**(AREA) CHAPTER**

**GUARANTEE AND INSPECTION SERVICE   
REPORT #\_\_ – PROJECT PROGRESS (PRODUCT/INSTALLATION)   
NON - 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 ***or*** Edition 4.0, 2021). 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 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.

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 ***or*** 13, Care and Storage.

**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. **Installation (4.0)** | |  | |  | |  | |  | |  |
|  | |  | |  | |  | |  | |  | |

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.

**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.

1. The following contract specified items are in variance with the *AWMAC’s STANDARDS*:
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.

**DISCLAIMER**: As \_\_\_\_\_\_\_ (name of Woodwork Company) is not a manufacturer member of AWMAC, a 2-year AWMAC Guarantee will not be issued. Alternatively, the architectural woodworker is to provide the owner or the owner’s representative with a 2-year 100% maintenance bond.

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.