

Flooring Installation Quality Assurance Form

Project Name

Location

Date

Installer Name

Supervisor Name

Pre-Installation Checklist

Check	Yes	No	Comments
Subfloor clean and dry	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Materials on site and in good condition	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Correct materials specified and verified	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Work area clear and accessible	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Installation Checklist

Check	Yes	No	Comments
Flooring installed per manufacturer instructions	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Seams tight and aligned	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Edges finished and secure	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Transitions installed (where applicable)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Post-Installation

Cleanup Complete ☐ Yes ☐ No

Deficiencies Found ☐ Yes ☐ No

Notes / Corrective Actions

Installer Signature

Date

Supervisor Signature

Date