

Installation Checklist

- Waterproofing

Project:	Location:
Substrate Type:	Product name:
Job size m ² :	Batch number:
Litres used:	Number. of coats:
Application method:	Date & Time of Primer Application

YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the Crommelin Substrate Checklist – Waterproofing been completed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the Crommelin Priming Checklist – Waterproofing been completed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the substrate prepared, primed and fit for waterproofing?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is any action required by other trades? If yes, elaborate in comments section below.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have the relevant authorities been advised of any defects or concerns that may affect the performance of the system at this stage?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you reviewed the manufacturer's current product technical data sheet?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you reviewed the manufacturer's current product MSDS?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the membrane been installed as per the relevant manufacturer's data sheets?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there sufficient airflow for membrane to cure?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was a membrane adhesion test carried out after full cure? If yes, elaborate in comment section below.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did the membrane pass adhesion test?
Date of Application	Coat 1:	Coat 2:	Coat 3:
Time of Application	Coat 1:	Coat 2:	Coat 3:
Side lap size:			
End lap size:			
Detailing method of penetrations:			
Detailing method of expansion joints:			
Method of membrane termination:			

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Pond Testing

YES NO N/A

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is pond testing required? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Has membrane cured sufficiently to conduct pond testing? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Has pond testing been carried out as per manufacturer's recommendations? If yes, elaborate method in comment section below. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did the membrane pass pond testing? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Has all pond testing water been removed? |

Membrane Protection

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is membrane protection cover required? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Has membrane cured sufficiently for installation of protection cover? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Has protection cover to the membrane been installed? If yes, elaborate in comments section below (type, brand etc). Time of protection cover installation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Was the protection cover adhered to the membrane? If yes, elaborate method in comments section below. |

Comments:

Acceptance

Contractor/Applicator
Signature:

Builder
Signature:

Name:

Name:

Date:

Date:

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