

## **Interior Painting Checklist**

## **Pre-Painting Preparation**

Tasks to be completed before any paint is applied, including surface assessment and protection.

Write something	
Room Type	
Living Room	
Bedroom	
Bathroom	
Kitchen	
Hallway	
Other	
Approximate Square Footage	

Identify Existing Condition (Check all that apply)
New Construction
Previously Painted
Water Damage
Mold/Mildew
Cracks/Holes
Wallpaper Removal Required
Note any unusual features or concerns
Write something
Attach Photos of Existing Condition  Lipidad File
Surface Preparation  Detailed steps for cleaning, repairing, and priming surfaces to ensure proper paint
Describe existing surface condition (e.g., wallpaper, existing paint type, damage)  Write something

Identify and address any surface defects:  Cracks Holes Loose Paint/Wallpaper Mold/Mildew Stains (water, smoke, grease) None
If patching, amount of patching compound used (lbs/kg)
Enter a number
Detail patching/repair procedures followed.
Write something
Surface cleaning method used:
TSP Wash
Mild Detergent Wash
Specialized Cleaner
None (Surface Clean)
Number of coats of primer applied.
Enter a number

☐ Oil-Based ☐ Latex/Water-Based ☐ Specialty Primer (e.g., stain-blocking)
Specialty Primer (e.g., stain-blocking)
Record any issues encountered during surface preparation and corrective actions taken.
Write something
Upload photos of surface condition before and after preparation  La Upload File  Painting Application
anning Application
pecific actions regarding applying the paint, including coats and techniques.
Number of Paint Coats Applied (per surface)
the state of the s
Enter a number
Enter a number  Painting Technique Used (e.g., brushing, rolling, spraying)
Enter a number  Painting Technique Used (e.g., brushing, rolling, spraying)  Brushing
Painting Technique Used (e.g., brushing, rolling, spraying)  Brushing Rolling
Enter a number  Painting Technique Used (e.g., brushing, rolling, spraying)  Brushing

Write something	)
Paint Drying Time (Manufacturer Recommendation)	
Less than 2 hours	
2-4 hours	
4-6 hours	
6+ hours	
Ambient Temperature During Painting (°C or °F)  Enter a number	)
Surface Temperature During Painting (°C or °F)	
Enter a number	)
Details of any problem areas encountered during application and resolution.  Write something	

## **Post-Painting Cleanup & Inspection**

Tasks to be completed after painting, including cleanup, touch-ups, and final inspection.

Check areas for drips and splatters.  Walls Floors Trim Ceilings Furniture
Number of touch-up areas identified.
Enter a number
Detailed description of touch-up areas and actions taken.  Write something
Paint finish satisfactory?  Yes No
If 'No', describe the issue with the paint finish.  Write something
Cleanup of painting supplies completed?  Yes No

Cleanup Items Verified
Paint cans
☐ Brushes/Rollers
☐ Drop cloths
☐ Tape
Rags
Contractor Signature (Verification of Completion)
Date of Inspection & Completion
Enter date
Safety & Environmental Considerations  nportant measures to ensure worker and environmental safety during the painting rocess.
nportant measures to ensure worker and environmental safety during the painting
nportant measures to ensure worker and environmental safety during the painting rocess.
nportant measures to ensure worker and environmental safety during the painting rocess.  PPE Required (Check all that apply)  Safety Glasses Gloves
process.  PPE Required (Check all that apply)  Safety Glasses Gloves Respirator
process.  PPE Required (Check all that apply)  Safety Glasses Gloves Respirator Hearing Protection
process.  PPE Required (Check all that apply)  Safety Glasses Gloves Respirator
process.  PPE Required (Check all that apply)  Safety Glasses Gloves Respirator Hearing Protection
process.  PPE Required (Check all that apply)  Safety Glasses Gloves Respirator Hearing Protection Coveralls  SDS (Safety Data Sheet) Review
process.  PPE Required (Check all that apply)  Safety Glasses Gloves Respirator Hearing Protection Coveralls

Ventilation Rate (CFM)
Enter a number
Waste Disposal Method
Recycling
Hazardous Waste Disposal
General Waste
Spill Response Plan
Write something
Last Date of Safety Training Review
Enter date
Proof of Ventilation System Certification (if applicable)
♣ Upload File