



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																				
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
		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 Conrete:

☐ 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'tl. 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: _____

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