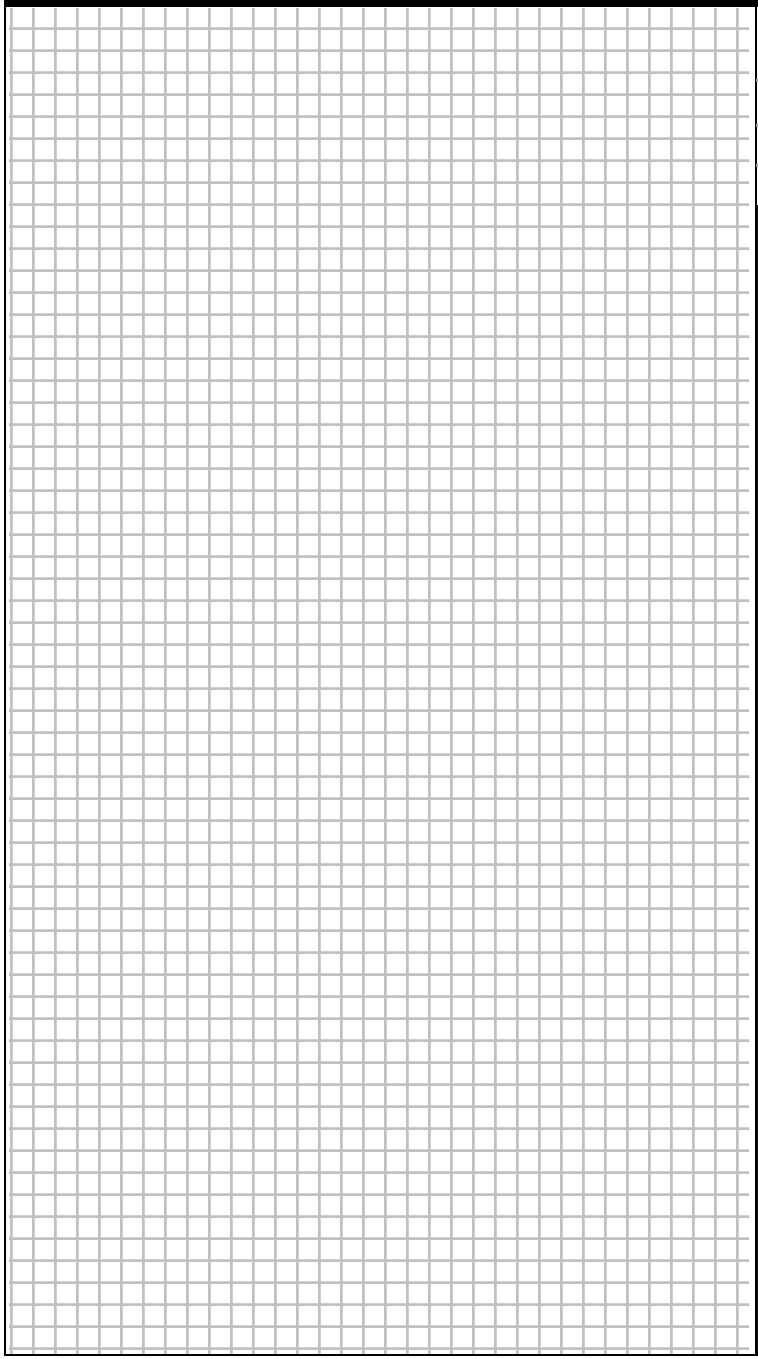
Moisture Map



Customer:_____ **Professional Insurance Claim Services**

Material ⇒

Dry Goal ⇒

Meter/Setting⇒

Room:

Date ⇓	A	B	C	D	E	F	G	H	I	J	K	L	M
-----How Wet?---------How Wet?---------How Wet?---------How Wet?-----													