

Sheathing Installation Checklist

Pre-Installation Planning & Material Verification

Ensuring proper planning and material quality before any sheathing is installed.

Sheathing Type Specified?	
OSB	
Plywood	
Cement Board	
Other	
Sheathing Thickness (inches)	
Enter a number	
Sheathing Grade Specified?	
Premium	
Standard	
Construction	
Unknown	
Moisture Content (%), Max Allowed	
Enter a number	

Write something	
write something	
Upload Approved Shop Drawings	
4 Upload File	
Date of Material Delivery	
Enter date	
aming Inspection	
	g, alignment, and condition
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ification of the underlying framing to ensure proper spacin	ig, alignment, and condition
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Framing Member Spacing (inches) Enter a number	ng, alignment, and condition
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Framing Member Spacing (inches) Enter a number Framing Member Squareness (inches/100ft)	g, alignment, and conditio
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Framing Member Spacing (inches) Enter a number Framing Member Squareness (inches/100ft) Enter a number Framing Condition - Visible Decay/Damage?	ig, alignment, and condition
Framing Member Squareness (inches/100ft) Enter a number Framing Condition - Visible Decay/Damage? None	ig, alignment, and condition

Notes on Framing Condition (if any)	
Write something	
Framing Securely Fastened?	
☐ Yes☐ No	
Check Framing Levelness (inches/10ft)	
Enter a number	
Sheathing Material Verification Checking sheathing type, grade, moisture content, and manufacturer's instructions.	
Sheathing Type OSB	
Plywood	
Cement Board	
Other (Specify)	
Sheathing Grade CDX BCX Premium	
Other (Specify)	

Moisture Content (%)
Enter a number
Manufacturer's Instructions Verified?
Write something
Moisture Meter Reading Record (Optional) Lipload File
Sheathing Thickness (inches) 1/2 5/8 3/4 Other (Specify)
ayout & Staggering roper layout of sheathing panels and staggering of joints.
Panel Layout Offset from Wall Corners (in)
Enter a number
Minimum Stagger Distance (in)
Enter a number

Panel Orientation (Horizontal/Vertical) Horizontal Vertical
Number of Panels Along Length of Wall
Enter a number
Joint Staggering Method Applied
Minimum 3/4 Offset
Alternating Offset
Manufacturer's Specified Method
Notes on Panel Placement (if any) Write something Fastener Installation
Correct type, spacing, and depth of fasteners used for sheathing attachment.
Fastener Spacing (inches) - Edges
Enter a number
Fastener Spacing (inches) - Field
Enter a number

Fastener Type Nails
Screws
☐ Staples
Fastener Size (inches)
Enter a number
Fastener Head Type
Flat Head
Round Head
Trumpet Head
Factor on Danth (in also a) Minimum
Fastener Depth (inches) - Minimum
Enter a number
Comments on Fastener Installation (e.g., any adjustments made)
Write something
Panel Placement & Support
Ensuring panels are properly placed, supported, and secured during installation.
=eag parete are properly places, capperted, and cooling adming metallation.

Panel Spacing at Edges (inches)

Enter a number...

Distance from Corner to First Panel (inches)
Enter a number
Sheathing Support Method
Temporary Bracing
Shoring
Direct Support
Other (Specify in LONG_TEXT)
If 'Other' Support Method Selected, Provide Details
Write something
Panel Alignment with Framing Perfectly Aligned Within Tolerance (Specify in LONG_TEXT)
If Not Perfectly Aligned, Explain Deviation
Write something
Panel Support Points Verified?
Yes - Every Panel
Yes - Most Panels
□ No
□ N/A - Not Applicable

Write something	
Seam Treatment & Joint Details	
ddressing seams, joints, and any required sealing or taping.	
Sheathing Joint Treatment Method:	
☐ No Treatment Required	
Tape (Type Specified)	
Caulking (Type Specified)	
Seam Joint System (Manufacturer Specified)	
Details of Seam Joint System (if applicable):	
Write something	
Tape/Caulk Manufacturer (if applicable):	
Tape/Caulk Coverage (linear feet or area):	
Enter a number	
Joint Details Specified in Plans?	
Yes	

Write something		
Photo Documentation	of Joint Details:	
♣ Upload File		
uality Contro	l & Final Inspection	
norough check of the co	ompleted sheathing installation.	
Were all fastener patte Yes No N/A	erns verified against approved plans/specifications?	•
Number of panels reje	cted during inspection (if any):	
Enter a number		
Description of any def	ects or non-conformances identified:	
Description of any def	ects or non-conformances identified:	

Sheathing panel edges properly aligned with framing? Yes No Partially
Are seams properly sealed (if required by design)? Yes No N/A
Inspector Signature:
Inspection Date: Enter date