
QUALITY ASSURANCE CHECKLIST



ARDEX Torch-Applied Membranes

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: ____/____/____

TORCH APPLIED CHECKLIST

	APPLICATOR INITIALS	BUILDER INITIALS												
<p>Correct ARDEX material, colour, and thickness has been ordered</p> <table border="0"> <tr> <td>Base Sheet</td> <td>Intermediate Sheet</td> <td>Top Sheet</td> </tr> <tr> <td>Code: _____</td> <td>Code: _____</td> <td>Code: _____</td> </tr> <tr> <td>Gauge: _____</td> <td>Gauge: _____</td> <td>Gauge: _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Not required</td> <td>Colour: _____</td> </tr> </table>	Base Sheet	Intermediate Sheet	Top Sheet	Code: _____	Code: _____	Code: _____	Gauge: _____	Gauge: _____	Gauge: _____		<input type="checkbox"/> Not required	Colour: _____		
Base Sheet	Intermediate Sheet	Top Sheet												
Code: _____	Code: _____	Code: _____												
Gauge: _____	Gauge: _____	Gauge: _____												
	<input type="checkbox"/> Not required	Colour: _____												
Work areas are clean and tidy and conforms with the relevant ARDEX Substrate Specification documents														
Substrate checklist completed														
Membrane laid over clean substrate using correct adhesive														
Sheets well set out, parallel lines, laps running in correct direction and to fall. Membrane lying flat on substrate with no bubbling														
Laps welded, with clean edges and good bleed														
Additional layers offset 500mm to base layer														
Outlets detailed to correct ARDEX specification														
Membrane termination completed to ARDEX details														
Post-installation rubbish removed from work area														
Conforms with ARDEX Specification														
Any nonstandard details installed as per pre-approved specifications Attach approved drawing														
<p>ARDEX membrane installation completed to specification</p> <p>Ambient Temperature: _____ °C</p> <p>Substrate Temperature: _____ °C</p> <p>Product Code: _____</p> <p>Batch Number: _____</p> <p>Installation Date: ____/____/____</p> <p>Installation Time: _____:_____ am pm</p>														

Issues to note or to be raised during installation:

Remedial action required:

Note of damaged areas repaired: (include photographs)

FINAL SIGN OFF

Applicator

Name: _____

Signed: _____ Date: ____/____/____

Main Contractor

Name: _____

Signed: _____ Date: ____/____/____

Owner

Name: _____

Signed: _____ Date: ____/____/____

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SYSTEMARDEX
PREMIUM PERFORMANCE