



# COMPLAINT INSPECTION REPORT

SIMBA FLOORING #/Office Use Only : \_\_\_\_\_

## INSPECTOR INFORMATION

Inspection Date : \_\_\_\_\_

Distributor : \_\_\_\_\_

Address : \_\_\_\_\_ Tel : \_\_\_\_\_ E/M : \_\_\_\_\_

Inspector's Name : \_\_\_\_\_ Tel : \_\_\_\_\_ E/M : \_\_\_\_\_

## INSPECTION GUIDELINES

- Fill out sections 1-2 for all claims
- Digital photos required on all claims (close-up of defective area and further away, showing full room with defective area.). Send photos along with this report.
- Submit sample of defective plank (if possible)

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## CONSUMER/DEALER CONTACT INFORMATION

Consumer : \_\_\_\_\_ Dealer : \_\_\_\_\_

Address : \_\_\_\_\_ Address : \_\_\_\_\_

City : \_\_\_\_\_ Province : \_\_\_\_\_

City : \_\_\_\_\_ Zip : \_\_\_\_\_ City : \_\_\_\_\_ Zip : \_\_\_\_\_

Phone # : \_\_\_\_\_ Phone # : \_\_\_\_\_

E-Mail : \_\_\_\_\_ E-Mail : \_\_\_\_\_

## INSTALLATION DETAILS

Product/Model # : \_\_\_\_\_ Original Wholesale INV # from Sima Flooring : \_\_\_\_\_

Run # From End of Box : \_\_\_\_\_ Installation Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SQ FT Installed : \_\_\_\_\_ SQ FT Affected : \_\_\_\_\_

Home Owner/Occupant Info (number of): Adults : \_\_\_\_\_ Children : \_\_\_\_\_ Pets : \_\_\_\_\_

Year Round Residence : \_\_\_\_\_ Part Time Residence : \_\_\_\_\_ Commercial : \_\_\_\_\_

Area/Rooms Installed : \_\_\_\_\_

Installed By :  Consumer  Dealer  Contractor

Name of Installer : \_\_\_\_\_ Lic # : \_\_\_\_\_

Is Product Installed :  Yes  No

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## BUILDING INFORMATION

Building Type :  Residential  Commercial  
 Building Occupied :  Yes  No  
 New Construction :  Yes  No  
 Remodeled :  Yes  No  
 Age of Building : \_\_\_\_\_

## IF NEW CONSTRUCTION

Date Building Fully Constructed : \_\_\_/\_\_\_/\_\_\_  
 Date HVAC Fully Operational/Functioning : \_\_\_/\_\_\_/\_\_\_  
 Date of Floor Installation : \_\_\_/\_\_\_/\_\_\_  
 Date Occupied : \_\_\_/\_\_\_/\_\_\_  
 Date Complaint First Noticed : \_\_\_/\_\_\_/\_\_\_  
 Date Complaint Reported : \_\_\_/\_\_\_/\_\_\_

## SUBFLOOR TYPE (CHOOSE ONE)

Concrete  
 Lightweight Concrete  
 Plywood Thickness : \_\_\_\_\_  
 OSB Thickness : \_\_\_\_\_  
 Other : \_\_\_\_\_

## INSTALLATION TYPE (CHOOSE ONE)

Glue Brand of Adhesive Used: \_\_\_\_\_  
 Float Underlayment Used : \_\_\_\_\_  
 Nail/Stapled Fastener Length : \_\_\_\_\_  
 Fastener Spacing Sides : \_\_\_\_\_ Ends : \_\_\_\_\_

## SUBFLOOR DETAILS

Was Subfloor Sealed?  Yes  No Type Sealer : \_\_\_\_\_  
 On Grade  Above Grade  Below Grade  Raised Foundation  
 Size Expansion Space : \_\_\_\_\_

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**DESCRIPTION OF COMPLAINT**

Please fill out details of the complaint in the space provided below:

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**LOCATION & DESCRIPTION OF ACCLIMATION AREA AT JOBSITE**

Please fill out a brief description of the jobsite in the space provided below:

Is Acclimation Area Climate Controlled?       Yes       No

Length of Acclimation : \_\_\_\_\_

Relative Humidity    : During Acclimation : \_\_\_\_\_ At Installation : \_\_\_\_\_

Inside Temperature    : During Acclimation : \_\_\_\_\_ At Installation : \_\_\_\_\_

Plank Moisture Content at Delivery : \_\_\_\_\_ At Installation : \_\_\_\_\_

Subfloor Moisture Content at Installation : \_\_\_\_\_ Type Meter Used : \_\_\_\_\_

**JOBSITE CONDITIONS AT TIME OF INSPECTION**

Relative humidity : \_\_\_\_\_ %

Temperature        : \_\_\_\_\_ F

Type Heating (Select One) :  Radiant       Forced Air       Radiator

Humidifier On? :       Yes       No      Setting (if yes) : \_\_\_\_\_

De-humidifier On? :       Yes       No      Setting (if yes) : \_\_\_\_\_

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**MOISTURE CONTENT IN PROBLEM AREA (CHECK MINIMUM OF 3 AREAS)**

Installed Plank : \_\_\_\_\_  
 Uninstalled Plank : \_\_\_\_\_  
 Baseboard : \_\_\_\_\_  
 Sub Floor : \_\_\_\_\_

**IF CRAWLSPACE**

Plastic Ground Cover :  Yes  No  
 Vents - Blocked/Closed :  Yes  No  
 Standing Water Present :  Yes  No  
 Distance From Soil to Sub Floor : \_\_\_\_\_

**CLEANING METHODS**

Type of Cleaner(s) Used : \_\_\_\_\_  
 : \_\_\_\_\_  
 Type of Cleaning Tool(s) Used : \_\_\_\_\_  
 : \_\_\_\_\_  
 How Often : \_\_\_\_\_

Describe Cleaning Procedures. Please use the space provided below:

2

**PROBLEMS (CHECK ALL THAT APPLY)** Throughout     Localized     Stabilized     Progressing     Improving**INSPECTOR'S OBSERVATIONS/COMMENTS**

Please fill out any observations or comments in the space provided below:

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**UNUSUAL CIRCUMSTANCES (PLEASE SPECIFY)**

Please note any unusual details in the space provided below:

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**RECOMMENDATIONS**

Please write down your recommendations in the space provided below:

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To avoid possible delays, please fill out this report accurately and provide pictures along with this report clearly showing the areas in question.