



SOMERSET HARDWOOD FLOORING COMPLAINT CHECKLIST

REPORT DATE:

ALL ITEMS IN BOLD / CAPS ARE REQUIRED

	DISTRIBUTOR	DIST. REP.	DEALER	INSTALLER	BUILDER	CONSUMER	
CLAIM NUMBER OR ID:							
NAMES:							
Address:							
City/State/Zip:							
Phone:							
Email:							
DATE JOB WAS:	Invoiced:	Delivered:	Installed:	Problem noted:	Dealer Insp.:	Dist. Insp.:	
(ENTER DATES)							
SOMERSET ITEM #		SOMERSET RUN #: (attach carton label)		RESIDENTIAL:		NEW:	
QUANTITY / SQFT				COMMERCIAL:		REMODEL:	
DESCRIPTION OF PROBLEM							
SUBFLOOR MOISTURE	AT TIME OF INSTALLATION		AT TIME OF INSPECTION		PROOF OF MOISTURE READINGS REQUIRED (such as photos).		
FLOORING MOISTURE	AT TIME OF INSTALLATION		AT TIME OF INSPECTION				
Exterior Conditions: circle/highlight all that apply	Above Grade	On Grade	Below Grade	Walk Out Basement		Waterfront Lot	
	Gutters	Downspouts	Roof Overhang	Water directed away from foundation:		Irrigation	
Interior Conditions: Circle/highlight applicable and/or add notes.	Temperature:	Dehumidifier?	HVAC on?	Type HVAC:		Ducts:	
		Operational?	Before Inst?	Gas	Forced Air	Under Floor	
	Humidity %:	Humidifier?	During Inst?	Electric	Radiator	Ceiling	
		Operational?	After Inst?	Wood Stove	Baseboard	Insulated	
	Measurement with Feeler Gauge:				Other	Radiant	
	Overwood	Pets?		Gapped Moldings			
	Large Windows	Type / Number		Gapped Doors / Windows			
	South facing	Pet Stains?		Cracked Walls			
	Drapes / Shades						



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Basement or Crawl Spacer Conditions: Circle/highlight applicable and/or add notes.	TEMPERATURE:	HUMIDITY %:	HVAC?		Damp/Musty?	Paint peeling
			Operational		Cracked Walls	Rusty nails
	MOISTURE %:		Dehumidifier?		Gapped Moldings	Cracked Walls:
			Operational?		Gapped Doors / Windows	Cracked Floor
	SUBFLOOR (underside)	6 mil black poly	Sump Pump?		Foundation Vents?	
	Joists	ground cover	Operational?		Present	Open?
	Other:	Full coverage	Pets?		Positioned for Cross Ventillation?	
			Type/Number?		Min 1.5% of Crawl Space Area?	
		Pet Stains?				
Subfloor:	Plywood	On Grade	Flat (3/16" in 10')		Sleepers?	
	OSB	Below grade	Thickness:		Moisture %	
	Solid Board	Thickness:	Seams flush?			
	Concrete Slab	Date Poured	Moisture content		Flat (3/16" in 10')	
	Vapor Retarder? Type:					
Fastening Methods	Mechanical	Parrallel to joist	Adhesive		Pad (floating)	
	Staple / Cleat		Type/Number?		Type	
	Schedule?		Trowel Notch		Thickness	
Expansion Space						
Maintenance	Product used:		Cleaning Schedule			
Protective Covering	Partially	Cardboard	Walk off mats	Area rug		
	Fully	Paper (felt/rosin)	rubber	skid pad		
PROPOSED SOLUTION						
DOCUMENTATION			MATERIAL COST	\$	SHF Claim Code:	
			LABOR COST	\$		
			OTHER COSTS	\$		
INSPECTOR NAME			TOTAL COST	\$	Somerset Approval	
SIGNATURE					Date approved:	
SEND TO: Q.C. Dept: Somerset Hardwood Flooring, 70 West Racetrack Road, Somerset, KY 42503						
PLEASE ATTACH:		ADDITIONAL COMMENTS:				
SHF CHECKLIST []						
DISTRIBUTOR CLAIM FORM []						
DISTRIBUTOR INVOICE []						
DEALER INVOICE []						
LABOR ESTIMATE []						
SAMPLES/PHOTOS []						
CARTON LABEL						