

# **JOBSITE CHECKLIST**

# Pre-Installation

CUSTOMER INFORMATION	
Phone Number: Email Address:	te: Zip Code: Time:
JOB INFORMATION	
Property Type:  Residential Commercial New Construction Remodel  Listing Type:  Single Family Duplex Apartment/Condo Townhome Athletic Restaurant/Bar Store Front/Office Other	Occupied:  Yes No  Property Faces:  South East West  Relation of Lot to Street:  Relation of Lot to Neighbors:
EXTERIOR EVALUATION	
Lot Drainage Away from Foundation:  Yes No Slope Angle Measurement:  Gutters:  Yes No Roof Overhang:  Yes No Soil Damp at Foundation:  Yes No Window Wells:  Yes No Landscaping at Foundation:	Swimming Pool:    Yes
☐ Yes ☐ No  Irrigation: ☐ Yes ☐ No	Building is Over:  Slab Basement Crawlspace

### INTERIOR EVALUATION

Temp	eratur	e:	F/	C R	elative	Humid	ity:	9		Humidification/Dehumidification System:														
Mete	r Used:	:							☐ Yes ☐ No															
HVAC	Syster	m Oper	ating:						If Yes, Is it Operating?															
□ \	⁄es		No						☐ Yes ☐ No															
If No	, Date t	o be 0	perati	ng:					_		Humidistat Control Settings:													
If No	, Altern	ative S	System	Type:							Thermostat Control Settings:													
Capa	ble of N	Mimick	ing Exp	ected	Living	Condit	ions:			Programmable:														
	⁄es		No								☐ Yes ☐ No													
Туре	of Hea	ting Sy	stem:							Data Logger:														
F	orced A	Air			] Elec	tric		□ 0t	her		Yes No													
F	Radiant				Radi	ator					Large Windows Facing:													
E	Baseboa	ard			Woo	d Burni	ing Sto	ve			☐ North ☐ South													
Loca	tion of	Heatin	g:								East West													
	Above F	loor			Belo	w Flooi	r	☐ Bá	iseboa	rd	Window Coverings:													
Type	of Coo	ling Sy	stem:								Yes No													
	Central	A/C			Port	able A/	C C				Tinted Glass/UV Protection:													
	Swamp	Cooler			] Othe	er						Yes		No										
E	Exhaust	Fan																						
М	OISTI	URE (	CONT	ENT	OF W	/00D	AT V	'ARIC	US T	ЕМР	ERAT	URE	AND	REL	ATIVE	E HUI	MIDI1	TY RE	ADIN	GS				
	tio																							
Fahrer	yper Celcius	5																						
30	-1.1	1.4	2.6	3.7	4.6	5.5	6.3	7.1	7.9	8.7	9.5	10.4	11.3	12.4	13.5	14.9	16.5	18.5	21.0	24.3				
40	4.4	1.4	2.6	3.7	4.6	5.5	6.3	7.1	7.9	8.7	9.5	10.4	11.3	12.4	13.5	14.9	16.5	18.5	21.0	24.3				
50	10	1.4	2.6	3.7	4.6	5.5	6.3	7.1	7.9	8.7	9.5	10.4	11.3	12.4	13.5	14.9	16.5	18.5	21.0	24.3				
60	15.6	1.3	2.5	3.6	4.6	5.4	6.2	7.0	7.8	8.6	9.4	10.2	11.1	12.1	13.3	14.6	16.2	18.2	20.7	24.1				
70	21.1	1.3	2.5	3.5	4.5	5.4	6.2	6.9	7.7	8.5	9.2	10.1	11.0	12.0	13.1	14.4	16.0	17.9	20.5	23.9				
80	26.7	1.3	2.4	3.5	4.4	5.3	6.1	6.8	7.6	8.3	9.1	9.9	10.8	11.7	12.9	14.2	15.7	17.7	20.2	23.6				
90	32.2	1.2	2.3	3.4	4.3	5.1	5.9	6.7	7.4	8.1	8.9	9.7	10.5	11.5	12.6	13.9	15.4	17.3	19.8	23.3				
100	37.8	1.2	2.3	3.3	4.2	5.0	5.8	6.5	7.2	7.9	8.7	9.5	10.3	11.2	12.3	13.6	15.1	17.0	19.5	22.9				
120	48.9	1.1	2.1	3.0	3.9	4.7	5.4	6.1	6.8	7.5	8.2	8.9	9.7	10.6	11.7	12.9	14.4	16.2	18.6	22.0				
140	60	0.9	1.9	2.8	3.6	4.3	5.0	5.7	6.3	7.0	7.7	8.4	9.1	10.0	11.0	12.1	13.6	15.3	17.7	21.0				
160	71.1	0.8	1.6	2.4	3.2	3.9	4.6	5.2	5.8	6.4	7.1	7.8	8.5	9.3	10.3	11.4	12.7	14.4	16.7	19.9				
		5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95				

- Relative Humidity (percent) -

Based on temperature and relative humidity readings. Mark expected wood moisture content and compare with material selection requirements.

\*See the "FLOORING INFORMATION" section for comparison.

### SUBSTRATE EVALUATION

CONCRETE SUBFLOOR	WOOD SUBFLOOR									
Relation of Slab Surface to Exterior Soil Line: inches	Type of Subfloor: Maximum Joist Span Requirement:									
Above Grade Below Grade	19/32" Plywood 16" On Center									
Normal Weight Concrete (min 3,000 psi):	19/32" OSB 16" On Center (add 15/32" Overlay									
Yes No Unknown	23/32" Plywood or OSB 19.2" On Center									
Light Weight Conrete:	7/8" Plywood or OSB 24" On Center									
☐ Yes ☐ No ☐ Unknown	☐ 1" x 6" Solid Board									
Pre-Tension/Post-Tension Slab:	Particle Board									
Yes No Unknown	Other									
New Slab: Yes No Pour Date:	Joist Span: Joist Type:									
Existing Slab: Yes No Age:	Manufacturer Requirements:									
Moisture Test(s) Required by Flooring Manufacturer:	Overlay Required: Yes No									
RH (ASTM 2170) Meter (ASTM 2659)	Loose Subfloor: Yes No									
CaCl (ASTM 1869) Other	Location:									
Results of Required Tests:	Audible Squeaks/Noise: Yes No									
	Location:									
Number of Tests: Location of Tests:	Peaked Seams: Yes No									
Moisture Test(s) Required by Adhesive Manufacturer:	Required Sanding: Yes No									
RH (ASTM 2170) Meter (ASTM 2659)	Protruding Nails/Screws: Yes No									
CaCl (ASTM 1869) Other	Location:									
Results of Required Tests:	Results Within 1/4" in 10' or 3/16" in 6':									
	Stains: Yes No									
Number of Tests: Location of Tests:	Rot: Yes No									
Floor Measured for Flatness: Yes No	Replacement Required: Yes No									
Method Flatness Measured:	Total Number of Sheets: Type:									
	MOISTURE TESTING									
High Spots Grinded: Yes No	Moisture Meter Type: Name:									
Low Spots Floated: Yes No	Model: Meter Setting:									
Results Within 3/16" in 10' or 1/8" in 6':	Comparison Readings (trim, door, cabinets, etc.):									
Concrete Surface Profile (CSP) Rating:										
Presence of Contamination on Surface:	Average Reading (sum of readings/20):									
Yes No	High Readings (indicate areas):									
Method of Testing:	>> 20 Readings per 1,000 Square Feet <<									
Method of Removal:	1 6 11 16									
Presence of Stress Cracks in Concrete:	2 7 12 17									
Yes No Method to Address:	3 8 13 18									
Presence of Expansion Joints in Concrete:	4 9 14 19									
Yes No Method to Address:	5 10 15 20									

### BELOW FLOORING SYSTEM

CRAWL SPACE	BASEMENT
☐ Open-Air ☐ Enclosed ☐ Wall-Vented ☐ Conditioned	Walk Out:
Ground is Dirt, Concrete, Gravel, Other:	Yes No
Yes No	Side(s) Below Ground Level:
6 mil Plastic Vapor Retarder Present:	☐ North ☐ South
Yes No	☐ East ☐ West
Seams Overlapped and Taped:	Basement Finished/Unfinished:
Yes No	If Finished, Date Completed:
Plastic Taped up Foundation Walls:	Wall Cracks Present:
☐ Yes ☐ No	☐ Yes ☐ No ☐ Unknown
Percentage of Ground Covered: %	If Yes, Location:
Insulation Present:	
☐ Yes ☐ No	Sump Pump:
Insulation on Foundation Walls:	☐ Yes ☐ No
Yes No	Operating:
Vents Present:	Yes No Unknown
☐ Yes ☐ No	HVAC Vents Open to Basement:
Number of Vents: Open/Closed:	Yes No
Square Feet of Crawl Space:	Temperature: Relative Humidity:
Humidistat Installed:	Moisture Content of Exposed Joists:
☐ Yes ☐ No	
Temperature: Relative Humidity:	Signs of Moisture Damage:
Distance from Ground to Underside of Joists: inches	Peeling Paint:
Moisture Content of Exposed Joists:	☐ Yes ☐ No
Moisture Content Underside Exposed Subfloor:	Floor Stains:
Condensation Present:	☐ Yes ☐ No
☐ Yes ☐ No	Rusty Nails:
Standing Water Present:	☐ Yes ☐ No
Yes No	Other:
Mold Present:	
Yes No	
Alkali/Discoloration on Foundation Walls:	
Yes No	

# FLOORING INFORMATION

Solid   Engineered   Plank   MoISTURE TESTING     Unfinished   Factory Finished   MoISTURE TESTING     Unfinished   Factory Finished   MoISTURE TESTING     Width:   Species:   Model:   Model:   Model:     Parquet Pattern:   Meter Species Correction:     Add'tl. Info. on Flooring Container:   High Reading:   Low Reading:     Comparison Readings (trim, door, cabinets, etc.):     Lot Number:   SqFt. per Container:   High Reading:   Low Reading:     Installation Method:   Nail   Glue   Float   Temperature:   Relative Humidity:     Transition Pieces Needed:   Average Reading (swm of readings/40):     Unantity of Transitions:   linear feet   High Readings (% of total boards):     Type of Underlayment Required by Manufacturer:   Waterage Reading (swm of readings/40):     Unantity of Underlayment Necessary:   2 112 22 32     Fastener Type Required by Manufacturer:   3 13 23 33     Length:   Gauge:   Schedule:   4 14 24 34     Adhesive System Required by Manufacturer:   5 15 25 35     Trowel Required:   6 16 26 36     Flooring Manufacturer Acclimation Requirements:   7 17 27 37     Relative Humidity:   9 19 29 39     Other Specific Installation Requirements:   10 20 30 40     FINISH INFORMATION   Finish Used:   Lot Number:   Color:   Product:	Manufacturer:	Approved Over Radiant Heat: Yes No											
Unfinished   Factory Finished   Moisture Meter Type:   Name:   Model:	Solid Engineered	Approved Below Grade: Yes No											
Width:	Strip Plank	MOISTURE TESTING											
Parquet Pattern:	☐ Unfinished ☐ Factory Finished	Moisture Meter Type:											
Add'tl. Info. on Flooring Container:    High Readings:Low Readings:	Width: Species:	Name: Model:											
Comparison Readings (trim, door, cabinets, etc.): Lot Number: SqFt. per Container: Total Job SqFt.: Total SqFt. Necessary: Areas of Concern: Installation Method: Nail Glue Float Temperature: Relative Humidity: Average Reading (sum of readings/40): Unantity of Transitions: linear feet High Readings (% of total boards): Type of Underlayment Required by Manufacturer: Average Reading (sum of readings/40): High Readings (% of total boards): Type of Underlayment Required by Manufacturer: Average Reading (sum of readings/40): High Readings (% of total boards):  "Total SqFt: Yea Quartity of Underlayment Required by Manufacturer: Average Reading (sum of readings/40): High Readings (% of total boards):  "Total SqFt: Yea Quartity of Underlayment Required by Manufacturer: Yea Quartity of Underlayment Necessary: Yea Quartity of Underlayment Necess	Parquet Pattern:	Meter Species Correction:											
Lot Number:SqFt. per Container:	Add'tl. Info. on Flooring Container:	High Reading: Low Reading:											
Total Job SqFt.: Total SqFt. Necessary:		Comparison Readings (trim, door, cabinets, etc.):											
Installation Method:   Nail   Glue   Float   Temperature: Relative Humidity:   Average Reading (sum of readings/40):	Lot Number: SqFt. per Container:												
Transition Pieces Needed:	Total Job SqFt.: Total SqFt. Necessary:	Areas of Concern:											
Quantity of Transitions:         linear feet         High Readings (% of total boards):           Type of Underlayment Required by Manufacturer:         340 Readings per 1,000 Square Feet            Unuantity of Underlayment Necessary:         2 12 22 32           Fastener Type Required by Manufacturer:         3 13 23 33           Length:         Gauge:         Schedule:           4 14 24 34         34           Adhesive System Required by Manufacturer:         5 15 25 35           Trowel Required:         6 16 26 36           Flooring Manufacturer Acclimation Requirements:         7 17 27 37           8 18 28 38         38           Temperature:         Relative Humidity:         9 19 29 39           Other Specific Installation Requirements:         10 20 30 40    Finish Used:  Lot Number:  Total SqFt.:  Mumber of Gallons:  Number of Gallons:  Number of Gallons:  Number of Gallons:  Number of Gallons:  Dry Time Requirements:  Dry Time Requirements:  Coverage Rate:  Dry Time Requirements:  Dry Time Requirements:  Overage Rate:  Overage Rate:	Installation Method: Nail Glue Float	Temperature: Relative Humidity:											
Type of Underlayment Required by Manufacturer:         >> 40 Readings per 1,000 Square Feet	Transition Pieces Needed:	Average Reading (sum of readings/40):											
1	Quantity of Transitions: linear feet	High Readings (% of total boards):											
Quantity of Underlayment Necessary:         2         12         22         32           Fastener Type Required by Manufacturer:         3         13         23         33           Length:         Gauge:         Schedule:         4         14         24         34           Adhesive System Required by Manufacturer:         5         15         25         35           Trowel Required:         6         16         26         36           Flooring Manufacturer Acclimation Requirements:         7         17         27         37           8         18         28         38         38           Temperature:         Relative Humidity:         9         19         29         39           Other Specific Installation Requirements:         10         20         30         40    FINISH INFORMATION  Finish Used:  Lot Number:  Total SqFt::  Mixture/Ratio:  Process/System:  Application Method/Tool:  Process/System:  Lot Number of Gallons:  Number of Gallons:  Number of Gallons:  Total SqFt::  Dry Time Requirements:  Total SqFt::  Total SqF	Type of Underlayment Required by Manufacturer:												
Fastener Type Required by Manufacturer:		1 11 21 31											
Length:      Gauge:      Schedule:       4      14      24      34	Quantity of Underlayment Necessary:	2 12 22 32											
Adhesive System Required by Manufacturer:	Fastener Type Required by Manufacturer:	3 13 23 33											
Trowel Required:         6         16         26         36           Flooring Manufacturer Acclimation Requirements:         7         17         27         37           8         18         28         38         38           Temperature:         Relative Humidity:         9         19         29         39           Other Specific Installation Requirements:         10         20         30         40    FINISH INFORMATION  Finish Used:	Length: Gauge: Schedule:	4 14 24 34											
Flooring Manufacturer Acclimation Requirements:	Adhesive System Required by Manufacturer:	5 15 25 35											
8	Trowel Required:	6 16 26 36											
Temperature:	Flooring Manufacturer Acclimation Requirements:	7 17 27 37											
Other Specific Installation Requirements:         10 20 30 40		8 18 28 38											
FINISH INFORMATION  Finish Used: Lot Number: Color: Product:  Sheen: Total SqFt.: Mixture/Ratio:  Coverage Rate: Number of Gallons: Number of Coats:  Application Method/Tool: Process/System:  Sealer:  Lot Number: Total SqFt.: Dry Time Requirements:  Coverage Rate: Dry Time Requirements:	Temperature: Relative Humidity:	9 19 29 39											
Finish Used: Lot Number: Color: Product:  Sheen: Total SqFt.: Mixture/Ratio:  Coverage Rate: Number of Gallons: Number of Coats:  Application Method/Tool: Process/System:  Sealer:	Other Specific Installation Requirements:	10 20 30 40											
Finish Used: Lot Number: Color: Product:  Sheen: Total SqFt.: Mixture/Ratio:  Coverage Rate: Number of Gallons: Number of Coats:  Application Method/Tool: Process/System:  Sealer:													
Finish Used: Lot Number: Color: Product:  Sheen: Total SqFt.: Mixture/Ratio:  Coverage Rate: Number of Gallons: Number of Coats:  Application Method/Tool: Process/System:  Sealer:													
Sheen:Total SqFt.:	FINISH INFORMATION												
Sheen:Total SqFt.:													
Coverage Rate:													
Number of Gallons:		MIXTURE/RATIO:											
Application Method/Tool: Process/System:  Sealer: Total SqFt.: Dry Time Requirements:													
Sealer: Lot Number: Total SqFt.: Dry Time Requirements: Coverage Rate:													
Lot Number: Total SqFt.: Dry Time Requirements: Coverage Rate:		Process/System:											
Coverage Rate:		D. The Desire of the second of											
		ргу тіте кеquirements:											
Number of Gallons: Number of Coats: Airflow Obstacles:		At the Obstantial											
Application Method/Tool:		AIFTIOW UDSTACIES:											

### SPECIAL CONSIDERATIONS

Power:	Art/Fixtures:										
☐ 110 ☐ 220 ☐ Other	☐ Removed ☐ Cover										
Location of Breaker Box:	Gas and Water Lines Disconnected:										
	☐ Yes ☐ No										
Location of Temp Pole:	Toilets/Pedestals/Plumbing Fixtures:										
	☐ Yes ☐ No										
Booster Necessary:	Plumber Information:										
Yes No											
Time Schedule Considerations:	Existing Floor Covering Removal and Disposal:										
Arrival:	☐ Carpet Glued: ☐ Yes ☐ No										
Departure:	☐ Vinyl Underlayment:										
Other Trades:											
Yes No	Tile Underlayment:										
Schedules:											
Wet Work Complete:	Wood Nailed/Glued:										
☐ Yes ☐ No											
Expected Traffic Use:	Other										
☐ High ☐ Low ☐ Average	Disposal:										
Any Special or Unique Use:	Trim and Moldings Removal:										
☐ Office ☐ Restaurant ☐ Retail Store	Re-Use Trim:										
☐ Bar ☐ Other	☐ Yes ☐ No										
High Rise:	New Trim: Style:										
☐ Yes ☐ No	Amount Necessary:										
Elevator:	Lead (pre-1978): Certified:										
☐ Passenger ☐ Freight ☐ None											
Stairways: Number of Flights:	Asbestos (pre-1986): Remediation:										
Hours of Access: Age of Facility:											

	ROC	OM:	S T	0 R	ECE	IVE	W	30C	)																											
Entry: SqFt.							ıFt.	Kitchen:							Ft.		Bath 3: SqFi							iqFt.	В	ath 4	4:				:	SqFt.				
ı	Hall(	(s): _					Sq	ιFt.	Gre	eat R	Room	n:			Sq	Ft.		В	ath 5	5:				5	qFt.	В	Bath 6:									
ı	Livin	ıg R	oom	n:			Sq	ιFt.	Din	ing	Roor	n:			SqFt. Master Bed:								SqFt. Bed 1:							SqF						
ı	Nool	k:					_ Sq	Ft.	Par	ntry:					_ Sq	Ft.		В	ed 2:	:				9	SqFt.	В	ed 3	:				SqFt.				
ı	Form	nal:					_ Sql	Ft.	Stu	ıdy: ˌ					_ Sq	Ft.		В	ed 4:	:				9	SqFt.	В	ed 5	:				SqFt.				
ı	Libra	ary:					_ Sq	Ft.	Pov	wder	· Bat	:h:			SqFt. Bed					:				9	SqFt.	В	ed 7	:				:	SqFt			
ı	Bath	1: _					_ Sq	Ft.	Bat	th 2:					S	ηFt.		01	ther	Roo	ms:			s	qFt.	0	ther	Roo	ms:			9	SqFt			
	Bath 1: SqFt. Bath 2:																																			
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