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

## Horizonal 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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