



HARDWOOD FLOORING INSPECTION REPORT

NOTIFICATION DATE:		REPORT DATE:		Prepared by:	
When Was Issue Noticed		Before Installation		During Installation	After Installation

DISTRIBUTOR CLAIM #

General Information

Distributor:				Branch:			
Retailer:				Homeowner:			
Address:				Address:			
City, St., Zip:				City, St., Zip:			
Phone:		FAX:		Phone:		FAX	
Contact:				Contact:			
Present at Time of Inspection		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Present at Time of Inspection	
		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Installer:				Builder:			
Address:				Address:			
City, St., Zip:				City, St., Zip:			
Phone:		FAX		Phone:		FAX	
Contact:				Contact:			
Present at Time of Inspection		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Present at Time of Inspection	
		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		

Product Information

Collection:				Total Square Footage:						
Finish:				Square Footage Involved in Claim:						
ROOMS INVOLVED	Kitchen	<input type="checkbox"/>	Dining Room	<input type="checkbox"/>	Family Room	<input type="checkbox"/>	Bath	<input type="checkbox"/>	Bedroom	<input type="checkbox"/>
	Laundry	<input type="checkbox"/>	Other	<input type="checkbox"/>	Note:					

Customers Concerns

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Inspection Instructions:

All inspections are to be done in adherence to Hallmark Inspection Protocol. See Hallmark Inspection Manual /Claims Administration. Photos and detailed descriptions of common problems with hardwood flooring are included. Contact Hallmark Floors Claims Administration with any questions. Whenever possible have the retailer and original installer present, along with replacement material to pull any samples needed from the floor.

Site Information

Installation Date:											
Market Segment:		Residential			Commercial			Sport			
Installation System		Float			Nail/Staple			Glue Down			
Building Type		New			Existing			High Rise / Tilt Up Concrete			
Subfloor		Concrete			Wood			Other			
Exterior Grade		Above			On			Below			
Basement		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Crawl Space		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Complaint Details

Select from the following options what category best describes the issues at the residence									
<input type="checkbox"/>	Dents	<input type="checkbox"/>	Knot's / Grading	<input type="checkbox"/>	Color	<input type="checkbox"/>	Moisture	<input type="checkbox"/>	
<input type="checkbox"/>	Stains	<input type="checkbox"/>	Gaps	<input type="checkbox"/>	Cracks/ Splits in Board	<input type="checkbox"/>	Cupping	<input type="checkbox"/>	
<input type="checkbox"/>	Finish Peel	<input type="checkbox"/>	Rough Edges	<input type="checkbox"/>	Moldings	<input type="checkbox"/>	Scratches	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Environmental	<input type="checkbox"/>	Squeaks	<input type="checkbox"/>	
<input type="checkbox"/>	Floor Moves	<input type="checkbox"/>	Other - Describe:						



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Climate Conditions & Controls:

Relative Humidity =				Temperature =				Moisture Content =			
Climate Control		HVAC		Passive in Floor Radiant Heat		Non-Passive in Floor Radiant Heat					
Climate Control		Wood Stove		Wall Radiator		Other					
Humidifier		Yes	No	Humidifier on and Functional		Yes	No	Unknown			
Dehumidifier		Yes	No	Dehumidifier /Functional		Yes	No	Unknown			
Climate Control Operational at Time of Installation				Yes	No	Other/Temporary Controls					

Installation Method – Nail/Staple Down

Underlayment		15 lb. felt		Aquabar “B”		Allglobe		Other/Unknown/None	
Subfloor?		Plywood		Lumber		ANSI-OSB		Other/ Unknown	
Subfloor to Spec for Flat		Yes		No				Other/ Unknown	
Invasive/Forensic Testing?		Yes		No					
Photos Taken?		Yes		No		DATE:			
Samples Submitted?		Yes		No		DATE:			
Staple Cleat Spacing=				Expansion Space		Yes		No	
Staple Cleat Length=				Staple Gauge =					

Observations: Using inspection guidelines and tools. Note observations at bottom of page

Installation Method – Glue Down System

Adhesive System Used =				Two In One		Yes		No	
Vapor Control Component =						Yes		No	
Subfloor?		Concrete		Plywood		ANSI-OSB		Other / Unknown	
Subfloor to Spec for Flat?		Yes		No				Other / Unknown	
Underlayment?		Eternity		Floor Muffler		Cork		Other	
Invasive/Forensic Testing?		Yes		No					
Photos Taken?		Yes		No		DATE:			
Samples Submitted?		Yes		No		DATE:			
Proper Trowel?		Yes		No		Unknown			
Good Adhesive Transfer?		Yes		No		Unknown			
Floor Rolled After Install?		Yes		No		Unknown			

Observations: Using inspection guidelines and tools. Note observations at bottom of page

Installation Method – Floating System

T & G Adhesive		Hallmark True Bond				Franklin T&G		Other/Unknown	
Underlayment		Eternity		Cork		Floor Muffler		Other/Unknown/None	
Subfloor?		Concrete		Plywood		ANSI-OSB		Other/ Unknown	
Subfloor to Spec for Flat?		Yes		No				Other / Unknown	
Invasive/Forensic Testing?		Yes		No					
Photos Taken?		Yes		No		DATE:			
Samples Submitted?		Yes		No		DATE:			

Inspection Notes:



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Hallmark Claims Administrator				
Product Defect	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Improper Installation	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Improper Maintenance	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Building Deficient	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Floor to Speck on all Items	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
All Issues Resolved to Consumers Satisfaction	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Independent Inspector Authorized	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Hallmark's Claim determination				
Claim Authorized?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

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Review - Findings Disputed:				
Independent Inspection Conducted	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Report Accurate & Compliant With Professional Standards	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Claim Authorized	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

NOTES:				