
QUALITY CONTROL SHEET

ARDEX Damp Proofing Membranes

PROJECT

Project Name: _____

Site Address: _____

Location on Site: _____ Unit: _____ Area being installed: _____ m²

Owner: _____

Builder: _____

Site Supervisor: _____

WATERPROOFING CONTRACTOR

Contractor Name: _____

Is the contractor an approved ARDEX applicator? Yes No

Installation Supervisor: _____ ARDEX Installer no.: _____

Installation Team: _____

Date Started: ____/____/____ Date Completed: ____/____/____

Name	ARDEX Installer Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CONSTRUCTION

Horizontal Substrate:

New concrete Old concrete Sand Blinding Compacted Mud Slab Other: _____

Wall Substrate:

New concrete Old concrete Concrete Block Polyblock Other: _____

New Concrete Details:

Floors Date concrete poured: ____/____/____

Walls Date concrete poured: ____/____/____

SUBSTRATE PREPARATION

Any surface contamination? Yes No

Curing compound? Yes No

Surface Preparation:

Captive Shotblasting Diamond Grinding Concrete Planer Concrete Scabbler Other: _____

Substrate Cracks/Joints:

Filled Slip Tape/Bandage Injection Other: _____

Prefill/Substrate Repair Required:

Spalling Substrate Deviation None

Wall substrate installed in accordance with manufacturers instruction? Yes No

Surface Struck Smooth / Rendered? Yes No

Coving Installed? Yes No

Product Installed? _____

Edges Radiused Min 5mm and Underflashed? Yes No

Method of Termination?

Chase Flashing

Pressure Bar

Other: _____

Surface Preparation Contractor:

Name: _____

Site Supervisor: _____

Date Completed: ____/____/____

Signed: _____

Surface Preparation: Contractor Acceptance

Installation Supervisor: _____

Date of Acceptance: ____/____/____

Signed: _____

Client Acceptance:

Name: _____

Site Supervisor: _____

Date Completed: ____/____/____

Signed: _____

SUBSTRATE RELATIVE HUMIDITY

☐ Substrate RH tested?

Substrate RH: _____%

Date: ____/____/____

Time: ____:____ am/pm

PRIMERS

Product Used:

ARDEX WPM 240 (solvent based)

ARDEX WPM 247 (water based)

Other: _____

Coverage Rate Achieved: _____**Under Flashings?** Yes No**Installed to:**

Horizontal / Vertical Corners

Penetrations

MEMBRANE INSTALLATION

ARDEX WPM 3000X

- ☐ Under flashings installed correctly?
- ☐ Primer dry?

Mainsheet Installed

- ☐ Laps rolled
- ☐ Laps 60mm on sheet edge
- ☐ 100mm on end

- ☐ Membrane terminated correctly
- ☐ ARDEX DRS 10 GC installed
- ☐ Site left clean and tidy - free from offcuts

ARDEX WPM 5000HD

- ☐ Under flashings installed correctly?
- ☐ Primer dry?

Mainsheet Installed

- ☐ Laps rolled
- ☐ Laps 60mm on sheet edge
- ☐ 100mm on end

- ☐ Membrane terminated correctly
- ☐ ARDEX DRS 10 GC installed
- ☐ Site left clean and tidy - free from offcuts

COMMENTS

FINAL JOB APPROVAL & ACCEPTANCE

ARDEX Waterproofing Installer

Name: _____

Date of Acceptance: ____/____/____

Signed: _____

Main Contractor

Name: _____

Date of Acceptance: ____/____/____

Signed: _____

Architect/Client/Client Representative

Name: _____

Date of Acceptance: ____/____/____

Signed: _____

ARDEX Personnel (For system warranties only)

Name: _____

Date of Acceptance: ____/____/____

Signed: _____

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PREMIUM PERFORMANCE