

SECTION V APPENDIX EA

NATIONAL WOOD FLOORING ASSOCIATION TECHNICAL PUBLICATION No. A400

JOBSITE CHECKLIST

I. GENERAL INFORMATION

Owner's Name _____ Date _____
Address _____
Home phone _____
Husband's work phone _____ Wife's work phone _____
Cellular/car phone _____ Pager _____
Jobsite address _____
Jobsite visit appointment date _____ Time _____

II. TYPE OF JOB

Residential _____ Commercial _____
New _____ Remodel _____

III. RESIDENTIAL USE INFORMATION

Traffic High _____ Average _____ Low _____
Any special or unique use _____
Project rooms/areas _____
Project budget _____

IV. COMMERCIAL USE INFORMATION

Retail store _____ Restaurant _____ Office _____
Bar _____ Other _____
Traffic High _____ Average _____ Low _____
High-rise Yes _____ No _____
Freight elevator Yes _____ No _____
Passenger elevator Yes _____ No _____
Hours of access _____
Power access _____
Maintenance _____
Maintenance company _____
Phone _____
Proximity of parking _____
Cost of parking _____

V. INTERIOR

Relative humidity in air-space:
Hygrometer ___% Sling psychrometer ___%
HVAC units operable Yes _____ No _____
If, no, date to be operating _____
Type of heat: _____
Radiant _____ Baseboard _____ Radiator _____
Forced Air _____ Electric _____ Gas _____
Wood-burning stove Heat ducts _____
Overhead _____ Under floor _____

Insulated Yes _____ No _____

Humidity controls Yes _____ No _____

Thermostat setting

First unit _____ F Second Unit _____ F

Air conditioning Yes _____ No _____

Large window/sliding glass doors facing:

East _____ South _____ West _____

Drapes Yes _____ No _____

Tinted glass Yes _____ No _____

Double-glazed/
storm windows Yes _____ No _____

KITCHEN:

Instant hot water Yes _____ No _____

Refrigerator Yes _____ No _____

Icemaker Yes _____ No _____

Food freezer Yes _____ No _____

Dishwasher Yes _____ No _____

Other _____

MUD ROOM/LAUNDRY ROOM:

Clothes dryer
vented outside Yes _____ No _____

Plumbing leaks _____

Ceiling stains _____

BATHROOM

Bathroom exhaust Yes _____ No _____

Heated exhaust Yes _____ No _____

BASEMENT

Walls cracked Yes _____ No _____

Paint peeling Yes _____ No _____

Floor stained Yes _____ No _____

Damp Yes _____ No _____

Vented Yes _____ No _____

Rusty nails Yes _____ No _____

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Sump pump Yes _____ No _____

Condensation on
cold-water lines Yes _____ No _____

Musty smell Yes _____ No _____

Heated Yes _____ No _____

Air-conditioned Yes _____ No _____

Relative humidity in air-space:
Hygrometer___% Sling psychrometer___%

VI. EXTERIOR

Building is over
Basement ___ Crawl space ___ Slab ___

Relation of lot to street
Above ___ Level ___ Below ___

Lot cut and fill Yes _____ No _____

Relation of lot to neighbor
Above ___ Level ___ Below ___

Lot drainage away from foundation
Yes _____ No _____

Shaded Lot Yes _____ No _____

Gutters/downspouts Yes _____ No _____

Directed away Yes _____ No _____

Roof overhang Yes _____ No _____

Foundation perimeter

Waterproof Yes _____ No _____

Soil damp Yes _____ No _____

Window wells-dry Yes _____ No _____

Planterbox Yes _____ No _____

Shrubs/flowers Yes _____ No _____

Comments _____

Yard established Yes _____ No _____

Recent Yes _____ No _____

Sprinklers/irrigation Yes _____ No _____

Excess Watering Yes _____ No _____

Entry is:
Step up _____ Level _____ Down _____

Swimming pool Yes _____ No _____
In-ground _____ Above-ground _____

Distance from pool to foundation _____ feet

Drains in pool deck
and/or patio Yes _____ No _____

Is street curb
drain active Yes _____ No _____

CRAWL SPACE:

Distance from soil to subfloor _____

Condensation Yes _____ No _____

Musty Smell Yes _____ No _____

Concrete Slab Yes _____ No _____

Moisture barrier
beneath concrete Yes _____ No _____

Dirt floor Yes _____ No _____

6- or 8- mil black poly
cover over dirt Yes _____ No _____

15sf open vent per
1,000sf floor area Yes _____ No _____

Vents open Yes _____ No _____

Cross-ventilation Yes _____ No _____

VII. SUBFLOOR INFORMATION

(Reference NWFA Installation Guidelines, Section 2, Chapter 2-7 for approved subfloor.)

Existing Wood type:

3/4-inch CDX plywood _____

5/8-inch CDX plywood _____

23/32-inch OSB underlayment grade_____

Solid board _____

Other _____

Renail Yes _____ No _____

Sand Yes _____ No _____

Damage Yes _____ No _____

Pet stains Yes _____ No _____

Rot Yes _____ No _____

Other subfloor repair _____

Average moisture content in flooring _____%

Average moisture content in subfloor _____%

Average moisture content in sleepers _____%

Average moisture content in joists _____%

In areas or seasons of extreme moisture
conditions, check moisture content in:

Adjacent baseboard _____%

Door trim _____%

Wood threshold _____%

Paint/finish lines
exposed Yes _____ No _____

Trim pieces dislodged Yes _____ No _____

SLAB:

Relate elevation of slab surface to exterior soil
line +/- _____ inches

Slab tested for moisture before install
Yes _____ No _____

What test _____

Results _____

New slab _____ Date poured _____

Existing slab _____ Age _____

Float/grind slab Yes _____ No _____

Install wood subfloor Yes _____ No _____

Moisture membrane Yes _____ No _____

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VI. FLOORING TYPES

Unfinished _____ Prefinished _____

Species _____

Size of flooring desired _____

Solid ___ Engineered ___ Floating floor ___

Strip ___ Plank _____ Parquet _____

INSTALLATION:

Glued _____ Stapled _____ Nailed _____

Stain color _____

Sealer _____

Finish _____

Number of coats _____

Trim and moldings _____

Special layout Yes _____ No _____

If yes, type _____

IX. SPECIAL REQUIREMENTS

NEW CONSTRUCTION:

Power 110 _____ 220 _____

Distance to pole _____

Booster Yes _____ No _____

Time schedule for installation _____

Other trades _____

Wet work completion _____

REMODEL:

Move furniture Yes _____ No _____

Special Needs

Piano ___ Antiques ___ Appliances ___

Toilet ___ Other _____

(Note: Gas and water lines must be disconnected by customer or qualified personnel.)

Company responsible _____

Phone _____

Existing floor covering

Carpet _____ Sheet vinyl _____

Vinyl tile ___ Ceramic tile ___

Wood _____ Other _____

Do existing wall moldings

need to be removed Yes _____ No _____

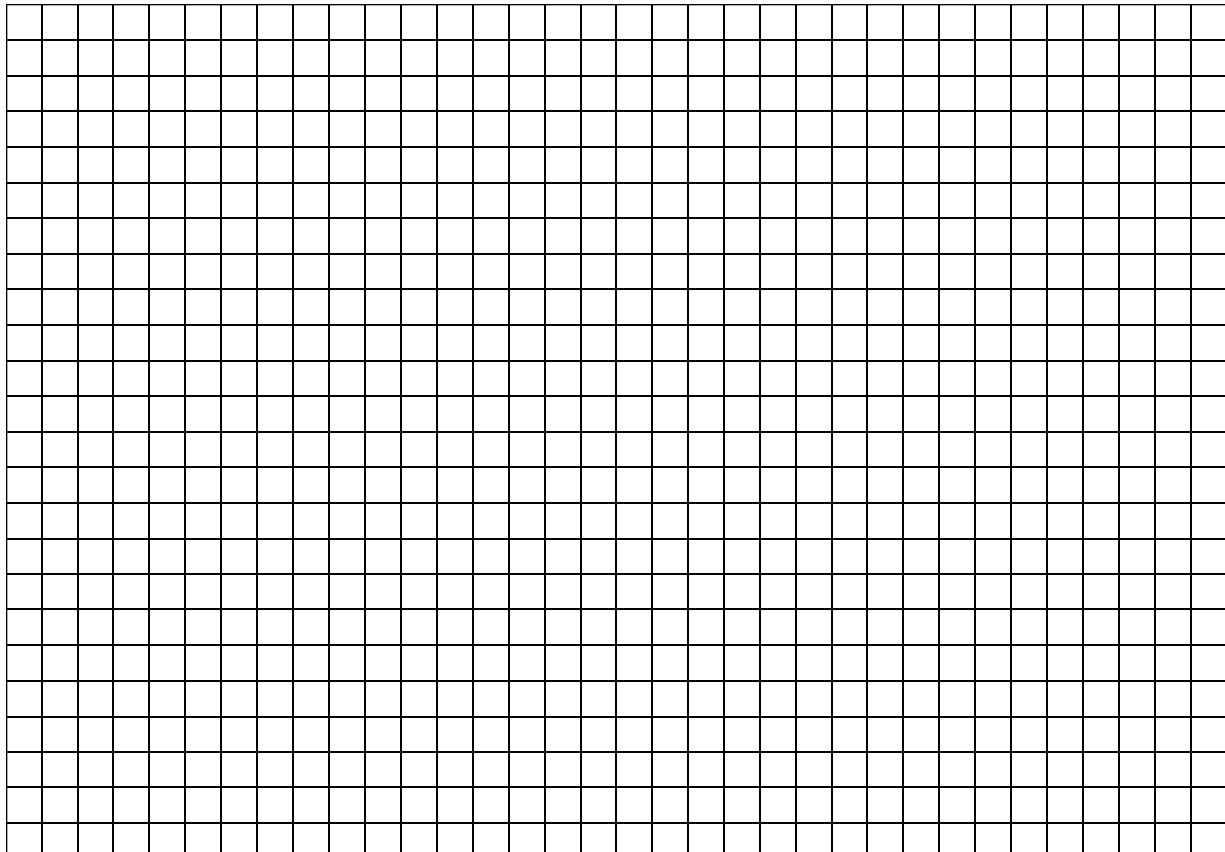
Does the existing floor covering need to be removed Yes _____ No _____

Note: If it appears that floor covering could contain asbestos, check with the dealer/contractor company for proper abatement procedures.

Who is responsible for removal of existing floor covering? _____

Who is responsible for trash disposal? _____

Use graph paper like that below to sketch the dimensions of the installation to scale.



SECTION V APPENDIX EB

TOOLS CHECKLIST

Here is a basic list of tools to outfit the professional flooring contractor. Some may be supplied by the company, others you may have to supply yourself.

	Installation	Sanding	Finishing
Eye protection	■	▲	●
Knee pads	■	▲	●
Respirator	■	▲	●
Ear plugs	■	▲	●
Moisture meter	■		●
Nailing machines	■		
Assorted nails, cleats, pins	■		
Air tank, hoses and fittings	■		
Jigsaw	■		
Band saw	■		
Reciprocating saw	■		
Table saw	■		
Hand saw	■	▲	●
Jamb saw	■		●
Circular saw	■		●
Miter box with saw	■	▲	●
Chalk line	■		
Staplers	■		●
Squares	■		
Level/straight-edge	■		
Compass and protractor	■		
Scrapers, blades and files	■	▲	
Pry bar	■		
Drills and bits	■	▲	●
Router and bits	■	▲	●
Hammers	■	▲	●
Chisels	■	▲	●
Nail sets	■	▲	●
Pliers and wrenches	■	▲	●
Nail pullers	■	▲	●
Screwdrivers	■	▲	●
Rule or tape	■	▲	●
Block plane	■	▲	●
Utility knife	■	▲	●
Electric tester	■	▲	●
Keel or crayon	■	▲	
Fans	■	▲	●
Brooms	■	▲	●
Drop cord light	■	▲	●
General purpose oil (non-detergent for pneumatic tools)	■	▲	●
Extension cord, adequate, length, grounded	■	▲	●
Electric plugs, adapters	■	▲	●
Electrical tape	■	▲	●
Vacuum cleaner	■	▲	●
Plastic bags for waste	■	▲	
Sanders		▲	
Edger		▲	
Oscillating sanders		▲	●
Buffers		▲	●
Sander cords		▲	
Sander bags			●
Applicators, brushes			
Trowels	■		