

**NATIONAL FLOOR COVERING ASSOCIATION**

**INSTALLATION REVIEW GUIDE - OTHER RESILIENT FLOORING**

**NOTE: Use this form in conjunction with resilient sheet and tile installation inspection guide forms for stairs, specialty flooring, etc. This form only includes items specific to stairs, specialty flooring, etc.**

Project Name: \_\_\_\_\_ Review / Claim No.: \_\_\_\_\_  
 Project Address: \_\_\_\_\_ Inspector: \_\_\_\_\_  
 Product Location: \_\_\_\_\_ Review Date (D/M/Yr): \_\_\_\_\_  
 (list room areas) \_\_\_\_\_ Installation Date (D/M/Yr): \_\_\_\_\_  
 Owner's Name: \_\_\_\_\_ Owner's Phone No.: \_\_\_\_\_  
 Flooring Contractor: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**NOTE: Review Evaluations must be based on Industry recommendations and applicable NFCA standards.** Review Report: 1  2  3  4   
 (Refer to last page)

ITEM	Not Applicable	Acceptable	Not Acceptable	Brief Explanation
<b>Stairs:</b>				
Tread / riser substrate material				
Tread / riser substrate condition				
Tread / riser material				Type
Nosing (separate)				Type:
Landing				
Tactile warning strip				
<b>Specialty Flooring:</b>				
Slip resistant flooring				Type
Sports flooring				Type
Static control flooring				Type
Moulded rubber slab / mat flooring				Type
Other				
<b>Materials:</b>				
Flooring Manufacturer / Product				Pattern No.: _____ Lot No.: _____
Material thickness				Thickness: _____
Material backing				Backing Type: _____

Project Name: \_\_\_\_\_

Inspection / Claim No.: \_\_\_\_\_

ITEM	Not Applicable	Acceptable	Not Acceptable	Brief Explanation
Material flaws				
Material damage				Freight ___ Broken ___ Stained ___ Other:
Shading / colour variations between tiles				
Size variations between different colours				
Surface indenting				
Surface staining				
Other:				
ITEM	Not Applicable	Acceptable	Not Acceptable	Brief Explanation
Accessories / edgings				Types:
Other:				
<b>Workmanship:</b>				
Substrate preparation (patching, etc.)				
Adhesive application				
Overall bond of tread / riser				
Overall bond of flooring units				
General layout of flooring units				
Abutment of flooring units				
Straightness of border units				
Symmetrical / balanced perimeters				
Fill sizes along walls or in doorways				
Neat / tight fit to walls and abutments				
Pattern match tread-to-tread				
Pattern match between flooring units				
Clean-up of adhesive spills				
General flooring clean-up / scrap removal				
Protective coverings installed				
Other:				

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<b>Flooring Failure Attributable to:</b>	<b>Not Applicable</b>	<b>Apparent Cause</b>		<b>Brief Explanation</b>
Quality of workmanship				
Type of subfloor / location				
Excessive subfloor irregularities / undulations				
Moisture condition in area of failure				
Area flooding				
Excessive or insufficient heat in area				
Subfloor contamination migration				
Expansion / contraction of Tile				
Adhesive bonding failure				
Lifting of patching compound				
Other				
<b>ITEM</b>	<b>Not Applicable</b>	<b>Acceptable</b>	<b>Not Acceptable</b>	<b>Brief Explanation</b>
Substrate movement				
Construction / trade damage				
Other:				
<b>Consumer Attributable Flooring Failure:</b>	<b>Not Applicable</b>	<b>Apparent Cause</b>		<b>Brief Explanation</b>
Traffic discoloration				
Sunlight / heat discoloration				
Moving damage				
Surface staining				
Surface indenting				
Scuffing of surface finish				
Inadequate / incorrect maintenance				
Other:				

Project Name: \_\_\_\_\_

Inspection / Claim No.: \_\_\_\_\_

Maintenance Information:	Name / Type	Brief Explanation
Cleaning frequency		
Cleaning product used		
Cleaning methods used		
Other:		

Recommendations: Floor Covering Contractor Replace / Adjust \_\_\_\_\_ Owner / Builder to assume Responsibility \_\_\_\_\_

Comments:

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Description / Diagram of Area:

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Review Reports:

- 1 Pre-Installation Report      Date: \_\_\_\_\_      Inspector: \_\_\_\_\_
- 2 Interim Report                      Date: \_\_\_\_\_      Inspector: \_\_\_\_\_
- 3 Final Report                              Date: \_\_\_\_\_      Inspector: \_\_\_\_\_
- 4 Post-Installation Report      Date: \_\_\_\_\_      Inspector: \_\_\_\_\_