**(AREA) CHAPTER**

**GUARANTEE AND INSPECTION SERVICE   
REPORT #\_\_ – MOCK-UP (SAMPLE UNIT)   
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 mock-up for the above project at the [location].

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). In the absence of contract specifications, the *AWMAC’s STANDARDS* default custom grade will apply.

**Review does not relieve the manufacturer and all other contracted parties of their responsibility to meet the requirements of the contract documents and AWMAC’s Standards. work may still be determined to be non-compliant despite not being detected in this review.**

**TEMPERATURE AND HUMIDITY CONSIDERATIONS**

It is the responsibility of the general contractor to ensure that the site conditions meet the AWMAC’s STANDARDS prior to delivery and installation of the woodwork to the job-site.

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.

Readings must be taken on a regular basis by the architectural woodwork manufacturer or installer and a record sent to the AWMAC Chapter office when applying for the guarantee. Please see the *AWMAC’s STANDARDS* manual, Section 2, Care and Storage.

The mock-up consisted of (list details of sample unit). The units were generally as described in Inspection #1 dated month, day, year. **OR** The mock-up was inspected to the *AWMAC’s STANDARDS* and the shop drawings as listed in Inspection #1 dated month day, year.

**SCOPE OF WORK**

(list scope of work)

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.

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.

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)

Please notify the Inspector and the AWMAC (Your) Chapter office when ready for the interim/final inspection.

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.