
QUALITY CONTROL SHEET

ARDEX Internal Undertile Waterproofing

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

Floor Substrate:

New concrete Old concrete Metal Timber Fibre cement Screed Other: _____

Wall Substrate:

New concrete Old concrete Wet area plasterboard 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: _____

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

Wall substrate installed in accordance with manufacturers instruction? Yes No

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? Yes No

Substrate RH: _____% Date: ____/____/____ Time: ____:____ am/pm

DRAINS/SUMPS

- Set at correct height?
- Falls to drains/sumps correct?
 - If no: do falls need rectification?

Site Supervisor: _____

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

System Drains/Sumps

Name of Nominated Outlets: _____

BOND BREAKERS

Required? Yes No

Bond breaker being used:

ARDEX STB Tape Polyurethane sealant ARDEX ST Silicone Other: _____

Installed to:

- Horizontal/vertical corners
- Perimeters of outlets/taps
- Nail/screw holes
- Joints in sheets
- Changes in substrates (e.g. concrete to ply)

MEMBRANE INSTALLATION

ARDEX WPM 001

- Bondbreakers installed?
- Primer dry?
- Deckweb detailing complete?

First coat applied at:

- Floors: 1mm WFT
- Walls: 0.5mm WFT

Waiting time between coats:

_____h _____m

Second coat applied at:

- Floors: 1mm WFT
- Walls: 0.5mm WFT
- Membrane protected from traffic?
- Membrane protected from traffic until tiled

ARDEX WPM 002

- Bondbreakers installed?
- Primer dry?
- Deckweb detailing complete?
- Product mixed correctly as per datasheet?

First coat applied at:

- Floors: 0.9mm WFT
- Walls: 0.6mm WFT

Waiting time between coats:

_____h _____m

Second coat applied at:

- Floors: 0.9mm WFT
- Walls: 0.6mm WFT
- Membrane protected from traffic?
- Membrane protected from traffic until tiled

ARDEX WPM 155 RAPID

- Bondbreakers installed?
- Primer dry?
- STB Tape installed?

First coat applied at:

- Floors: 0.5mm WFT
- Walls: 0.5mm WFT

Waiting time between coats:

_____h _____m

Second coat applied at:

- Floors: 0.5mm WFT
- Walls: 0.5mm WFT
- Membrane protected from traffic?
- Membrane protected from traffic until tiled

ARDEX WPM 750

- ARDEX adhesive used?
- Correct coverage of adhesive - floors
- Correct coverage of adhesive - walls
- Sheets laid straight and overlapped by min of 50mm
- Laps welded and checks
- Penetrations detailed correctly?
- Membrane protected from traffic until tiled

FINAL JOB APPROVAL & ACCEPTANCE

ARDEX Trained 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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PREMIUM PERFORMANCE