



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	Celsius																			
	-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
30	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
40	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
50	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
60	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
70	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
80	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
90	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
100	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
120	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
140	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

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: _____ Maximum Joist Span Requirement: _____

19/32" Plywood 16" On Center

19/32" OSB 16" On Center (add 15/32" Overlay)

23/32" Plywood or OSB 19.2" On Center

7/8" Plywood or OSB 24" On Center

1" x 6" Solid Board

Particle Board

Other

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:

