

JOBSITE NAME/ADDRESS:

COMPANY NAME:



LAKE COUNTRY
♦ BUILDERS ♦
Handcrafting Your Vision™

BUILDING | REMODELING QUALITY CONTROL CHECKLIST

Please review this list and check mark each item to confirm completion.
Mark N/A if it was not part of your specs or was not needed for this project.

Drywall & Plaster: Drywall Subcontractor

- | ✓ | N/A | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Check Drywall is nailed and screwed according to Mfg. recommendation |
| <input type="checkbox"/> | <input type="checkbox"/> | Check all taping compound is applied in coats according to Mfg. recommendations |
| <input type="checkbox"/> | <input type="checkbox"/> | Check finish taping is smooth with no nail marks, imperfections |
| <input type="checkbox"/> | <input type="checkbox"/> | Check all joints feathered smooth and sanded to finish |
| <input type="checkbox"/> | <input type="checkbox"/> | Check corner beads to confirm straight and square |
| <input type="checkbox"/> | <input type="checkbox"/> | Check consistent pattern throughout entire house |
| <input type="checkbox"/> | <input type="checkbox"/> | Check to confirm consistent wall-to-ceiling intersections |
| <input type="checkbox"/> | <input type="checkbox"/> | Corner beads should be straight and true for the length of the wall |
| <input type="checkbox"/> | <input type="checkbox"/> | Check that all transition points from drywall to tile have finished look |

Notes:

Signed: _____ Date: _____