

## PRE-DELIVERY SITE VERIFICATION

| CUSTOMER NAME:                                                                                                                                     |                                 |                                            |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------|----------------------------------------|
| ADDRESS:                                                                                                                                           |                                 |                                            |                                        |
| PLEASE UPDATE YOUR CONS<br>VIA E-MAIL TO <u>SALE</u>                                                                                               |                                 | S BY COMPLETING THIS INVOODS.COM AS SOON A |                                        |
| PRIOR TO FLOOR MATERIAL DELIVER prior to installation. The floor materials CA floor must acclimate inside stable house I                           | ANNOT be stored in a non-cl     | limate-controlled environment outs         | ide, in a shed or garage. Wood         |
| Is the <b>residence climate controlled</b> & halls the <b>subfloor clean</b> and free of constructions, will you require <b>subfloor sanding</b> p | ction debris, dirt, and residue |                                            | ☐ YES ☐ NO<br>☐ YES ☐ NO<br>☐ YES ☐ NO |
| What is the inside <b>Relative Humidity</b> in the                                                                                                 | he house? Basement:             | 1st floor:                                 |                                        |
| 2 <sup>nd</sup> floor:                                                                                                                             | Other:                          |                                            |                                        |
| What is the <b>Plywood subfloor Moisture</b>                                                                                                       | Content? Basement:              | 1st floor:                                 |                                        |
| 2 <sup>nd</sup> floor:                                                                                                                             | Other:                          |                                            |                                        |
| HVAC On & Running: ☐ YES ☐ NO D                                                                                                                    | ate turned on:                  | Temp per thermost                          | at:                                    |
| Humidifier On & Running: ☐ YES ☐ No                                                                                                                | O Date turned on:               |                                            |                                        |
| Dehumidifier On & Running: ☐ YES ☐                                                                                                                 | NO Date turned on:              |                                            |                                        |
| RADIANT HEAT On & Running:   YES                                                                                                                   | S □ NO Temp per Thermo          | stat: Actual: _                            |                                        |
| Areas with Radiant Heated Subfloor: _                                                                                                              |                                 |                                            |                                        |
| Drywall (walls): Installed: ☐ YES                                                                                                                  | □ NO Primed: □ YES              | S □ NO Painted: □ YE                       | ES □ NO                                |
| Spray painting completed?                                                                                                                          | □ YES □ NO                      | COMPLETION DATE:                           |                                        |
| Baseboards installed   painted?                                                                                                                    | □ YES □ NO                      | COMPLETION DATE:                           |                                        |
| Trim work installed   painted?                                                                                                                     | □ YES □ NO                      | COMPLETION DATE:                           |                                        |
| Tile floor Installed Bathrooms?                                                                                                                    | □ YES □ NO                      | COMPLETION DATE:                           |                                        |
| Tile floor Installed in Mudroom?                                                                                                                   | □ YES □ NO                      | COMPLETION DATE:                           |                                        |
| Tile floor Installed in Laundry?                                                                                                                   | □ YES □ NO                      | COMPLETION DATE:                           |                                        |
| Kitchen cabinets installed?                                                                                                                        | □ YES □ NO                      | COMPLETION DATE:                           |                                        |
| Build-ins   Closet cabinets installed?                                                                                                             | □ YES □ NO                      | COMPLETION DATE:                           |                                        |
| Are electrical outlets working?   YES                                                                                                              | B □ NO #BASEMENT: _             | # 1st FLOOR:                               | # 2 <sup>nd</sup> FLOOR:               |

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| CUSTOMER NAME:                                                                                             |              |              |                                                                                 |  |
|------------------------------------------------------------------------------------------------------------|--------------|--------------|---------------------------------------------------------------------------------|--|
| Please confirm ALL HARDWOOD FLOOR INSTALLATION AREAS as per submitted plans and take-offs (if applicable). |              |              |                                                                                 |  |
| Please be prepar                                                                                           | red to dis   | cuss the f   | floor direction or provide the design/drawing for the hardwood floor installer. |  |
| Ann them and alditional                                                                                    | l la analona | <b>-</b>     | annes edded <b>o</b> TVEC TNO AREAC.                                            |  |
|                                                                                                            |              |              | areas added?   YES   NO AREAS:                                                  |  |
|                                                                                                            |              |              | AREAS:                                                                          |  |
| Special Patterns:                                                                                          | □ YES        | □NO          | AREAS:                                                                          |  |
| Fireplace Hearth:                                                                                          | □ YES        | $\square$ NO | Miter Corners:   YES   NO   Details:                                            |  |
| Casing installed   painted                                                                                 | l:           | □ YES        | □ NO COMPLETION DATE:                                                           |  |
| Casing requires cutting:                                                                                   |              | □YES         | $\square$ NO                                                                    |  |
| Baseboards installed   pa                                                                                  | ainted:      | □YES         | □ NO COMPLETION DATE:                                                           |  |
| Base Shoe to be installed in all areas?   YES   NO Base Shoe Profile Size:                                 |              |              |                                                                                 |  |
| Areas with no base shoe:                                                                                   |              |              |                                                                                 |  |
| Basement Floor Subfloor: ☐ CONCRETE ☐ PLYWOOD ☐ Other                                                      |              |              |                                                                                 |  |
| Is Concrete Subfloor Leveled & Primed?   NO COMPLETION DATE:                                               |              |              |                                                                                 |  |
| Is Floor-to-Concrete REDUCER Required?   YES NO Pieces & Length:                                           |              |              |                                                                                 |  |
| ADDITIONAL NOTES/CO                                                                                        | OMMENT       | <b>S</b> .   |                                                                                 |  |
| ADDITIONAL NOTES/OC                                                                                        | ZIVIIVILIV I | <b>U</b> .   |                                                                                 |  |
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| VERIFIED & SUBMITTED                                                                                       | D BY:        |              | DATE:                                                                           |  |

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