
QUALITY CONTROL SHEET

ARDEX DS 70

PROJECT

Project Name: _____

Site Address: _____

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

Owner: _____

Builder: _____

Site Supervisor: _____

ARDEX CONTRACTOR

Contractor Name: _____

Is the contractor an approved ARDEX applicator? Yes No

Installation Supervisor: _____ ARDEX Installer no.: _____

Installation Team: _____

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

FLOOR CONSTRUCTION

Substrate:

New Concrete Old Concrete Metal Timber Fibre Cement Other: _____

New Concrete Details:

Date concrete poured: ____/____/____ Date concrete protected from external elements: ____/____/____

Falls in substrate required? Yes No

SUBSTRATE PREPARATION

Any surface contamination? Yes No

Curing compound? Yes No

Surface Preparation:

Captive Shotblasting Diamond Grinding Concrete Planer Concrete Scabbler Other: _____

Surface Preparation Contractor:

Name: _____

Site Supervisor: _____

Date Completed: ____/____/____ Signed: _____

Surface Preparation: Contractor Acceptance

Installation Supervisor: _____

Date of Acceptance: ____/____/____ Signed: _____

SUBSTRATE REPAIR

Substrate Cracks/Joints:

Filled Slip Tape/Bandage Injection Other: _____

Prefill/Substrate Repair Required:

Spalling Substrate Deviation None

Prefill - Falls/Levels Required:

Falls to Drains Fill falls to level None

Levelling Required? Yes No

Client Acceptance:

Name: _____

Site Supervisor: _____

Date Completed: ____/____/____ Signed: _____

SUBSTRATE RELATIVE HUMIDITY

Substrate RH tested? Yes No

Substrate RH: _____%

Date: ____/____/____

Time: ____:____:____

DRAINS/SUMPS

☐ Required?

☐ Set at correct height?

☐ Correct type for membrane?

☐ Falls to drains/sumps correct?

If no: do falls need rectification?

Site Supervisor: _____

Date of Acceptance: ____/____/____

Signed: _____

System Drains/Sumps

Name of Nominated Outlets: _____

INSTALLATION

Perimeter isolation strips installed? Yes No

Isolation System used: 5mm backing rod PU expanding foam ARDEX Perimeter Isolation ARDEX ST Silicone

Primer required? Yes No

Primer Used: ARDEX Multiprime ARDEX PU 30 ARDEX WPM 300

ARDEX DS 70 Adhesive used: ARDEX AF 180 MS ARDEX AF 2525

Butt-joint detailing required? Yes - with ARDEX ST Silicone No

Protection board required after ARDEX DS 70 installation? Yes No

FINAL JOB APPROVAL & ACCEPTANCE

ARDEX DS 70 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 SystemARDEX warranties only)

Name: _____

Date of Acceptance: ____/____/____ Signed: _____

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