R.V.                | Re-Assess       | Job Walk         |  |
| Claim/Job #:                                                           | Home Phone:                                                                                                                                                         |                                                     | 20                    |                 |                  |  |
| Phone #:                                                               | Work Phone:                                                                                                                                                         |                                                     | Pictures              | Floor Plan      | Other            |  |
| Fax #:                                                                 | Cell/Pager:                                                                                                                                                         |                                                     | 24                    |                 |                  |  |
| Cell #:                                                                | Email:                                                                                                                                                              |                                                     | LOCKBOX СОМВО:        |                 |                  |  |
| Email:                                                                 | <b>I</b>                                                                                                                                                            |                                                     | Asbestos Information: |                 |                  |  |
| Service Information:                                                   |                                                                                                                                                                     | i                                                   | Fire                  | Water           | Demo             |  |
| Purpose of inspection:                                                 |                                                                                                                                                                     |                                                     | 24                    |                 |                  |  |
| Suspect Mat                                                            |                                                                                                                                                                     |                                                     | terials:              |                 |                  |  |
|                                                                        |                                                                                                                                                                     |                                                     | Acoustic              | Drywall         | Plaster          |  |
|                                                                        |                                                                                                                                                                     |                                                     |                       |                 | 1                |  |
| Areas of concern: Stucco                                               |                                                                                                                                                                     |                                                     | Roofing               | Siding          |                  |  |
|                                                                        |                                                                                                                                                                     |                                                     |                       |                 |                  |  |
| Access to Property: Pipe Ins.                                          |                                                                                                                                                                     |                                                     | Pipe Ins.             | Attic Ins.      | Transite         |  |
|                                                                        |                                                                                                                                                                     |                                                     |                       |                 |                  |  |
| Square footage of property: Year Built: Other                          |                                                                                                                                                                     |                                                     |                       | Ducting         | Flooring         |  |
|                                                                        |                                                                                                                                                                     |                                                     |                       |                 |                  |  |
| E.                                                                     |                                                                                                                                                                     |                                                     |                       | us Information: |                  |  |
|                                                                        |                                                                                                                                                                     |                                                     |                       |                 |                  |  |
|                                                                        |                                                                                                                                                                     |                                                     |                       |                 |                  |  |
|                                                                        |                                                                                                                                                                     |                                                     |                       |                 |                  |  |
| Building Occupants have be                                             | een informed of the following                                                                                                                                       | <u>.</u>                                            |                       |                 |                  |  |
| All windows and doors sho                                              | ould be closed at least 8 hours price                                                                                                                               | or to the investigation.                            |                       |                 |                  |  |
|                                                                        | evice(s) should remain off 8 hours p                                                                                                                                |                                                     |                       | - ave been or   |                  |  |
| PRICE INFORMATION:                                                     | remain off indefinitely until the alleg                                                                                                                             | ged mold and associa                                | tea problems          | have been as    | sessea.          |  |
| Quantity                                                               | Description                                                                                                                                                         |                                                     |                       | Amount          | Total            |  |
|                                                                        |                                                                                                                                                                     |                                                     |                       |                 |                  |  |
|                                                                        |                                                                                                                                                                     |                                                     |                       |                 |                  |  |
| <u> </u>                                                               |                                                                                                                                                                     |                                                     |                       | TOTAL           |                  |  |
| Payment Type: Cash Chec                                                | ck # Credit Card#                                                                                                                                                   |                                                     |                       | IUTAL           |                  |  |
| , ,,                                                                   |                                                                                                                                                                     |                                                     |                       |                 |                  |  |
| must be approved by Envirocheck in terms and conditions on the reverse | for rendering services. If the contract<br>n writing prior to commencement of wo<br>rse side hereof, and any exhibitions<br>lard fee schedule, and agrees to be boo | ork. By signing below, Cli<br>or schedules attached | ent acknowled         | ges that he/she | /it has read the |  |
| Signature                                                              | Signature Print Name Title Da                                                                                                                                       |                                                     |                       |                 |                  |  |
|                                                                        |                                                                                                                                                                     |                                                     |                       |                 |                  |  |