
DAILY QUALITY CONTROL SITE CHECKLIST

Engineered Screeding and Levelling Systems

PRE-START

Comments

- | | |
|---|-------|
| <input type="checkbox"/> Work instructions available | _____ |
| <input type="checkbox"/> Work instructions clear & concise | _____ |
| <input type="checkbox"/> Surface preparation method specified | _____ |
| <input type="checkbox"/> Prefill requirements specified | _____ |
| <input type="checkbox"/> System specified | _____ |
| <input type="checkbox"/> Thickness specified | _____ |
| <input type="checkbox"/> Cove height specified | _____ |
| <input type="checkbox"/> Cove radius specified | _____ |
| <input type="checkbox"/> QC sheets on site | _____ |
| <input type="checkbox"/> Technical literature/MSDs on site | _____ |

HEALTH, SAFETY & ENVIRONMENT

- | | |
|--|-------|
| <input type="checkbox"/> Trained staff identified | _____ |
| <input type="checkbox"/> SDS on site | _____ |
| <input type="checkbox"/> PPE on site | _____ |
| <input type="checkbox"/> Electrical equipment tagged & current | _____ |
| <input type="checkbox"/> Fire extinguishers | _____ |
| <input type="checkbox"/> "Danger" tape | _____ |
| <input type="checkbox"/> Spill Kits | _____ |
| <input type="checkbox"/> Waste Disposal | _____ |

SURFACE PREPARATION

Comments

- ☐ Preparation acceptable (incl. upstands & panel) _____
- ☐ Floor clean & dry _____
- ☐ Joints cut out clean _____
- ☐ Swept and/or vacuumed _____
- ☐ Moisture content correct _____

MIXING

- ☐ Water gauging bucket or jug _____
- ☐ Measuring by weight _____
- ☐ Clean & tidy _____

INSTALLATION & EQUIPMENT

- ☐ Correct floats _____
- ☐ All tools for product _____
- ☐ Mesh reinforcement (if required) _____
- ☐ Prefill installation correct as specified _____
- ☐ Screed to correct thickness _____
- ☐ Visual aspect of installed topping, i.e. trowel marks _____
- ☐ Fillet radius and installation correct _____
- ☐ Construction joints carried and cut through _____
- ☐ Jointing detail acceptable _____

COMPLETION

- ☐ Site clean up _____
- ☐ Floor protected _____
- ☐ Client sign-off _____

I/We agree that this is correct.

Name: _____

Date of Acceptance: ____/____/____

Signed: _____

FLOOR INSTALLATION

☐ Contractor completed to specification

☐ Protection of area required?

Installation Supervisor: _____

Date of Acceptance: ____/____/____

Signed: _____

SITE CONDITIONS

External:

Fine Wet Cold Comments _____

Internal:

Building Open Building Enclosed Natural Lighting Overhead lighting Spotlights

Ambient Temperatures:

____am:____° ____am:____° ____am:____° ____am:____° ____am:____° ____am:____°
____pm:____° ____pm:____° ____pm:____° ____pm:____° ____pm:____° ____pm:____°

RECORDS

☐ Photo records during stages

☐ ARDEX Site Visit

ARDEX Personnel: (if site visit conducted for special warranty)

Name: _____

Date of Acceptance: ____/____/____

Signed: _____

Damage to floors by other trades:

Damage to site by contractor:

FINAL JOB APPROVAL & ACCEPTANCE

Contractor Principal

Name: _____

Date of Acceptance: ____/____/____

Signed: _____

Client or Client's Representative

Name: _____

Date of Acceptance: ____/____/____

Signed: _____

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