

# COMPLAINT INSPECTION REPORT

Dates

Buying date	Installation date	Occured date
Retailer Inspection Date	Distributor Inspection Date	Mercier Inspection date

#### **Customer Information**

#### **Distributor Information**

Name	
Address	
City, province or state, zip	
Telephone	

### **Retailer/Installer Information**

Name	
Address	
City, province or state, zip	
Telephone	

#### **Consumer Information**

Name	
Address	
City, province or state, zip	
Telephone	

#### Product Information

Mercier's Invoice Number	Mercier's shipping Number	Customer Reference
×		
Solid/Engineerd/Exotic	Species	Grade
Thickness	Width	Color
Product Code	Prod. Date-Mercier Bar Code	Prod. Date (Board Back Side)

#### Complaint Information

Quantity Bought	Quantity Involved	Problem progress Level
		Worst / Better / Stable
Problem Type		

## SUBELOOP

SUBFLOOR		
1-Subfloor Type	2-Subfloor Moisture Content (%)	3-Joist Spacing-on center (in.)
4-Joist vs Wood Board Direction	5-OSB/Plywood Thickness (in.)	6-Installation level
-		
7-Vapor Barrier Installed	8-If yes, specify	-
Yes / No		
WOOD BOARD		
9-Wood Board Moisture Content (%)	10-Top of Board Moisture Content (%)	11-Bottom of Board Moisture Content (%)
12-Stain lack	13-Defective Board Width (in.)	14-Thickness Variation (mill)
End of Board / Edge of Board / V-Joint		
ADHESIVE		
15-Adhesive Used	16-Adhesive on back side	_
	Yes / No	
17-Residue On Back side	18- Trowel Notch	_
Yes / No		
SITE INFORMATION		
19-Extend of the Problem	20-Where the Problem is located	21-Radiant heating
Localised / Scaterred / All Floor		Yes / No
22-Polyethylene Sheet (Crawlspace)	23-Expansion Gap Left (in.)	24-Expansion Gap Now (in)
Yes / No		
25-Building Age	26- Subfloor Hotspot	27-Plumbing Under Affected Area
	Yes / No	Yes / No
28-Temperature	29-Relative Humidity (%)	30-Acclimation time Before Installation
31-Heated Basement	32-HVAC On	

### FINISH

Yes / No

33-Finish peeling	34-Indoor Pets	35-If yes, describe
Face / V-Joint / Face & V-Joint	Yes / No	
36-Stain Shape	37-Stain spreading over 2 Boards &+	38-Protective Pad Under Furniture
Regular/Irregular	Yes / No	Yes / No
39-Maintenance Frequency	40-Product Used	

Yes / No

### INSTALLATION

41-Installation Method	42-Fastener's spacing (in)	43-Fastener's Type	
Nail Down / Glued Down			
44-Fastener's distance from End (in)	45-Fastener under affected Area		

# GRADING

46-Knots Diameter (max.in.)	47-Number of Excessive Knots/Board	
48-Other Defects (Describe)	49-Number of Excessive Defects/Board	

Recommendations

Inspector: