



INSPECTION REPORT FORM

Sand/Finish

Inspection Date: _____ / _____ / _____

Inspector Name: _____

Inspector CP #: _____

Claim #: _____

I. GENERAL INFORMATION

Commissioning Party's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ Email: _____

Homeowner/Building Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ Email: _____

Flooring Contractor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ Email: _____

General Contractor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ Email: _____

Manufacturer's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Main Contact Info: _____ Title: _____

Contact Number: _____ Email: _____

Retailer's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Main Contact Info: _____ Title: _____

Contact Number: _____ Email: _____

II. JOBSITE INFORMATION

Jobsite Visit Date: ____ / ____ / ____ Time: _____

Residential Single Family

Commercial Duplex

New Construction Condo

Remodel Apartment Complex

Age of Building: _____ Occupied: Yes No

OCCUPANT INFORMATION

of Adults: _____ # of Children: _____ # of Pets: _____

III. STATEMENT OF CONCERN

IV. CLAIM HISTORY

Date of Sanding: ___/___/___ Date of Completion: ___/___/___ Date Occupied: ___/___/___
Date Complaint First Noticed: ___/___/___ Date Reported: ___/___/___
Reported to: _____
Unusual Events: _____
Cleaning Products/Methods Used: _____
How Often: _____

JOBSITE CONDITIONS DURING SANDING AND FINISHING PROCESS

Moisture Content of Floor: _____ Method/Meter Used: _____
Temperature (interior): _____
RH (interior): _____
HVAC Operational: Yes No

SANDING PROCESS (EQUIPMENT & ABRASIVES)

Belt/Drum Sander | Grit Sequence: _____
Abrasive Used: _____
Edger | Grit Sequence: _____
Abrasive Used: _____
Orbital Sander | Grit Sequence: _____
Abrasive Used: _____
Buffer | Grit Sequence & Pads/Papers Used: _____
Abrasive Used: _____
Hard Plate/Multi-head Attachment | Grit Sequence: _____
Abrasive Used: _____
Planetary Sander | Grit Sequence: _____
Abrasive Used: _____
Other Sanders | Grit Sequence: _____
Abrasive Used: _____
Dust Containment: Yes No Method of Containing Dust: _____

FINISH/COLORANT

Stain/Colorant Type(s): _____
Product(s): _____ Color: _____
Quantity Used: _____ Coverage Rate: _____ Total Square Footage: _____
Application Method/Tool: _____
of Coats: _____ Date(s) of Application: _____

IV. CLAIM HISTORY (CONTINUED)

FINISH/COLORANT (CONTINUED)

Stain/Colorant Type(s) (CONTINUED):

Process/System: _____

Manufacturer Requirements:

Coverage Rate: _____ Application Method: _____

Dry Time Requirements: _____

Sealer Type(s): _____ Product: _____

Production date/Lot #: _____ Total Square Footage: _____

Quantity Used: _____ Coverage Rate: _____

Application Method/Tool: _____

of Coats: _____ Date(s) of Application: _____

Process/System: _____

Manufacturer Requirements:

Coverage Rate: _____ Application Method: _____

Dry Time Requirements: _____

Finish Type(s): _____

Product(s): _____ Sheen: _____

Production date/Lot #: _____ Total Square Footage: _____

Quantity Used: _____ Coverage Rate: _____ # of Coats: _____

Date of 1st Coat Finish: ____ / ____ / ____ 2nd Coat: ____ / ____ / ____

3rd Coat: ____ / ____ / ____ Other Coats: ____ / ____ / ____

Application Method/Tool: _____

Process/System: _____

Manufacturer Requirements:

Coverage Rate: _____ Application Method: _____

Dry Time Requirements: _____

IV. CLAIM HISTORY (CONTINUED)

COMMISSIONING PARTY COMMENTS

END-USER COMMENTS

IV. CLAIM HISTORY (CONTINUED)

FLOORING CONTRACTOR COMMENTS

OTHER INVOLVED PARTY COMMENTS

V. PHYSICAL DESCRIPTION

CONCERNS

General Throughout Stabilized	Localized Progressing	Improving Other
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FLOORING

Species: _____

Solid	Engineered	Strip	Plank (Width: _____)	Parquet
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Total Sqft: _____ % of Floor Affected: _____

Previously Finished Floor Factory Finished New Install Flooring thickness: _____

Type of Finish on Existing Floor: _____

ROOMS BEING INSPECTED

Entry: _____ sqft	Formal: _____ sqft	Bath 5: _____ sqft
Kitchen: _____ sqft	Study: _____ sqft	Master Bedroom: _____ sqft
Hall(s): _____ sqft	Library: _____ sqft	Bed 1: _____ sqft
Great Room: _____ sqft	Powder Bath: _____ sqft	Bed 2: _____ sqft
Living Room: _____ sqft	Bath 1: _____ sqft	Bed 3: _____ sqft
Dining Room: _____ sqft	Bath 2: _____ sqft	Bed 4: _____ sqft
Nook: _____ sqft	Bath 3: _____ sqft	Bed 5: _____ sqft
Pantry: _____ sqft	Bath 4: _____ sqft	Other Rooms: _____ sqft

SPECIAL CONSIDERATIONS

Power: 110 220 Other: _____

Location of Power Source: _____

Other Trades | Schedules prior to, during or after sand/finish:

Traffic Use: High Average Low

Any Special or Unique Use:

Airflow Obstacles: _____

Large Windows on Floor Facing:	North	South	East	West
Window Coverings: Yes No	Tinted Glass/UV Protections:		Yes	No

Type of Heating System:

Forced Air	Underfloor/Radiant	Radiator
Electric	Wood Burning Stove	Baseboard
Other: _____	Type: _____	

Location of Heating: Above Below Floor Baseboard

Type Of Cooling System:

Central Air Conditioning	Swamp Cooler	Exhaust Fan
Portable Air Conditioning	Underfloor/Radiant	
Other: _____	Type: _____	

V. PHYSICAL DESCRIPTION (CONTINUED)

SUMMARY OF PHYSICAL DESCRIPTION

VI. TESTING

JOBSITE CONDITIONS AT INSPECTION

Moisture Content of Floor: _____ Method/Meter Used: _____

HVAC System Operating: Yes No

HVAC Testing:

Temperature: _____ F/C Relative Humidity: _____ %

Meter Used: _____

Humidification/Dehumidification System: Yes No

Operating: Yes No

Thermostat Control Settings: _____

Programmable: Yes No Data Logger: Yes No

Surface Temperature: _____ Method/Meter Used: _____

ADDITIONAL TESTING INFORMATION

Please list all of the tests performed along with the results and tools used for the tests. Add reference to supporting photos.

VI. TESTING (CONTINUED)

ADDITIONAL TESTING INFORMATION

VII. APPLIED INDUSTRY STANDARDS:

Please list the source from which standards were applied. Then copy/paste specific areas of content that directly apply to the Statement of Concern.

VII. APPLIED INDUSTRY STANDARDS (CONTINUED):

VIII. CONCLUSION/CAUSE

Determined conclusion based on the facts, testing, observations, and relevant manufacturer/industry guidelines as supported within this report.

Signature: _____ Date: ____/____/____