

## Customer Floor Inspection Request

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |              |               |  |         |                         |  |       |  |                                    |       |        |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------|---------------|--|---------|-------------------------|--|-------|--|------------------------------------|-------|--------|--|--|--|
| <p>Clever Choice will only inspect the customers' premises after:</p> <ol style="list-style-type: none"> <li>Evidence of the issue has been collected including:             <ol style="list-style-type: none"> <li>Photos minimum of 8</li> <li>Video/s &lt;15 sec each</li> </ol> </li> <li>This form must be completed in full and returned with evidence as stated in point 1 above.</li> <li>Please return form &amp; evidence to <a href="mailto:akila@cleverchoice.com.au">akila@cleverchoice.com.au</a></li> </ol> <p><b>Photo Evidence</b> (min) to include:</p> <ul style="list-style-type: none"> <li>4x Total Room Photos from each direction (NSWE) showing relationship of the affected area to doorways, windows, benches, etc</li> <li>2x Close-up of the board defects</li> <li>2x Standing Height</li> </ul> |  |              |               |  |         |                         |  |       |  | <b>1.0 Retail Supplier Details</b> |       |        |  |  |  |
| Clever Choice Invoice Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |              |               |  |         |                         |  |       |  |                                    |       |        |  |  |  |
| Date Supplied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |              |               |  |         |                         |  |       |  |                                    |       |        |  |  |  |
| Date Installed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |              |               |  |         |                         |  |       |  |                                    |       |        |  |  |  |
| Store/Retailer Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |              |               |  |         |                         |  |       |  |                                    |       |        |  |  |  |
| Contact Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |              |               |  |         |                         |  |       |  |                                    |       |        |  |  |  |
| Contact Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |              |               |  |         |                         |  |       |  |                                    |       |        |  |  |  |
| Contact Email                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |              |               |  |         |                         |  |       |  |                                    |       |        |  |  |  |
| <b>2.0 Inspection Details</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |              |               |  |         |                         |  |       |  |                                    |       |        |  |  |  |
| Customer/Purchaser's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |              |               |  |         |                         |  |       |  |                                    |       |        |  |  |  |
| Inspection Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |              |               |  |         |                         |  |       |  |                                    |       |        |  |  |  |
| Suburb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |              |               |  |         | State                   |  |       |  | Postcode                           |       |        |  |  |  |
| Phone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |              |               |  |         | Mobile                  |  |       |  |                                    | Other |        |  |  |  |
| Email                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |              |               |  |         |                         |  |       |  |                                    |       |        |  |  |  |
| Builder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |              |               |  |         |                         |  |       |  |                                    |       |        |  |  |  |
| Installer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |              |               |  |         |                         |  |       |  |                                    |       |        |  |  |  |
| <b>3.0 Details of the Product Supplied</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |              |               |  |         |                         |  |       |  |                                    |       |        |  |  |  |
| <p><i>This section reports the flooring type, species/colour, board size, installation method, subfloor type and underlay. Each of these could have an influence on the floor performance and appearance</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |              |               |  |         |                         |  |       |  |                                    |       |        |  |  |  |
| Product Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |              |               |  |         | Product Type            |  |       |  |                                    |       | Colour |  |  |  |
| Cartons Supplied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |              |               |  |         | m <sup>2</sup> Supplied |  |       |  |                                    |       | Batch  |  |  |  |
| Sub-Floor Type<br>(please circle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Ground Level | Concrete      |  | Level 1 | Concrete                |  | Other |  |                                    |       |        |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |              | Timber        |  |         | Timber                  |  |       |  |                                    |       |        |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |              | Yellow Tongue |  |         | Yellow Tongue           |  |       |  |                                    |       |        |  |  |  |
| Was the sub-floor levelled or required any leveling prior to installation?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |              |               |  |         |                         |  |       |  | Yes                                |       | No     |  |  |  |
| If yes, please list the areas that were levelled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |              |               |  |         |                         |  |       |  |                                    |       |        |  |  |  |
| Was the moisture content of the subfloor checked for moisture                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |              |               |  |         |                         |  |       |  | Yes                                |       | No     |  |  |  |
| If yes, please list the moisture readings prior to installation?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |              |               |  |         |                         |  |       |  |                                    |       |        |  |  |  |

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**That's Clever.**