



Covenant

RESTORATIONS
"Commitment before, during & after disasters"

Pack Out Form

Written by _____ Date _____

Client _____

Address _____

Room(s) _____

CONDITIONS:	Wet	Odor	Soot	CONTAMINATION LEVEL:	Heavy	Regular	Light
SUPPLIES	Quantity			Customer's Hours & Supplies	Quantity		
CPS (T&M)							
Box - SM				Box SM			
Box - MED				Box MED			
Box - LG				Box LG			
Box - Lamp				Box			
Box - Mir				Bubble Wrap			
Box - File				Stretch Wrap			
Box Wardrobe				Bag			
Box -				Moving Pad/Blanket			
Bag				Other -			
Moving Pad/Blanket				Hour Log (time & date) for Customer:			
Paper Pad							
Stretch wrap							
Bubble Wrap							
Loose Fill							
Plastic Roll							
Chair Cover							
Sofa Cover							
Matt Cvr SGL							
Matt Cvr FULL							
Matt Cvr QN							
Matt Cvr KING							
SPECIAL TASKS:				Notes:			
Outside Services Needed:							