



JOBSITE CHECKLIST

Pre-Installation

CUSTOMER INFORMATION

Home Owner's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Email Address: _____
Jobsite Visit Date: _____ Time: _____
General Contractor: _____

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:

- North 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:

- Yes No

Irrigation:

- Yes No

Swimming Pool:

- Yes No

Nearby Water Source:

- Yes No

Distance from Pool/Water Source to Foundation: _____

Visible Cracks in Foundation: _____

Visible Exterior Damage: _____

Front Entry:

- Steps Up Steps Down Level

Number of Levels: _____

Building is Over:

- Slab Basement Crawlspace

INTERIOR EVALUATION

Temperature: _____ F/C Relative Humidity: _____%

Meter Used: _____

HVAC System Operating:

Yes No

If No, Date to be Operating: _____

If No, Alternative System Type: _____

Capable of Mimicking Expected Living Conditions:

Yes No

Type of Heating System:

Forced Air Electric Other

Radiant Radiator

Baseboard Wood Burning Stove

Location of Heating:

Above Floor Below Floor Baseboard

Type of Cooling System:

Central A/C Portable A/C

Swamp Cooler Other _____

Exhaust Fan

Humidification/Dehumidification System:

Yes No

If Yes, Is it Operating?

Yes No

Humidistat Control Settings: _____

Thermostat Control Settings: _____

Programmable:

Yes No

Data Logger:

Yes No

Large Windows Facing:

North South

East West

Window Coverings:

Yes No

Tinted Glass/UV Protection:

Yes No

MOISTURE CONTENT OF WOOD AT VARIOUS TEMPERATURE AND RELATIVE HUMIDITY READINGS

Fahrenheit Celcius	Relative Humidity (percent)																			
	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	
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

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.

CONCRETE SUBFLOOR

Relation of Slab Surface to Exterior Soil Line: _____ inches

Above Grade Below Grade

Normal Weight Concrete (min 3,000 psi):

Yes No Unknown

Light Weight Concrete:

Yes No Unknown

Pre-Tension/Post-Tension Slab:

Yes No Unknown

New Slab: Yes No Pour Date: _____

Existing Slab: Yes No Age: _____

Moisture Test(s) Required by Flooring Manufacturer:

RH (ASTM 2170) Meter (ASTM 2659)

CaCl (ASTM 1869) Other

Results of Required Tests: _____

Number of Tests: _____ **Location of Tests:** _____

Moisture Test(s) Required by Adhesive Manufacturer:

RH (ASTM 2170) Meter (ASTM 2659)

CaCl (ASTM 1869) Other

Results of Required Tests: _____

Number of Tests: _____ **Location of Tests:** _____

Floor Measured for Flatness: Yes No

Method Flatness Measured: _____

High Spots Grinded: Yes No

Low Spots Floated: Yes No

Results Within 3/16" in 10' or 1/8" in 6': _____

Concrete Surface Profile (CSP) Rating: _____

Presence of Contamination on Surface:

Yes No

Method of Testing: _____

Method of Removal: _____

Presence of Stress Cracks in Concrete:

Yes No Method to Address: _____

Presence of Expansion Joints in Concrete:

Yes No Method to Address: _____

WOOD SUBFLOOR

Type of Subfloor:

- 19/32" Plywood
- 19/32" OSB
- 23/32" Plywood or OSB
- 7/8" Plywood or OSB
- 1" x 6" Solid Board
- Particle Board
- Other

Maximum Joist Span Requirement:

- 16" On Center
- 16" On Center (add 15/32" Overlay)
- 19.2" On Center
- 24" On Center

Joist Span: _____ **Joist Type:** _____

Manufacturer Requirements: _____

Overlay Required: Yes No

Loose Subfloor: Yes No

Location: _____

Audible Squeaks/Noise: Yes No

Location: _____

Peaked Seams: Yes No

Required Sanding: Yes No

Protruding Nails/Screws: Yes No

Location: _____

Results Within 1/4" in 10' or 3/16" in 6': _____

Stains: Yes No

Rot: Yes No

Replacement Required: Yes No

Total Number of Sheets: _____ **Type:** _____

MOISTURE TESTING

Moisture Meter Type: _____ **Name:** _____

Model: _____ **Meter Setting:** _____

Comparison Readings (trim, door, cabinets, etc.): _____

Average Reading (sum of readings/20): _____

High Readings (indicate areas): _____

>> 20 Readings per 1,000 Square Feet <<

- | | | | |
|---------|----------|----------|----------|
| 1 _____ | 6 _____ | 11 _____ | 16 _____ |
| 2 _____ | 7 _____ | 12 _____ | 17 _____ |
| 3 _____ | 8 _____ | 13 _____ | 18 _____ |
| 4 _____ | 9 _____ | 14 _____ | 19 _____ |
| 5 _____ | 10 _____ | 15 _____ | 20 _____ |

BELOW FLOORING SYSTEM

CRAWL SPACE

Open-Air Enclosed Wall-Vented Conditioned

Ground is Dirt, Concrete, Gravel, Other: _____

Yes No

6 mil Plastic Vapor Retarder Present:

Yes No

Seams Overlapped and Taped:

Yes No

Plastic Taped up Foundation Walls:

Yes No

Percentage of Ground Covered: _____ %

Insulation Present:

Yes No

Insulation on Foundation Walls:

Yes No

Vents Present:

Yes No

Number of Vents: _____ Open/Closed: _____

Square Feet of Crawl Space: _____

Humidistat Installed:

Yes No

Temperature: _____ Relative Humidity: _____

Distance from Ground to Underside of Joists: _____ inches

Moisture Content of Exposed Joists: _____

Moisture Content Underside Exposed Subfloor: _____

Condensation Present:

Yes No

Standing Water Present:

Yes No

Mold Present:

Yes No

Alkali/Discoloration on Foundation Walls:

Yes No

BASEMENT

Walk Out:

Yes No

Side(s) Below Ground Level:

North South

East West

Basement Finished/Unfinished: _____

If Finished, Date Completed: _____

Wall Cracks Present:

Yes No Unknown

If Yes, Location: _____

Sump Pump:

Yes No

Operating:

Yes No Unknown

HVAC Vents Open to Basement:

Yes No

Temperature: _____ Relative Humidity: _____

Moisture Content of Exposed Joists: _____

Signs of Moisture Damage: _____

Peeling Paint:

Yes No

Floor Stains:

Yes No

Rusty Nails:

Yes No

Other: _____

FLOORING INFORMATION

Manufacturer: _____

Solid Engineered

Strip Plank

Unfinished Factory Finished

Width: _____ Species: _____

Parquet Pattern: _____

Add'l. Info. on Flooring Container: _____

Lot Number: _____ SqFt. per Container: _____

Total Job SqFt.: _____ Total SqFt. Necessary: _____

Installation Method: Nail Glue Float

Transition Pieces Needed: _____

Quantity of Transitions: _____ linear feet

Type of Underlayment Required by Manufacturer: _____

Quantity of Underlayment Necessary: _____

Fastener Type Required by Manufacturer: _____

Length: _____ Gauge: _____ Schedule: _____

Adhesive System Required by Manufacturer: _____

Trowel Required: _____

Flooring Manufacturer Acclimation Requirements: _____

Temperature: _____ Relative Humidity: _____

Other Specific Installation Requirements: _____

Approved Over Radiant Heat: Yes No

Approved Below Grade: Yes No

MOISTURE TESTING

Moisture Meter Type: _____

Name: _____ Model: _____

Meter Species Correction: _____

High Reading: _____ Low Reading: _____

Comparison Readings (trim, door, cabinets, etc.): _____

Areas of Concern: _____

Temperature: _____ Relative Humidity: _____

Average Reading (sum of readings/40): _____

High Readings (% of total boards): _____

>> 40 Readings per 1,000 Square Feet <<

1 _____ 11 _____ 21 _____ 31 _____

2 _____ 12 _____ 22 _____ 32 _____

3 _____ 13 _____ 23 _____ 33 _____

4 _____ 14 _____ 24 _____ 34 _____

5 _____ 15 _____ 25 _____ 35 _____

6 _____ 16 _____ 26 _____ 36 _____

7 _____ 17 _____ 27 _____ 37 _____

8 _____ 18 _____ 28 _____ 38 _____

9 _____ 19 _____ 29 _____ 39 _____

10 _____ 20 _____ 30 _____ 40 _____

FINISH INFORMATION

Finish Used: _____ Lot Number: _____

Sheen: _____ Total SqFt.: _____

Coverage Rate: _____

Number of Gallons: _____ Number of Coats: _____

Application Method/Tool: _____

Sealer: _____

Lot Number: _____ Total SqFt.: _____

Coverage Rate: _____

Number of Gallons: _____ Number of Coats: _____

Application Method/Tool: _____

Color: _____ Product: _____

Mixture/Ratio: _____

Process/System: _____

Dry Time Requirements: _____

Airflow Obstacles: _____

SPECIAL CONSIDERATIONS

Power:

110 220 Other

Location of Breaker Box: _____

Location of Temp Pole: _____

Booster Necessary:

Yes No

Time Schedule Considerations:

Arrival: _____

Departure: _____

Other Trades:

Yes No

Schedules: _____

Wet Work Complete:

Yes No

Expected Traffic Use:

High Low Average

Any Special or Unique Use:

Office Restaurant Retail Store

Bar Other

High Rise:

Yes No

Elevator:

Passenger Freight None

Stairways: _____ **Number of Flights:** _____

Hours of Access: _____ **Age of Facility:** _____

Proximity of Parking: _____ **Cost:** _____

Art/Fixtures: _____

Removed Cover

Gas and Water Lines Disconnected:

Yes No

Toilets/Pedestals/Plumbing Fixtures:

Yes No

Plumber Information: _____

Existing Floor Covering Removal and Disposal:

Carpet Glued: Yes No

Vinyl Underlayment: _____

Tile Underlayment: _____

Wood Nailed/Glued: _____

Other

Disposal: _____

Trim and Moldings Removal: _____

Re-Use Trim:

Yes No

New Trim: _____ **Style:** _____

Amount Necessary: _____

Lead (pre-1978): _____ **Certified:** _____

Asbestos (pre-1986): _____ **Remediation:** _____

ROOMS TO RECEIVE WOOD

Entry: _____ SqFt. Kitchen: _____ SqFt. Bath 3: _____ SqFt. Bath 4: _____ SqFt.
Hall(s): _____ SqFt. Great Room: _____ SqFt. Bath 5: _____ SqFt. Bath 6: _____ SqFt.
Living Room: _____ SqFt. Dining Room: _____ SqFt. Master Bed: _____ SqFt. Bed 1: _____ SqFt.
Nook: _____ SqFt. Pantry: _____ SqFt. Bed 2: _____ SqFt. Bed 3: _____ SqFt.
Formal: _____ SqFt. Study: _____ SqFt. Bed 4: _____ SqFt. Bed 5: _____ SqFt.
Library: _____ SqFt. Powder Bath: _____ SqFt. Bed 6: _____ SqFt. Bed 7: _____ SqFt.
Bath 1: _____ SqFt. Bath 2: _____ SqFt. Other Rooms: _____ SqFt. Other Rooms: _____ SqFt.



