

SITE INSPECTION CHECKLIST

CLIENT NAME / ADDRESS:		INVOICE #
PRODUCT NAME:		DEFECT:
TOTAL QTY ORDERED:	PROBLEM AREA:	
END USER NAME:		
END USER CONTACT INFO:		

PLEASE CAPTURE IMAGES THAT SHOW THE DEFECT AND SITE CONDITIONS.

Provide as many images as possible. Below are some guidelines on the images they will require for processing your claim:

- Take a few close-up pictures that show the defect
- Take a wide area picture to show where the flaw(s) are in the room.
- Ensure all pictures are high resolution and can be zoomed in to analyze the image.
- Include furniture - this allows us to understand the amount of furniture that would need to be moved if this is a valid claim.
- Include light sources (windows/doors), allowing us to understand shadows.

INSTALLATION INFORMATION:

NOT INSTALLED: ____	IF INSTALLED, DATE INSTALLED:
DATE ISSUE WAS REPORTED:	
TYPE OF INSTALLATION: ____RESIDENTIAL ____COMMERCIAL	TRAFFIC: ____HIGH ____AVERAGE ____LOW
INSTALLATION METHOD: ____FLOATING ____GLUE DOWN	

SITE INFO:

PETS: ____YES ____NO

ROOMS INSTALLED IN:

____KITCHEN ____LIVING ____BEDROOM ____OTHER - PLEASE SPECIFY:
 ____DINING ____BASEMENT

EXPANSION GAP SPACE MEASUREMENT:

HEATING INFO:

____RADIANT HEAT ____BASEBOARD ____WOOD BURNING STOVE
 ____ELECTRIC HEAT ____GAS ____OTHER - PLEASE SPECIFY:

HUMIDITY CONTROL ON SITE: ____YES ____NO	RELATIVE HUMIDITY AT THE TIME OF INSPECTION:	TEMPERATURE AT THE TIME OF INSPECTION:
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AIR CONDITIONING: ____YES ____NO

SUB FLOOR INFORMATION:

UNDERPAD USED:

TYPE OF SUB FLOOR:

____PLYWOOD ____OSB ____CONCRETE ____EXISTING FLOOR ____OTHER, PLEASE SPECIFY:

FLATNESS OF SUBFLOOR:

AMOUNT OF PRODUCT AFFECTED: ____LESS THAN 25% ____25% - 50% ____50% OR MORE

