

Starbucks Post-Installation Quality Control Checklist

Installer Name: _____

Store # /Location: _____ Date: _____

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Was the floor rolled at least 2 times in the first hour after gluing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are there any bubbles in the floor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are all vertical welds neatly/properly welded with no cracks/smears? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are all floor welds neatly/properly grooved & welded? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are all FRP strips trimmed, and flush with the top edge of base cap? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is all base cap tight against the wall & sealed completely with E6100 under cap? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is all base cap level, screws properly fastened, corners sealed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the top edge of base cap sealed with clear silicone? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are all stainless flanges/collars correctly recessed and sealed with e6100? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are all stainless-steel thresholds correctly recessed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are all screw heads flush with the flanges/collars and thresholds? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are all drain lids screwed down with all screws, and flush with the finish floor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Is the SpeedFlex detail around floor penetrations and door frames clean and neat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are all doors opening and closing properly? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Is all trash and debris cleaned up and in dumpster? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Is all equipment hooked back up and working properly (if project is an operating kitchen)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Did you walk the project with the manager or site superintendent for a quality check and sign off?
If no, why not? _____
Name: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Installer Signature: _____

GC Signature: _____

Printed Name: _____

Printed Name: _____

Date ____/____/____

Date ____/____/____