

## NFD INSPECTION REQUEST FORM

- \* Please note that a copy of the customer invoice and photos must be provided with this form when returned.
- \* A sales representative must be available when an inspection is being carried out by a NFD representative.
- \* The site must have been inspected by the retail sales representative prior to returning this form.

## TECHNICAL INFORMATION AND ASSESSMENT FORM

PRODUCT NAME:			
DATE INSTALLED:		NFD SALES INVOICE NUMBER:	
RETAILER NAME AND ADDRESS:			
RETAIL CONTACT PERSON:			
RETAIL CONTACT PHONE NUMBER:			
YOUR RETURN EMAIL ADDRESS:			
INSTALLERS NAME:			
INSTALLERS PHONE NUMBER:			
SUB FLOOR USED:			
ADHESIVE USED: (NAME AND TYPE)			
HOW WAS ADHESIVE	APPLIED?		
HOW LONG WERE PL ACCLIMATISED ON SI			
TEMPERATURE AT TI	ME OF		

SUB-FLOOR MOISTURE READING ON INSTALLAION:			
WHAT FLOOR PREPARATION WAS CONDUCTED?			
DESCRIPTION OF PROBLEM:			
ROOMS PRODUCT INSTALLED:			
AMOUNT M²/LM AFFECTED:			
DATE OF INSPECTION CONDUCTED BY RETAILER OR INSTALLER:			
NAME, ADDRESS AND PHONE NUMBER OF END USER:			
ANY ADDITIONAL INFORMATION:			

Please note it may be necessary to remove parts of flooring and scotia. If removed, the cost to replace will fall with the party at fault of the claim.

PLEASE SUBMIT THIS FORM ALONG WITH IMAGES OF COMPLAINT TO: sales@nfd.nz