

# 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	Celcius	Relative Humidity (percent)																		
		5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95
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

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:

- 19/32" Plywood  
 19/32" OSB  
 23/32" Plywood or OSB  
 7/8" Plywood or OSB  
 1" x 6" Solid Board  
 Particle Board  
 Other

Maximum Joist Span Requirement:

- 16" On Center  
16" On Center (add 15/32" Overlay)  
19.2" On Center  
24" On Center

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: \_\_\_\_\_  
\_\_\_\_\_

## SPECIAL CONSIDERATIONS

**Power:**

110       220       Other

**Location of Breaker Box:** \_\_\_\_\_

\_\_\_\_\_

**Location of Temp Pole:** \_\_\_\_\_

\_\_\_\_\_

**Booster Necessary:**

Yes       No

**Time Schedule Considerations:**

**Arrival:** \_\_\_\_\_

**Departure:** \_\_\_\_\_

**Other Trades:**

Yes       No

**Schedules:** \_\_\_\_\_

**Wet Work Complete:**

Yes       No

**Expected Traffic Use:**

High       Low       Average

**Any Special or Unique Use:**

Office       Restaurant       Retail Store

Bar       Other

**High Rise:**

Yes       No

**Elevator:**

Passenger       Freight       None

**Stairways:** \_\_\_\_\_ **Number of Flights:** \_\_\_\_\_

**Hours of Access:** \_\_\_\_\_ **Age of Facility:** \_\_\_\_\_

**Art/Fixtures:** \_\_\_\_\_

Removed       Cover

**Gas and Water Lines Disconnected:**

Yes       No

**Toilets/Pedestals/Plumbing Fixtures:**

Yes       No

**Plumber Information:** \_\_\_\_\_

\_\_\_\_\_

**Existing Floor Covering Removal and Disposal:**

Carpet      Glued:       Yes       No

Vinyl      Underlayment: \_\_\_\_\_

\_\_\_\_\_

Tile      Underlayment: \_\_\_\_\_

\_\_\_\_\_

Wood      Nailed/Glued: \_\_\_\_\_

\_\_\_\_\_

Other

**Disposal:** \_\_\_\_\_

**Trim and Moldings Removal:** \_\_\_\_\_

**Re-Use Trim:**

Yes       No

**New Trim:** \_\_\_\_\_ **Style:** \_\_\_\_\_

**Amount Necessary:** \_\_\_\_\_

**Lead (pre-1978):** \_\_\_\_\_ **Certified:** \_\_\_\_\_

\_\_\_\_\_

**Asbestos (pre-1986):** \_\_\_\_\_ **Remediation:** \_\_\_\_\_

\_\_\_\_\_



