

# VERIFICATION INSPECTION CHECKLIST



TRADE: **TILING PREPARATION**

Date: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

Lot No.: \_\_\_\_\_

Item No	✓ / X	Description
1	<input type="checkbox"/>	Check for Hazardous Substance Survey check surveys visual inspection
2	<input type="checkbox"/>	Setting out and all tiling movement joints defined especially at <u>all</u> horizontal and vertical junctions
3	<input type="checkbox"/>	Confirm adhesive and bedding methods as per specification
4	<input type="checkbox"/>	Obtain manufacturer's instructions for bonding agent, adhesives, tiles and sealants
5	<input type="checkbox"/>	Preceding builders' work has been completed
6	<input type="checkbox"/>	Underlying services or conduits have been installed
7	<input type="checkbox"/>	Position of concealed supports correct
8	<input type="checkbox"/>	Lighting suitable for work to commence
9	<input type="checkbox"/>	Tiles delivered are correct type
10	<input type="checkbox"/>	Tiles are uniform in colour, glaze, pattern and size
11	<input type="checkbox"/>	Sufficient number of each type to complete the job
12	<input type="checkbox"/>	Tiles stored so as to avoid damage and theft
13	<input type="checkbox"/>	All services are installed & Cover up authorisation obtained

Work completed by (Subcontractor Name / Sign): \_\_\_\_\_

Date: \_\_\_\_\_

Work Inspected by (Proline Name/ Sign): \_\_\_\_\_

Date: \_\_\_\_\_

Work Inspected (if required) by (Client Name/ Sign): \_\_\_\_\_

Re-inspection Required  
Yes  No

Issues to be rectified before re-inspection: \_\_\_\_\_

Proposed Date: \_\_\_\_\_

# VERIFICATION INSPECTION CHECKLIST



**TRADE: TILING INSTALLATION**

**Date:** \_\_\_\_\_

**PROJECT NAME:** \_\_\_\_\_

**Lot No.:** \_\_\_\_\_

Item No	✓ / X	Description
1	<input type="checkbox"/>	Supplied specified adhesives throughout
2	<input type="checkbox"/>	Adhesive applied to uniform thickness using notched comb size recommended by adhesive manufacturer
3	<input type="checkbox"/>	Tiles removed at random, whilst adhesive set, to confirm full application of adhesive
4	<input type="checkbox"/>	Setting out and cutting of tiles is as defined
5	<input type="checkbox"/>	Adhesive cured for recommended period before grouting
6	<input type="checkbox"/>	Grout applied correctly
7	<input type="checkbox"/>	Movement joints and perimeter joints clear of adhesive and grout & at recommended intervals
8	<input type="checkbox"/>	Sealant applied to all movement joints and perimeters of wall tiled bays
9	<input type="checkbox"/>	Surplus grout and adhesive removed from tiles
10	<input type="checkbox"/>	Finished tile face is within specified tolerances
11	<input type="checkbox"/>	Tiles finished to correct line and level for following trades
12	<input type="checkbox"/>	Adequate protection is used

<b>Work completed by (Subcontractor Name / Sign):</b>	<b>Date:</b>
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<b>Work Inspected by (Proline Name/ Sign):</b>	<b>Date:</b>
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<b>Work Inspected (if required) by (Client Name/ Sign):</b>	<b>Re-inspection Required</b> <b>No</b> <input type="checkbox"/> <input type="checkbox"/> <b>Yes</b>
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<b>Issues to be rectified before re-inspection:</b>	<b>Proposed Date:</b>
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