

JOBSITE CHECKLIST

I. GENERAL INFORMATION

Owner's Name _____ Date _____
 Address _____
 Home phone _____
 Husband's work phone _____ Wife's work phone _____
 Cellular/car phone _____ Pager _____
 Jobsite address _____
 Jobsite visit appointment date _____ Time _____

II. TYPE OF JOB

Residential _____ Commercial _____
 New _____ Remodel _____

III. RESIDENTIAL USE INFORMATION

Traffic High _____ Average _____ Low _____
 Any special or unique use _____
 Project rooms/areas _____
 Project budget _____

IV. COMMERCIAL USE INFORMATION

Retail store _____ Restaurant _____ Office _____
 Bar _____ Other _____
 Traffic High _____ Average _____ Low _____
 High-rise Yes _____ No _____
 Freight elevator Yes _____ No _____
 Passenger elevator Yes _____ No _____
 Hours of access _____
 Power access _____
 Maintenance _____
 Maintenance company _____
 Phone _____
 Proximity of parking _____
 Cost of parking _____

V. INTERIOR

Relative humidity in air-space:
 Hygrometer _____% Sling psychrometer _____%
 HVAC units operable Yes _____ No _____
 If no. date to be operating _____
 Type of heat:
 Radiant _____ Baseboard _____ Radiator _____
 Forced air _____ Electric _____ Gas _____
 Wood-burning stove Heat ducts _____
 Overhead _____ Under floor _____

Insulated Yes _____ No _____
 Humidity controls Yes _____ No _____
 Thermostat setting
 First unit _____ F Second unit _____ F
 Air conditioning Yes _____ No _____

Large window/sliding glass doors facing:
 East _____ South _____ West _____
 Drapes Yes _____ No _____
 Tinted glass Yes _____ No _____
 Double-glazed/
 storm windows Yes _____ No _____

KITCHEN:

Instant hot water Yes _____ No _____
 Refrigerator Yes _____ No _____
 Ice maker Yes _____ No _____
 Food freezer Yes _____ No _____
 Dishwasher Yes _____ No _____
 Other _____

MUD ROOM/LAUNDRY ROOM:

Clothes dryer
 vented outside Yes _____ No _____
 Plumbing leaks _____
 Ceiling stains _____

BATHROOM:

Bathroom exhaust Yes _____ No _____
 Heated exhaust Yes _____ No _____

BASEMENT

Walls cracked Yes _____ No _____
 Paint peeling Yes _____ No _____
 Floor stained Yes _____ No _____
 Damp Yes _____ No _____
 Vented Yes _____ No _____
 Rusty nails Yes _____ No _____

Sump pump Yes _____ No _____
 Condensation on cold-water lines Yes _____ No _____
 Musty smell Yes _____ No _____
 Heated Yes _____ No _____
 Air-conditioned Yes _____ No _____
 Relative humidity in air-space:
 Hygrometer ___% Sling psychrometer ___%

VI. EXTERIOR

Building is over
 Basement ___ Crawl space _____ Slab _____
 Relation of lot to street
 Above _____ Level _____ Below _____
 Lot cut and fill Yes _____ No _____
 Relation of lot to neighbor
 Above _____ Level _____ Below _____
 Lot drainage away from foundation
 Yes _____ No _____
 Shaded lot Yes _____ No _____
 Gutters/downspouts Yes _____ No _____
 Directed away Yes _____ No _____
 Roof overhang Yes _____ No _____

Foundation perimeter:

Waterproof Yes _____ No _____
 Soil damp Yes _____ No _____
 Window wells-dry Yes _____ No _____
 Planterbox Yes _____ No _____
 Shrubs/flowers Yes _____ No _____
 Comments _____
 Yard established Yes _____ No _____
 Recent Yes _____ No _____
 Sprinklers/irrigation Yes _____ No _____
 Excess watering Yes _____ No _____

Entry is:
 Step up _____ Level _____ Down _____
 Swimming pool Yes _____ No _____
 In-ground _____ Above ground _____

Distance from pool to foundation _____ feet
 Drains in pool deck and/or patio Yes _____ No _____
 Is street curb drain active Yes _____ No _____

CRAWL SPACE:

Distance from soil to subfloor _____
 Condensation Yes _____ No _____
 Musty smell Yes _____ No _____
 Concrete slab Yes _____ No _____

Moisture barrier beneath concrete Yes _____ No _____
 Dirt floor Yes _____ No _____
 6- or 8-mil black poly cover over dirt Yes _____ No _____
 15sf open vent per 1,000sf floor area Yes _____ No _____
 Vents open Yes _____ No _____
 Cross-ventilation Yes _____ No _____

VII. SUBFLOOR INFORMATION

(Reference NWFA Installation Guidelines, Section 2, Chapters 2-7 for approved subfloor.)

Existing wood type:
 3/4-inch CDX plywood _____
 5/8-inch CDX plywood _____
 3/4-inch OSB underlayment grade _____
 Solid board _____
 Other _____

Renail Yes _____ No _____
 Sand Yes _____ No _____
 Damage Yes _____ No _____
 Pet stains Yes _____ No _____
 Rot Yes _____ No _____

Other subfloor repair _____
 Average moisture content in flooring _____ %
 Average moisture content in subfloor _____ %
 Average moisture content in sleepers _____ %
 Average moisture content in joists _____ %

In areas or seasons of extreme moisture conditions, check moisture content in:
 Adjacent baseboard _____ %
 Door trim _____ %
 Wood threshold _____ %

Paint/finish lines exposed Yes _____ No _____
 Trim pieces dislodged Yes _____ No _____

SLAB:

Relate elevation of slab surface to exterior soil line +/- _____ inches

Slab tested for moisture before install
 Yes _____ No _____

What test _____
 Results _____

New slab _____ Date poured _____
 Existing slab _____ Age _____
 Float/grind slab Yes _____ No _____
 Install wood subfloor Yes _____ No _____
 Moisture membrane Yes _____ No _____

Sump pump Yes _____ No _____
 Condensation on cold-water lines Yes _____ No _____
 Musty smell Yes _____ No _____
 Heated Yes _____ No _____
 Air-conditioned Yes _____ No _____
 Relative humidity in air-space:
 Hygrometer ___% Sling psychrometer ___%

VI. EXTERIOR

Building is over
 Basement ___ Crawl space _____ Slab _____
 Relation of lot to street
 Above _____ Level _____ Below _____
 Lot cut and fill Yes _____ No _____
 Relation of lot to neighbor
 Above _____ Level _____ Below _____
 Lot drainage away from foundation
 Yes _____ No _____
 Shaded lot Yes _____ No _____
 Gutters/downspouts Yes _____ No _____
 Directed away Yes _____ No _____
 Roof overhang Yes _____ No _____

Foundation perimeter:

Waterproof Yes _____ No _____
 Soil damp Yes _____ No _____
 Window wells-dry Yes _____ No _____
 Planterbox Yes _____ No _____
 Shrubs/flowers Yes _____ No _____

Comments _____

Yard established Yes _____ No _____
 Recent Yes _____ No _____
 Sprinklers/irrigation Yes _____ No _____
 Excess watering Yes _____ No _____

Entry is:

Step up _____ Level _____ Down _____
 Swimming pool Yes _____ No _____
 In-ground _____ Above ground _____

Distance from pool to foundation _____ feet

Drains in pool deck and/or patio Yes _____ No _____
 Is street curb drain active Yes _____ No _____

CRAWL SPACE:

Distance from soil to subfloor _____
 Condensation Yes _____ No _____
 Musty smell Yes _____ No _____
 Concrete slab Yes _____ No _____

Moisture barrier beneath concrete Yes _____ No _____
 Dirt floor Yes _____ No _____
 6- or 8-mil black poly cover over dirt Yes _____ No _____
 15sf open vent per 1,000sf floor area Yes _____ No _____
 Vents open Yes _____ No _____
 Cross-ventilation Yes _____ No _____

VII. SUBFLOOR INFORMATION

(Reference NWFA Installation Guidelines, Section 2, Chapters 2-7 for approved subfloor.)

Existing wood type:

3/4-inch CDX plywood _____
 3/4-inch CDX plywood _____
 3/2-inch OSB underlayment grade _____
 Solid board _____
 Other _____

Renail Yes _____ No _____
 Sand Yes _____ No _____
 Damage Yes _____ No _____
 Pet stains Yes _____ No _____
 Rot Yes _____ No _____

Other subfloor repair _____

Average moisture content in flooring _____ %
 Average moisture content in subfloor _____ %
 Average moisture content in sleepers _____ %
 Average moisture content in joists _____ %

In areas or seasons of extreme moisture conditions, check moisture content in:

Adjacent baseboard _____ %
 Door trim _____ %
 Wood threshold _____ %

Paint/finish lines

exposed Yes _____ No _____
 Trim pieces dislodged Yes _____ No _____

SLAB:

Relate elevation of slab surface to exterior soil line +/- _____ inches

Slab tested for moisture before install

Yes _____ No _____

What test _____

Results _____

New slab _____ Date poured _____

Existing slab _____ Age _____

Float/grind slab Yes _____ No _____
 Install wood subfloor Yes _____ No _____
 Moisture membrane Yes _____ No _____

BUILDER'S CHECKLIST

PRE-INSTALLATION EVALUATION OF THE JOBSITE

Job name _____
 Job address _____
 City _____ State _____ Zip _____
 Job telephone _____
 Jobsite superintendent _____
 I verify the jobsite is ready for wood flooring installation _____ (signature of jobsite superintendent)
 Date _____

UNTIL THE FOLLOWING GUIDELINES HAVE BEEN MET, THE JOBSITE IS NOT READY FOR A WOOD FLOORING INSTALLATION.

EXTERIOR CONDITIONS

Gutters and downspouts are properly placed to drain water away from the structure.

Yes _____

Soil surrounding the structure is graded properly to drain water away from the site.

Yes _____

INTERIOR CONDITIONS

All wet trades (drywall, plaster, paint, ceramic tile, etc.) have completed their work.

Yes _____

Air conditioning, heating and ventilation are complete and operating.

Yes _____

The building is enclosed and weather-tight, including all doors and windows in place.

Yes _____

The temperature and relative humidity within the structure are at "normal living conditions" -- that is, temperature is between 60 and 80 degrees Fahrenheit and between 30 and 50 percent relative humidity.

Yes _____

Six-mil polyethylene (preferably black) has been installed and covers the entire ground area in the crawl space.

Yes _____

CONCRETE SLAB CONDITIONS

Concrete has been installed for at least 30 days.

Yes _____

If wood flooring is to be installed over a slab, the concrete is flat per specifications.

Yes _____

A vapor barrier has been installed under the slab.

Yes _____

Verified by _____

DELIVERY AND WORKING CONDITIONS

Proper electrical power is available.

120V _____ 220V _____

Driveway and sidewalks are paved.

Yes _____

MOISTURE CONDITIONS

Moisture content of the wood subfloor is no more than 4 percentage points above or below the finish flooring and is within regional moisture content guidelines.

Yes _____

Moisture testing of concrete slab began no sooner than 30 days after the slab was poured. Test results indicate that it is safe for wood flooring installation to begin.

Yes _____

What type of test was used? _____

What were the test results? _____

VIII. FLOORING TYPES

Unfinished _____ Prefinished _____

Species _____

Size of flooring desired _____

Solid _____ Engineered _____ Floating floor _____

Strip _____ Plank _____ Parquet _____

INSTALLATION:

Glued _____ Stapled _____ Nailed _____

Stain color _____

Scaler _____

Finish _____

Number of coats _____

Trim and moldings _____

Special layout Yes _____ No _____

If yes, type _____

IX. SPECIAL REQUIREMENTS

NEW CONSTRUCTION:

Power 110 _____ 220 _____

Distance to pole _____

Booster Yes _____ No _____

Time schedule for installation _____

Other trades _____

Wet work completion _____

REMODEL:

Move furniture Yes _____ No _____

Special needs

Piano _____ Antiques _____ Appliances _____

Toilet _____ Other _____

(Note: Gas and water lines must be disconnected by customer or qualified personnel.)

Company responsible _____

Phone _____

Existing floor covering

Carpet _____ Sheet vinyl _____

Vinyl tile _____ Ceramic tile _____

Wood _____ Other _____

Do existing wall moldings

need to be removed Yes _____ No _____

Does the existing floor covering need

to be removed Yes _____ No _____

Note: If it appears that floor covering could contain asbestos, check with the dealer/contractor company for proper abatement procedures.

Who is responsible for removal of existing floor covering? _____

Who is responsible for trash disposal? _____

Use graph paper like that below to sketch the dimensions of the installation to scale.

