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# QUALITY CONTROL SHEET

## Installation of Screeding and Levelling Systems

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### PROJECT

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Project Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Location on Site: \_\_\_\_\_

Owner: \_\_\_\_\_

Builder: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_

### ARDEX CONTRACTOR

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Contractor Name: \_\_\_\_\_

Is the contractor an approved ARDEX applicator?      Yes      No

Installation Supervisor: \_\_\_\_\_ ARDEX Installer no.: \_\_\_\_\_

Installation Team: \_\_\_\_\_

Date Started: \_\_\_\_/\_\_\_\_/\_\_\_\_      Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

### FLOOR CONSTRUCTION

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#### 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

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## SUBSTRATE PREPARATION

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### Surface Preparation:

Captive Shotblasting      Diamond Grinding      Concrete Planer      Concrete Scabbler      Other: \_\_\_\_\_

Moisture test undertaken?      Yes      No      RH of concrete: \_\_\_\_\_

Method of testing: \_\_\_\_\_

### Surface Preparation Contractor:

Name: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_

Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_      Signed: \_\_\_\_\_

### Surface Preparation: Contractor Acceptance

Installation Supervisor: \_\_\_\_\_

Date of Acceptance: \_\_\_\_/\_\_\_\_/\_\_\_\_      Signed: \_\_\_\_\_

## SUBSTRATE REPAIR

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### 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

### Client Acceptance:

Name: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_

Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_      Signed: \_\_\_\_\_

## WALL: COVE/UPSTAND DETAILS

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### Wall Details

Concrete      Insitu Concrete      Concrete Block      Insulated Panel      Plywood      Other: \_\_\_\_\_

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## Coves/Upstands/Fillets Required

Height: \_\_\_\_\_ mm

Cove Radius: \_\_\_\_\_ mm

☐ Not required

## 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: \_\_\_\_\_

## ROOF VENTILATION

### Floor/Cove System Being Used:

A 38 + ARDEX Sand

K 005

K 900 BF

A 48

Other: \_\_\_\_\_

### System Components:

Primer

Mesh (if unbonded or over 40mm)

Builder's Plastic

Batch Number: \_\_\_\_\_

System Specified Bonded Thickness: \_\_\_\_\_ mm

Unbonded thickness: \_\_\_\_\_ mm

### Primer Application Method:

Brush Coat

Slurry & Broadcast

Trowel

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0800 227 339

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**SYSTEM ARDEX**  
PREMIUM PERFORMANCE