

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: _____ YES NO
Notch type/size/spacing: _____	Roller weight: _____

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: _____

Additional Info

Moisture content in finished floor: _____ Moisture content in left over floor: _____

Moisture content in subfloor: _____

Anything noted before install: _____

Anything noted after install: _____

Job Conditions

Dog/Cat	YES	NO		Maintenance products:	_____
Direct sunlight:	YES	NO		Other:	_____
Heavy furniture:	YES	NO		Relative humidity:	_____
Humidity:	High	Average	Low	Air circulation:	Good Fair Poor
Weather:	Hot	Warm	Cold	Humidifier:	YES NO
	Dry	Damp	Wet	Working:	YES NO
Outside temperature:	_____			Date last checked:	___/___/___
Inside temperature:	_____				

Sanding Procedure

Papers used: _____

Screens used: _____

Machine(s) used: _____

Finishing Procedure

Bleach:	YES	NO	Brand: _____	Times bleached: 1 2 3	_____
			Dry time: _____		
Stain:	YES	NO	Brand: _____	Color: _____	
			Coats Applied: 1 2 _____	Dry time: _____	
			Application method: Brush Rag Other: _____		
Sealer:	YES	NO	Brand: _____	Coverage: _____	sq ft/gal
			Coats Applied: 1 2 _____	Dry time: _____	
			Application method: _____	Times catalyzed: _____	
Top Coats:	YES	NO	Brand: _____	Coverage: _____	sq ft/gal
			Coats Applied: 1 2 _____	Gloss Semi Satin	
			Application method: _____		
			Dry time: _____	Times catalyzed: _____	
Moisture Meter: Used before coats	YES	NO	Used between coats:	YES	NO
Moisture % before:	_____		Moisture % between:	_____	

Seller Comments/Recommendations

Before: _____

After: _____

Name (print): _____ Date: ___/___/___

Installer Comments/Recommendations

Before: _____

After: _____

Name (print): _____ Date: ___/___/___