
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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