

# Structural Sheathing Fastening Checklist

#### **Pre-Installation & Material Verification**

Checks performed before sheathing fastening begins to ensure correct materials and site conditions.

Enter a number	
Sheathing Panel Length (ft)	
Enter a number	
Sheathing Panel Type	
Plywood	
OSB	
Waferboard	
Other (Specify)	
Sheathing Grade (if applicable)	
Write something	

Sheathing Exposure (if applicable)  1 2 3 4
Project Specifications for Sheathing Installation (notes)
Write something
Weather Conditions (Affecting Installation)
Clear
Rain
Snow
Windy
Other (Specify)
Other Pre-Installation Observations
Write something

### **Fastener Selection & Inspection**

Verification of fastener type, size, and condition to meet project specifications.

Fastener Type Specified in Plans?  Yes No
Fastener Material (e.g., galvanized, stainless steel)  Galvanized Stainless Steel Other (Specify)
Fastener Length (inches)  Enter a number
Fastener Diameter (inches)  Enter a number
Fastener Head Type  Flat Head  Bugle Head  Other (Specify)
If 'Other' selected for Head Type, please specify:  Write something

Fasteners Corroded/Damaged?  Yes No
If yes, describe damage:
Write something
Sheathing Layout & Support  Ensuring proper sheathing placement and adequate framing support.
Panel Width Variation (Maximum)
Enter a number
Panel Length Variation (Maximum)
Enter a number
Sheathing Alignment with Framing  Parallel Perpendicular As per plans
Panel Support Spacing Verified?  Yes No

Enter a number				
Blocking Installed	Per Plan?			
Yes				
No				
N/A				
Notes on Panel Su	pport/Layout Devi	ations		
Write something				
•	-	•	le and design	requirements
ification of fastener	density and spacin	•	le and design	requirements
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astening Parification of fastener Sheathing Edge Di Enter a number Fasterner Spacing	density and spacin	•	le and design	requirements
Sheathing Edge Di	density and spacin	•	le and design	requirements
Sheathing Edge Di Enter a number  Easterner Spacing	density and spacin stance (inches)  (inches) - Field	according to cod	le and design	requirements

Fasterner Pattern (e.g., Staggered, Uniform)
Uniform
Staggered
Minimum End Nail/Screw Spacing (inches)
Enter a number
Chapthing Type (offects execise)
Sheathing Type (affects spacing)  Plywood
OSB
Other
Notes on Fastener Pattern Deviations (if any)
Write something
astener Installation Quality
spection of fastener installation to ensure proper embedment and avoid issues like
rerdriving or stripping.
Fascener Penetration Depth (inches)
Enter a number
Number of Overdriven Fasteners Observed
Enter a number
Litter a number

Enter a number	
Sheathing Compression Assessment	
Optimal	
Slightly Compressed	
Insufficient Compression	
Detailed Observations of Fastener Installation Quality	
Write something	
Fastener Head Flatness	
Satisfactory	
Minor Dimpling	
Significant Dimpling	
Number of Fasteners with Visible Head Damage	
Enter a number	
dge Distance & Blockage	
rification of edge distances and proper blocking requirements.	

Enter a number...

Minimum Edge Distance from Corner (inches)
Enter a number
Sheathing Edge Blocking Required?
☐ Yes ☐ No
□ NA
Spacing of Blocking (inches, center-to-center)
Enter a number
Blocking Material Type (if required)
2x4
☐ 2x6 ☐ Other
Details regarding blocking requirements (e.g., nailing schedule, span)
Write something
Edge Distance Verified Against Approved Plans?
☐ Yes ☐ No
□ NA

# **Sheathing Edge Treatment**

Ensuring proper fastening and sealing of sheathing edges.

Edge Sealing Method?
☐ Tape
Caulk
None
Other
If 'Other' edge sealing method specified, describe:
Write something
Edge Distance to Framing (inches)
Enter a number
Sheathing Edge Protection?
☐ Yes
□ No
Description of Edge Protection (if applicable)
Write something
Photo Documentation of Edge Treatment
□ Upload File

# **Documentation & Record Keeping**

Maintaining records of inspection results and corrective actions.

Inspection Date  Enter date	
Inspection Time	
Sheathing Panel Sequence Number	
Enter a number	
Observations & Comments	
Write something	
Compliance Status	
Compliant	
Non-Compliant	
Partial Compliance	
Corrective Actions Required	
Write something	

<b>Corrective Action Completion Date</b>	
Enter date	
Inspector Signature	