

Drywall Checklist

Project Name: _____ Trade Contractor _____

This checklist is intended as an aide for you to ensure a quality job. It is not intended to be a comprehensive list. We strongly suggest that you develop your own quality assurance checklist based on your requirements to complement this form. Review all sections of this list before starting work. When you are finished with your work, make sure that your work is complete, meets all applicable codes, and has no defects. Deliver this form to Contractor with your final invoice for the work. Payments will not be issued without this signed and completed form.

Trade Initials		Contractor Use Only		
	General Information:	Yes	No	N/A
_____	<input type="checkbox"/> Confirm that you are working from a complete set of correct plans released for construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> Review plans thoroughly. Direct any questions to the Project Manager.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> Read any instructions before installing products. Save all instructions for homeowner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> Do not assume anything, ask questions of project manager if you don't understand something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> Do not discuss the work with the homeowner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> Do not make any changes or additions without consulting the Project Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> Inspect the existing conditions before you start work. Alert Project Manager to any problems with the substrate you are working on that are not acceptable. NOTE: Unless defects are pointed out prior to beginning work, you will be responsible for the cost of any rework necessary to correct defects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> Maintain a clean and safe work area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> You are responsible for cleaning up all debris from your work, separating recycleable material from trash and placing each in appropriate containers or locations designated by Project Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pre-Construction Checklist:			
_____	<input type="checkbox"/> Cover all electrical wire whips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> Cut openings around electrical boxes and recessed lights tight to edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> No joints at floor bands in stairwells and 2 story spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> No butt joints at door and window jambs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> Glue all boards to framing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> Review location of any moisture resistant or paperless drywall with Project Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Final Completion Checklist:			
_____	<input type="checkbox"/> All corner bead installed square, plumb, level and corners aligned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> Clean all mud out of electrical boxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> All angled ceiling joints smooth and straight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> Touch up after priming at areas marked by Project Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> Scrape excess mud off floor and sweep debris from work area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> Scrap out all excess materials to dumpster or location approved by Project Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> Work area clean, recycleable material stored, debris disposed of properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Job Specific Items:			
_____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trade Contractor: I certify that the work is complete: _____ Date _____

Project Manager: Work is not complete, Initials _____ Date _____
 Work is fully completed, Initials _____ Date _____

Retain until completion: \$ _____
 Release full payment