

Erickson's Flooring & Supply Co.

Inspection Analysis Report

Date :

Information				
Dates:	<u>Purchased</u>	<u>Delivered</u>	<u>Installed</u>	<u>Order/Invoice number</u>
Seller:	Company Name _____ Address _____			
	City _____	State _____	Zip _____	Phone Number _____
Installer:	Company Name _____ Address _____			
	City _____	State _____	Zip _____	Phone Number _____
Consumer:	Name _____ Address _____			
	City _____	State _____	Zip _____	Phone Number _____

Product	Product/Item: _____	Run date: _____
	Mfgr. markings: _____	Quantity purchased/used: _____

Application	Residential	YES	NO	New construction	YES	NO
	Light commercial	YES	NO	Remodel	YES	NO
	Heavy commercial	YES	NO	Room/Job size:	_____	

Nail / Staple Down	
Type of fastener : _____	Expansion space : _____
Size of fastener : _____	Where is expansion: _____
Machine used : _____	How expansion checked: _____
Spacing : _____	Glue used: _____
How spacing was checked: _____	How glue was checked: _____

Glue Down	
Type of adhesive: _____	Open time: _____
Amount used: _____	Was floor rolled: _____
Notch type/size/spacing: _____	Roller weight: _____
	YES NO

Subfloor	Thickness: _____	Filler/Topping used: _____	Grade: _____	Above	On	Below
	Total subfloor configuration:	Plywood	OSB	Particle Board	Concrete	
	Explain: _____					

Construction	Crawl Space:	YES	NO	Vapor barrier used:	YES	NO
	Vented:	YES	NO	What kind: _____		
	Joist spacing: _____			How used/Applied: _____		
	Basement:	YES	NO	Heating: _____		
	Heated:	YES	NO	What type: _____		

