

Pre-Inspection Sheet		Technician:													
Date:		Address:													
Name:															
Home:															
Cell:		Email:													
Work:		Pick Up & Delivery: Yes / No					Client Present At Inspection: Yes / No								
rug type	color	size	sq ft	cost	total	pad	cost	protector	cost	d/o	cost	wrap	cost	total	
#1															
#2															
#3															
#4															
#5															
#6															
pre-existing fringe condition	#1	#2	#3	#4	#5	#6	notes								
Bleach Rot/Dry Rot															
Browning/Stains															
Corner Separation/Wear															
Different End Finishes															
Excessive Wear															
Loose/Unraveling															
Rug Colors Run Onto Fringe															
Tassel Loss															
Tea-Wash															
pre-existing rug condition	#1	#2	#3	#4	#5	#6	notes								
Abrash															
Brittle Handle															
Browning/Yellowing															
Colors Run															
Curled Edges/Corners															
Dry Rot															
Edge Damage															
Excessive Soil															
Excessive Staining															
Furniture Stains/Crush Marks															
Insect Damage/Infestation															
Irregular Shape															
Latex Odor/Decay															
Luster Wash															
Mildew/Mold															
Odor															
Painted/Touched Up															
Prior Repairs															
Rips, Cuts, Holes															
Shading/Pile Disturbance															
Spot Cleaned At Home															
Sunlight Damage/Fading															
Tea Wash															
Traffic Lanes															
Urine/Fecal/Vomit Staining															
Water Stains															
Wear															
White Knots															
By signing here, I certify that I have read, agree to, and accept the conditions as determined upon inspection:															
Signature:										Date:					

