

COMPLAINT INSPECTION REPORT

Urban Claim #/Office Use Only : _____

INSPECTOR INFORMATION						
Distributor	:	Tel :				
Inspector's Nam	e :	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)

Consumer :	Dealer :
Address :	Address :
City :	City :
State : Zip :	State : Zip :
Phone # :	Phone # :
E-Mail :	E-Mail :
	INSTALLATION DETAILS
Product/Model # :	Original Wholesale INV # from Urban Floor :
	Original Wholesale INV # from Urban Floor : _ Installation Date ://
Run # From End of Box :	
Run # From End of Box : SQ FT Installed :	Installation Date :// SQ FT Affected :
Run # From End of Box : SQ FT Installed : Home Owner/Occupant Info (num	Installation Date ://
Run # From End of Box : SQ FT Installed : Home Owner/Occupant Info (num Year Round Residence :	Installation Date :// SQ FT Affected : ber of): Adults : Children : Pets :
Run # From End of Box : SQ FT Installed : Home Owner/Occupant Info (num Year Round Residence : Area/Rooms Installed :	Installation Date :// SQ FT Affected : ber of): Adults : Children : Pets :

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COMPLAINT INSPECTION REPORT

	BUILDING IN	FORMATION	
Building Type :	Residential 🛛 🗆 Co	ommercial	
Building Occupied :	Yes 🗌 No	0	
New Construction :	Yes 🗌 No	0	
Remodeled :	Yes 🗌 No	0	
Age of Building :			
	IF NEW CON	ISTRUCTION	
Date Building Fully Co	nstructed :_	//	
Date HVAC Fully Opera	tional/Functioning :_	//	
Date of Floor Installati	on :_	//	
Date Occupied	:_	//	
Date Complaint First N	loticed :_	//	
Date Complaint Report	ed :_	//	
Date comptaint Kepor			
Date comptaint Report	SUBELOOR TYPE	F (CHOOSE ONE)	
	SUBFLOOR TYPE	E (CHOOSE ONE)	
Concrete		E (CHOOSE ONE)	
□ Concrete □ Lightweight Concre	te		
□ Concrete □ Lightweight Concre □ Plywood	te Thickness	5 :	
 □ Concrete □ Lightweight Concre □ Plywood □ OSB 	te Thickness Thickness	5 :	
 □ Concrete □ Lightweight Concre □ Plywood □ OSB 	te Thickness Thickness	5 :	
□ Concrete □ Lightweight Concre □ Plywood □ OSB	te Thickness Thickness	5 :	
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 □ Concrete □ Lightweight Concre □ Plywood □ OSB □ Other :	te Thickness Thickness INSTALLATION TY Brand of A	5 : 5 : 7PE (CHOOSE ONE)	
Concrete Lightweight Concre Plywood OSB Other:	te Thickness Thickness INSTALLATION TY Brand of A Underlayn	5 : 5 : 'PE (CHOOSE ONE) Adhesive Used:	
 □ Concrete □ Lightweight Concre □ Plywood □ OSB □ Other :	te Thickness Thickness INSTALLATION TY Brand of A Underlayn Fastener I	5 : 5 : 'PE (CHOOSE ONE) Adhesive Used: ment Used :	
 Concrete Lightweight Concre Plywood OSB Other :	te Thickness Thickness INSTALLATION TY Brand of A Underlayn Fastener I Sides :	5 : 5 : /PE (CHOOSE ONE) Adhesive Used: ment Used : Length :	
 Concrete Lightweight Concre Plywood OSB Other :	te Thickness Thickness INSTALLATION TY Brand of A Underlayn Fastener I Sides : SUBFLOOF	5 : 5 : /PE (CHOOSE ONE) Adhesive Used: ment Used : Length : Ends :	

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COMPLAINT INSPECTION REPORT

DESCRIPTION OF COMPLAINT

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

LOCATION & DESCRIPTION OF ACCLIMATION AREA AT JOBSITE 2 Please fill out a brief description of the jobsite in the space provided below: Is Acclimation Area Climate Controlled? ΠNο Length of Acclimation : _____ : During Acclimation : _____ At Installation : _____ Relative Humidity 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 Setting (if yes) : _____ 🗆 No De-humidifier On? : 🔲 Yes Setting (if yes) : _____ 🗆 No

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	URBANFLOOR COMPLAINT INSPECTION REPORT					
2	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:					

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	Urbanf	LOOR®	COMPL	AINT INSPEC	TION REPORT
2		PROBLEM	IS (CHECK ALL TH	HAT APPLY)	
	🗌 Throughout	Localized	Stabilized	Progressing	□ Improving
			'S OBSERVATION		
	Please fill out any	observations or con	nments in the space	provided below:	
		UNUSUAL CIR	CUMSTANCES (P	LEASE SPECIFY)	
	Please note any ur	usual details in the	space provided belo	W:	
		R	ECOMMENDATIO	NS	
	Please write down	your recommendat	ions in the space pro	ovided below:	

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

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