

VERIFICATION INSPECTION CHECKLIST



TRADE: Flooring - Carpet

Date: _____

PROJECT NAME: _____

Lot No.: _____

Item	✓ / X	Description
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Preparation: (Proline Site Manager to tick off items when checked)

- | | | |
|---|--------------------------|---|
| 1 | <input type="checkbox"/> | Check that the following are in accordance with the specification & finishing schedules and have been approved by the Architect / OR Client
* type
* quantity
* size
* finish
* colour |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |
| 2 | <input type="checkbox"/> | Manufacturers specifications / installation guides obtain and reviewed |

Section Complete	Name: _____	Proline sign: _____	Date: _____
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Installation: (Subcontractor & Proline Site Manager to tick off items when checked)

- | | | |
|---|---|--|
| 3 | <input type="checkbox"/> | All drawing requirements complied with / setout checked |
| 4 | <input type="checkbox"/> Hold Pt | Area clean and ready for installation (Substrate) |
| 5 | <input type="checkbox"/> Hold Pt | Fixings, edge strips and underlay installed ready for carpet |
| 6 | <input type="checkbox"/> | Completed work is protected, if required |
| 7 | <input type="checkbox"/> | Warranty Certificate obtain where required |

Work completed by (Subcontractor Name / Sign): _____	Date: _____
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Work Inspected by (Proline Name/ Sign): _____	Date: _____
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Work Inspected (if required) by (Client Name/ Sign): _____	Re-inspection Required Yes <input type="checkbox"/> No <input type="checkbox"/>
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Issues to be rectified before re-inspection: _____	Proposed Date: _____
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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
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Feedback: Items that became apparent during inspection that should be considered in future process: _____