

FLOOR PREPARATION

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 Moisture barrier installed as per specification.

Yes	No	N/A
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2.0 Primer installed as per specification.

Yes	No	N/A
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3.0 Levelling compound installed as per specification.

Yes	No	N/A
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4.0 Floor is within tolerance to receive carpet/vinyl flooring.

Yes	No	
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5.0 Transition heights checked and are within tolerance.

Yes	No	N/A
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6.0 All edges are scraped.

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

Yes	No	
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8.0 Areas left smooth, dust free, vacuumed.

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

Yes	No	N/A
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10.0 No change in scope of works (from Site Manager or others).

Yes	No	N/A
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Yes	No	N/A
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11.0 Comments

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