

Flooring Installation Inspection Checklist

Unit # _____ Date Installed _____ Installed By _____ Inspected By _____ Approved _____

Carpet Installation Areas: ALL LR DN Hall BR1 BR2 BR3 Stairs _____ **Comments**

- | | | | |
|---|-----------|----------|--|
| 1. Is the carpet the correct color and style? | Yes _____ | No _____ | |
| 2. Are there any visible Defects? | Yes _____ | No _____ | |
| 3. Are the carpet seams too noticeable? | Yes _____ | No _____ | |
| 4. Are the seams in the proper locations? | Yes _____ | No _____ | |
| 5. Is the carpet securely attached to the tack strip? | Yes _____ | No _____ | |
| 6. Is the carpet stretched in tight? | Yes _____ | No _____ | |
| 7. Have all the scraps been picked up? | Yes _____ | No _____ | |
| 8. Has the carpet been vacuumed? | Yes _____ | No _____ | |
| 9. Have all the doors been put back on? | Yes _____ | No _____ | |
| 10. Are there any sizeable scraps leftover? | Yes _____ | No _____ | |

Vinyl Installation Areas: ALL Kit Din Entry BA1 BA2 BA3 Lndry _____ **Comments**

- | | | | |
|--|-----------|----------|--|
| 11. Is the vinyl the correct color and style? | Yes _____ | No _____ | |
| 12. Are the floors neat, clean and tidy? | Yes _____ | No _____ | |
| 13. Are the wall moldings replaced? | Yes _____ | No _____ | |
| 14. Have the appliances been put back into place? | Yes _____ | No _____ | |
| 15. Have the toilets been reinstalled? | Yes _____ | No _____ | |
| 16. Are there any signs of water leaks? | Yes _____ | No _____ | |
| 17. Has silicone been applied to the tub and shower? | Yes _____ | No _____ | |
| 18. Has silicone been applied to the hot water heater? | Yes _____ | No _____ | |
| 19. Has silicone been applied to the base of the toilet? | Yes _____ | No _____ | |

Corrections Requested? Yes _____ No _____ Date notified _____ Return Date _____ Final Approval _____