**(AREA) COLUMBIA CHAPTER**

**GUARANTEE AND INSPECTION SERVICE   
REPORT #\_\_ – PROJECT FINAL (PRODUCT/INSTALLATION)  
AWMAC MEMBER**

DATE: Date

INSPECTOR: Name

PROJECT NAME: Name

LOCATION: Address

INSPECTION REQUESTED BY: Specifications

AWMAC GRADE: Custom

**DESIGN PROFESSIONAL**: Company

Contact Name / Phone: Person / phone

Contact Email: Email

**GENERAL CONTRACTOR**: Company

Contact Name / Phone: Person / phone

Contact Email: Email

**ARCHITECTURAL WOODWORK**

**MANUFACTURER**: Company

Contact Name / Phone: Person / phone

Contact Email: Email

**DOCUMENTS RECEIVED AND REVIEWED:**

* Request for Inspection Form
* Design professional reviewed shop drawings, complete with cover page; pages – to –
* Highlighted floor plans
* Relevant section of the specifications and addenda (list addenda number) (list only items that you have received)

On [Date] accompanied by [Name & Company], I inspected the architectural woodwork installed in the above project. The premises were / were not occupied. A sample unit inspection was/was not required.

This inspection is for the sole purpose of ascertaining conformance to ***AWMAC’s STANDARDS***, current edition at time of tender (Edition 2, 2014 ***or*** Edition 3.1, 2017). Review does not relieve the manufacturer and all other contracted parties of their responsibility to meet the requirements of the contract documents. In the absence of contract specifications the *AWMAC’s STANDARDS* default custom grade will apply.

**TEMPERATURE AND HUMIDITY CONSIDERATIONS**

It is the responsibility of the owner to ensure that the building conditions meet the AWMAC’s STANDARDS after occupancy.

All wood, composite wood and plastic laminate products are hygroscopic and will change dimensionally if a constant temperature and humidity environment is not maintained. AWMAC will not guarantee any defects due to dimensional change if the proper site environment is not maintained.

Temperature and humidity readings were taken on this day. The temperature averaged ---ºC and the humidity averaged ---%. These readings meet/do not meet the AWMAC recommended range as listed in the *AWMAC’s STANDARDS*, Section 2, Care and Storage.

Temperature and humidity readings were taken during installation. The readings were/were not within the optimum indoor relative humidity. These readings are available upon request.

**SCOPE OF WORK**

(list scope of work)

The AWMAC GIS Inspection Worksheet is attached. (remember to attach worksheet)

1. The following sections were reviewed:

**Architectural Woodwork Review Compliance Table**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Supplied** |  |  |  | **Supplied & Installed** |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | |  | |  | |  | |  | |
| **Section** | | **Compliant** | | **Conditionally Compliant See B** | | **Not Compliant  See C** | | **In Variance**  **See D** | | **Not Included in Scope of Work** |
| 1. **Submittals** | |  | |  | |  | |  | |  |
| 1. **Finishing** | |  | |  | |  | |  | |  |
| 1. **Millwork** | |  | |  | |  | |  | |  |
| 1. **Stairs & Rails** | |  | |  | |  | |  | |  |
| 1. **Wall & Ceiling Surfacing** | |  | |  | |  | |  | |  |
| 1. **Doors** | |  | |  | |  | |  | |  |
| 1. **Casework** | |  | |  | |  | |  | |  |
| 1. **Countertops** | |  | |  | |  | |  | |  |
| 1. **Historical Restoration** | |  | |  | |  | |  | |  |

1. Minor deficient items to be addressed: When deficiencies are complete:

Manufacturer’s Date

Initials

1. (if completely compliant n/a) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

The items listed above are considered to be minor. The manufacturer must return this report to the AWMAC Chapter office initialing and dating each rectified deficiency listed above within two (2) weeks of report issuance. When satisfactory information has been received the chapter office will apply for the AWMAC Guarantee.

1. Major deficient items to be addressed:
2. (if completely compliant write “n/a”)

The items listed above are considered to be major. The manufacturer will replace, rework and/or refinish any deficient items listed above. Notify the chapter office when ready for a re-inspection, a re-inspection will be at an additional cost to the manufacturer.

**AND/OR**

1. (if completely compliant write “n/a”)

The items listed above are considered to be major. Based on the documentation attached, these deficiencies were determined not to be under the control of the woodworker. They will be excluded from the guarantee.

1. The following contract specified items are in variance with the *AWMAC’s STANDARDS* and therefore will be excluded from the AWMAC Guarantee:
2. (if completely compliant write “n/a”)

**INSPECTOR’S ADDITIONAL COMMENTS**

(add any comments here)

ARCHITECTURAL WOODWORK MANUFACTURERS ASSOCIATION OF CANADA

(Your) Chapter

Signature of Inspector

Name of Inspector

AWMAC Certified GIS Inspector

cc: Design Professional, General Contractor, Architectural Woodwork Manufacturer.

cc: AWMAC Chapter Office: Name / Email

Please acknowledge receipt and review of this report by signing below and return the report to the AWMAC (Your) Chapter office at (Email)

DESIGN PROFESSIONAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTRACTOR: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARCHITECTURAL WOODWORK MANUFACTURER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you.