

WOOD FLOORING INTERNATIONAL

JOB SITE EVALUATION & PERMANENT JOB RECORD

I. GENERAL INFORMATION

Owner's
Name _____ Date _____
Address _____
Home phone _____
Husband's work phone _____ Wife's work phone _____
Cellular 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 _____ %
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
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 _____
Icemaker Yes _____ No _____
Food freezer Yes _____ No _____
Dishwasher Yes _____ No _____
Other _____

MUD ROOM/LAUNDRY ROOM:

Clothes dryer Yes _____ No _____ 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 ____%

VI. EXTERIOR

Building is over: Basement ____ Crawl space ____ Slab ____
Relation of lot to street: Above ____ Level ____ Below ____
Lot cut and filled: 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 _____
Planter box: 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: Yes _____ No _____ 6- or 8-mil black poly cover over dirt: Yes ___ No _____
15 s.f. open vent per 1,000 s.f. floor area: Yes _____ No _____
Vents open: Yes _____ No _____
Cross-ventilation Yes _____ No _____

VII. SUBFLOOR INFORMATION

Existing wood type: _____
3/4-inch CDX plywood _____
5/8-inch CDX plywood _____
23/32-inch OSB underlayment grade _____
Solid board _____
Other _____
Re-nail Yes _____ No _____
Sand Yes _____ No _____
Damage Yes _____ No _____
Pet stains: Yes _____ No _____
Rot: Yes _____ No _____
Other subfloor repair _____

Document all moisture readings and write the findings on the subfloor or on the back a piece of flooring noting the exact spot of the information with a permanent marker. In case of a future dispute the floor can be opened to reveal the moisture readings. Note make of meter used and any adjustments for the specific gravity of the flooring or temperature adjustments at the time of the testing.

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 _____ (note make of meter is used)
Results _____
New slab _____ Date poured _____
Existing slab _____ Age _____
Float/grind slab: Yes _____ No _____
Install wood subfloor: Yes _____ No _____
Moisture membrane: Yes _____ No _____

VIII. FLOORING TYPES

Unfinished _____ Prefinished _____
Species _____
Size of flooring desired _____
Solid _____ Engineered _____ Floating floor _____
Strip _____ Plank _____ Parquet _____

TYPE OF INSTALLATION:

Glued _____, adhesive used _____. Stapled _____ Gun and size of staple used. _____
Nailed _____ Gun and size of cleat used. _____

IF JOB SITE FINISHED:

Stain color _____ Have homeowner or responsible party sign off on a stain sample board, cut sample in half with signatures on both halves; keep one give one to the homeowner.

Sealer: _____

Finish: _____ Gloss level: _____

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 to sketch the dimensions of the installation to scale and attaché as part of the permanent job record.

Before starting the installation a dry layout of the flooring with the homeowner or responsible party present will be done to insure the flooring meets expectations. At this time, any items noted in this form which may affect the performance of a wood floor negatively will be addressed.

Additional work or repairs needed before the floor can be installed: _____

Note: The homeowner, wood floor contractor or responsible party may choose to have repairs or other remedial work done by a competent contractor of their choosing. If said work is to be done by others, it must meet all wood floor industry standards as well as all local and State building codes.

1. I _____, being the owner or responsible party have seen the wood flooring laid out with material taken out of _____ number of boxes. I am happy with the flooring and give my permission for the installation to begin. I understand that any repairs or remedial actions needed as per this document to properly install my floor will be at an extra cost to me or the responsible party.

Customer signature:

_____ Date _____

Contractor signature:

_____ Date _____

2. I _____, being the owner or responsible party have seen the wood flooring laid out with products taken out of _____ number of boxes. I am happy with the flooring with the exception of the following items I wish to have addressed:

I understand that any repairs or remedial actions needed as per this document to properly install my floor will be at an extra cost to me or the responsible party.

Customer signature:

_____ Date _____

Contractor signature:

_____ Date _____

Witness: _____ Date _____