

**NATIONAL FLOOR COVERING ASSOCIATION**

**INSTALLATION REVIEW GUIDE - CORK TILE & PLANK FLOORING**

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>Substrate:</b>				
Substrate location(s)				Below Grade ____ on Grade ____ Above Grade ____
Substrate system / type				
Underlayment type / material				
Substrate condition				
Level and flatness tolerance				
Testing provided				Moisture Test: _____ Alkalinity Test: _____
<b>Environment:</b>				
Environment Condition				Area Temperature: _____ Substrate Temperature: _____
Heating System Type				Humidity Level: _____
Materials conditioned prior to installation				
<b>Materials:</b>				
Flooring Manufacturer / Product				Pattern No.: _____ Lot No.: _____
Material thickness				Thickness: _____
Material backing				Backing Type: _____
Material flaws				
Material damage				Freight ____ Broken ____ Stained ____ Other: _____
Shading / colour variations between units				
Pattern alignment / mismatch between units				
Size variations between different units				

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

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

ITEM	Not Applicable	Acceptable	Not Acceptable	Brief Explanation
Off-square / bowing edges				
Surface finish				Type
Surface staining				
Adhesive Type				Type /Grade:
Accessories / Edgings				Types:
Other:				
<b>Workmanship:</b>				
Substrate preparation (patching, etc.)				
Adhesive application / correct trowel size				
Overall bond of tiles				
Bond of units along end and side walls				
General layout of units / pattern direction				
Pattern match / alignment across units				
Abutment of units (notably planks)				
Symmetrical / balanced perimeter units				
Straightness of border units				
Neat / Tight-fits along walls and abutments				
Fill sizes along walls or in doorways				
Cove base installation				
Clean-up of adhesive spills				
General flooring clean-up / scrap removal				
Protective coverings installed				
Other:				
<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				

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<b>Flooring Failure Attributable to:</b>	<b>Not Applicable</b>	<b>Apparent Cause</b>	<b>Brief Explanation</b>
Excessive subfloor irregularities			
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			
Substrate movement			
Construction / trade damage			
Other:			
<b>Owner 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:			
<b>Maintenance Information:</b>	<b>Name / Type</b>		<b>Brief Explanation</b>
Cleaning Frequency    Light Heavy			
Cleaning frequency			
Cleaning methods used			
Other:			

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

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

Recommendations: Floor Covering Contractor Replace / Adjust \_\_\_\_\_

Owner / Builder to assume Responsibility \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description / Diagram of Area:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Review Reports:

1 Pre-Installation Report      Date: \_\_\_\_\_      Inspector: \_\_\_\_\_

2 Interim Report      Date: \_\_\_\_\_      Inspector: \_\_\_\_\_

3 Final Report      Date: \_\_\_\_\_      Inspector: \_\_\_\_\_

4 Post-Installation Report      Date: \_\_\_\_\_      Inspector: \_\_\_\_\_