





## Flooring Installation Checklist

Building and Project Names			
Project Mgr's Name + Phone #			
Coordinator's Name + Phone #			
Contractor Contact + Phone #			
Client or Bldg Mgr + Phone #			
Floor Plan w/ Location Provided	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Install Dates and Times			
Fire/Smoke Detectors	Disable <input type="checkbox"/>	N/A <input type="checkbox"/>	
Parking Requirements	Needed <input type="checkbox"/>	None <input type="checkbox"/>	
Shop Coordination?	Shop 4 <input type="checkbox"/>	Shop 7 <input type="checkbox"/>	Shop 21 <input type="checkbox"/>
	Shop 22 <input type="checkbox"/>	Shop 23 <input type="checkbox"/>	Shop 36 <input type="checkbox"/>
	Shop 38 <input type="checkbox"/>	Shop ____ <input type="checkbox"/>	Shop ____ <input type="checkbox"/>
Access Provided By	Client <input type="checkbox"/>	Coordinator <input type="checkbox"/>	Contractor <input type="checkbox"/>
Panic Buttons Disabled By	Client <input type="checkbox"/>	Coordinator <input type="checkbox"/>	N/A <input type="checkbox"/>
Demolition Date/Dates			
Disposal Method	Routine <input type="checkbox"/>	Interior Area <input type="checkbox"/>	Exterior Area <input type="checkbox"/>
Floor Prep	Routine <input type="checkbox"/>	Permalink <input type="checkbox"/>	Other <input type="checkbox"/>
Flooring Products	Carpet Tile <input type="checkbox"/>	Broadloom <input type="checkbox"/>	Access Tile <input type="checkbox"/>
	Resilient Tile <input type="checkbox"/>	Resilient Sheet <input type="checkbox"/>	Other ____ <input type="checkbox"/>
Attic Stock	Yes <input type="checkbox"/> No <input type="checkbox"/>	Contact:	
Name/Style of Flooring Products			
Carpet Tile Installation	Monolithic <input type="checkbox"/>	Brick <input type="checkbox"/> 	Ashlar <input type="checkbox"/> 
	1/4 Turned <input type="checkbox"/>	Random <input type="checkbox"/>	
Broadloom Installation	Direct Glue <input type="checkbox"/>	Stretch In <input type="checkbox"/>	Double Stick <input type="checkbox"/>
Optional: Flooring Design	Border <input type="checkbox"/>	Other <input type="checkbox"/>	
Cove Base Material Color	Black <input type="checkbox"/>	Black/Brown <input type="checkbox"/>	Other ____ <input type="checkbox"/>
Cove Base Material Size			
Wood Base	Existing <input type="checkbox"/>		
Shoe Mould	Existing <input type="checkbox"/>		
Nosings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Stair Treads	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Transitions	Rubber <input type="checkbox"/>	Metal <input type="checkbox"/>	Wood <input type="checkbox"/>

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