

CARPET & VINYL INSTALLATION

Quality Assurance Report

Project Name: _____

Project No: _____

Installer/s Involved: _____

Area/Unit No./Name: _____

Completion Date: _____

Inspection Date: _____

Name: _____

Signature: _____

- *Photographs of completed areas are mandatory.*
- *This report must be forwarded to the group Whats App immediately on completion.*

General Information

1.0 Correct type and colour of carpet/vinyl is installed as per specification.

Yes	No	N/A
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2.0 Correct underlay is installed as per specification.

Yes	No	N/A
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3.0 Carpet/vinyl direction is correct.

Yes	No	N/A
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4.0 Carpet/vinyl is damage and defect free.

Yes	No	
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5.0 Carpet installed by Powerstretcher and perimeter secured properly.

Yes	No	N/A
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6.0 All transition trims are fitted and welding complete.

Yes	No	N/A
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7.0 Areas are fully complete.

Yes	No	
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8.0 Floor is ready to receive protection.

Yes	No	N/A
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9.0 Protection installed.

Yes	No	N/A
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10.0 All rubbish is removed and put in bins.

Yes	No	
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11.0 All allocated offcuts moved and stored to correct room and back measured and Jared has been informed.

Yes	No	N/A
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12.0 No damage to skirting or surrounding surfaces (provide photos and comment if there is any damage).

Yes	No	
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13.0 No change in scope of works (from Site Manager or others).

Yes	No	N/A
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14.0 Comments

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