



PRODUCT INSTALLATION COMPLAINT RECORD

Taylor Claim No.: _____

Date Rec'd: _____

COMPLETION OF THIS FORM IS REQUIRED FOR VALID CLAIM SUBMISSION.

Please print or type information and **ENTIRELY COMPLETE ALL SECTIONS** of the form. If more space is required for a given answer please continue the answer on a separate piece of paper with the Section and Question indicated.

Authorized Representative_____
Territory_____
Date Completed**SECTION 1**

W.F. TAYLOR DISTRIBUTOR COMPANY NAME		CONTACT PERSON	
PHONE NUMBER	E-MAIL ADDRESS	FAX NUMBER	
ADDRESS (and PO BOX if applicable), CITY, STATE, ZIP			

SECTION 2

INSTALLATION CONTRACTOR'S NAME and CONTRACTOR'S COMPANY NAME		
PHONE NUMBER	E-MAIL ADDRESS	FAX NUMBER
ADDRESS (and PO BOX if applicable), CITY, STATE, ZIP		

SECTION 3

JOB NAME		DATE OF INSTALLATION
LOCATION (Street Address, City, and State)		
TYPE OF FLOORING (Carpet, Vinyl, VCT, Wood, etc.) BE SPECIFIC	DIMENSIONS OF FLOORING (width, thickness, length & gauge)	
FLOORING MANUFACTURER and PRODUCT NAME	SIZE OF JOB (square feet)	

SECTION 4

LIST ALL PERSONS PRESENT AT THE INSPECTION
WHAT IS THE PROBLEM AND HOW LONG AFTER INSTALLATION WAS THE PROBLEM FIRST NOTICED?
HAVE ANY POSSIBLE SOURCES OF MOISTURE VAPOR OR WATER BEEN IDENTIFIED? IF SO, DESCRIBE.

rev. 04/21/10

SECTION 5

SUBSTRATE AGE Years _____ Months _____		SUBSTRATE TYPE (concrete, plywood, particle board, etc.)		GRADE (On, Above or Below)	
MOISTURE TESTED No ___ Yes ___ Results _____			MOISTURE TEST MANUFACTURER AND TYPE (Relative Humidity or Calcium Chloride)		
pH ALKALINITY TESTED No ___ Yes ___ Results _____			POROSITY CHECKED No ___ Yes ___ Results _____		
PATCHED AND/ OR LEVELED No ___ Yes ___		PATCH/ LEVEL COMPOUND MANUFACTURER		PATCH/LEVEL PRODUCT #	
SURFACE TREATED No ___ Yes ___		TYPE OF TREATMENT (sealer, removal of old product etc.)			

SECTION 6

CONDITIONS AT TIME OF INSTALLATION Temp. _____ °F Humidity _____ %		DOORS AND WINDOWS SHUT No ___ Yes ___		HVAC RUNNING No ___ Yes ___	
FLOORING ACCLIMATED TO JOB SITE No ___ Yes ___ How Long? _____		ADHESIVE ACCLIMATED TO JOB SITE No ___ Yes ___ How Long? _____			
TAYLOR ADHESIVE PRODUCTS USED		BATCH NUMBERS AND GALLONS USED OF EACH			
TROWEL SIZE / NOTCH (width x depth x apart; u, v, sq. flat, etc.)		HOW MUCH OPEN TIME OF ADHESIVE ALLOWED			
FLOORING ROLLED No ___ Yes ___ Roller Weight _____ lbs.		ROOM FOR EXPANSION (Wood only) No ___ Yes ___ How Much? _____			
TRAFFIC DURING CURING No ___ Yes ___ How Much _____		VENTILATION METHOD DURING CURING			
DESCRIBE MAINTENANCE METHOD AND FREQUENCY					

SECTION 7

IS THIS COMPLAINT RELATED TO ADHESIVE BOND FAILURE? IF SO, EXPLAIN THE NATURE OF THE BOND FAILURE BELOW.					

Include as many of the following as possible: copies of the invoices for W. F. Taylor products and wood flooring product; test results (moisture vapor emissions, pH levels, etc.); sample section of the installation; photographs, and any correspondence between involved parties. Failure to send supporting evidence will delay resolution of the complaint.