

VERIFICATION INSPECTION CHECKLIST



TRADE: VINYL

Date: _____

PROJECT NAME: _____

Lot No.: _____

Item	✓ / X	Description
1	<input type="checkbox"/>	Installer & Proline Project Manager to tick off items when checked
2	<input type="checkbox"/>	Confirm adhesive details have been <i>fully</i> specified for the different substrates by the lino manufacturer and does not void the product warranty <i>(Note: Proline staff or the subcontractor should not select the adhesive)</i>
3	<input type="checkbox"/>	Check & obtain Vinyl / Lino / Adhesive manufacturers recommended application and instructions inclusive of WHS & Environmental requirements (Safety Data Sheets)
4	<input type="checkbox"/>	Setting out of joints is approved and welding procedure obtained and approved

Section Complete	Subcontractor Name: Sign:	Company:	Proline sign:	Date:
-------------------------	--	-----------------	----------------------	--------------

Installation: (Subcontractor & Proline Site Manager to tick off items when checked)

5	<input type="checkbox"/>	Installer & Proline Supervisor to tick off items when checked
6	<input type="checkbox"/>	Substrate prepared correctly to Manufacturers recommendations & AS 1884. All paints, grease, oil, etc removed from substrate, manufacturers requirements followed.
7	<input type="checkbox"/>	Required pre-treatments have been applied and cured correctly to achieve level & tolerances.
8	<input type="checkbox"/>	Hygrometer used to confirm substrate below max Relative Humidity permitted by manufacturer (Note: if laying flooring direct on concrete, cover section with polythene for two weeks before using hygrometer)
9	<input type="checkbox"/>	Doors removed for clearance, if necessary
10	<input type="checkbox"/>	Ventilation etc. adequate
11	<input type="checkbox"/>	Materials laid out for conditioning for specified time (where appropriate)
12	<input type="checkbox"/>	Colour and shade variations acceptable
13	<input type="checkbox"/>	Setting out, cutting and laying as approved
14	<input type="checkbox"/>	Cutting to perimeters and around obstructions true and precise
15	<input type="checkbox"/>	Correct notched trowels being used and worn trowels being replaced
16	<input type="checkbox"/>	Adhesive applied uniformly, at required rate of spread
17	<input type="checkbox"/>	Bonded surfaces brought into contact when adhesive wet/tacky/dry as recommended
18	<input type="checkbox"/>	Newly bonded surfaces rolled in both directions with specified/ recommended roller
19	<input type="checkbox"/>	Welded joints satisfactory and fully sealed
20	<input type="checkbox"/>	Correct sealer applied and uniform
21	<input type="checkbox"/>	Agreed protection provided

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 <input type="checkbox"/> No <input type="checkbox"/>
---	---

Issues to be rectified before re-inspection:	Proposed Date:
---	-----------------------

For Proline use only: If appropriate, circle reason for quality deviation: or Other: _____

Work sequence	Materials	Lack of care	Workmanship/ Skills	Poor design detailing	Inadequate supervision	Poor Produ	Other
---------------	-----------	--------------	---------------------	-----------------------	------------------------	------------	-------

Feedback: Items that became apparent during inspection that should be considered in future process: