

fidbox Serial Number:		fidbox Installation date:	
(After completion, E-Mail a copy to the Fidbox supplier, builder, architect and inhabitant for future reference)			

PROJECT/CUSTOMER INFORMATION	
Project ref:	
Customer name:	
Project address:	
Room Ref./Name:	
Type of project	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> New construction <input type="checkbox"/> Remodel

FLOOR CONSTRUCTION DETAILS				
Location in building:	<input type="checkbox"/> Basement	<input type="checkbox"/> Ground floor	<input type="checkbox"/> 1 st floor	<input type="checkbox"/> Other:
Sub-floor construction:	<input type="checkbox"/> Plywood	<input type="checkbox"/> Subfloor	<input type="checkbox"/> OSB	<input type="checkbox"/> Other:
Moisture barrier:	<input type="checkbox"/> yes	<input type="checkbox"/> no		
Installation method:	<input type="checkbox"/> Adhesion	<input type="checkbox"/> Float		
Underfloor heating:	<input type="checkbox"/> Electric	<input type="checkbox"/> Water		
Cooling system:	<input type="checkbox"/> A/C			<input type="checkbox"/> Other:
Product type:	<input type="checkbox"/> Solid T&G	<input type="checkbox"/> Engineered	<input type="checkbox"/> 6-10mm	<input type="checkbox"/> Other:
Supplier name:				
Product name:			Wood Specie:	
Manufacturer:			Product Classification:	
Panel dimensions:	Width	Length	Thickness	Wear layer thickness

INSTALLER DETAILS	
Installers name:	
Address:	
Contact person:	E-Mail Address:
Telephone #:	Mobile #:





Room sketch with measurements – location of fidbox with measurements

This image shows a full page of blank graph paper. The grid consists of small, equal-sized squares formed by thin black lines. There are no margins, text, or other markings on the page.

REMARKS

[illegible]

Name: _____ Date: _____



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