
SUBSTRATE CHECKLIST

Waterproofing over Concrete Substrates

To be completed for each area in conjunction with Quality Assurance Documentation

PROJECT

Project Name: _____

Site Address: _____

Location on Site: _____

Owner: _____

Builder: _____

Site Supervisor: _____

Architect: _____

ARDEX CONTRACTOR

Contractor Name: _____

Is the contractor an approved ARDEX applicator? Yes No

Installation Supervisor: _____ ARDEX Installer no.: _____

Installation Team: _____

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

SUBSTRATE CONSTRUCTION

Substrate:

New Concrete Old Concrete Other: _____

New Concrete Details:

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

SUBSTRATE PREPARATION

Surface Preparation:

Captive Shotblasting Diamond Grinding Concrete Planer Concrete Scabbler Other: _____
Moisture testing carried out? (max 75%RH) 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

Substrate Cracks/Joints:

Filled Slip Tape/Bandage Injection Other: _____

Products used: _____

Prefill/Substrate Repair Required:

Spalling Substrate Deviation None

Products used: _____

Prefill - Falls/Levels Required:

Falls to Drains Fill falls to level None

Products used: A 46 ARDITEX NA A 38 A 48

Client Acceptance:

Name: _____
Site Supervisor: _____
Date Completed: ____/____/____ Signed: _____

WALL: COVE/UPSTAND DETAILS

Wall Details

Concrete Insitu Concrete Concrete Block Insulated Panel Plywood Other: _____

Coves/Upstands/Fillets

Created from: A 46 Timber (Not LOSP) Plastic

☐ 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: _____

HEALTH, SAFETY & ENVIRONMENT

☐ Trained staff identified

☐ SDS on site

☐ PPE on site

☐ Electrical equipment tagged & current

☐ Fire extinguishers

☐ "Danger" tape

☐ Spill Kits

☐ Waste Disposal

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