

Substrate Preparation Checklist - Waterproofing

Project:	Location:
Substrate Type:	

YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are weather/environmental conditions suitable for substrate preparation?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the substrate been installed to manufacturer's requirements?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the substrate design in accordance with BCA requirements?
<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? If yes, elaborate in comment section below.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the substrate sound and suitable for use?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the substrate clean and dust free?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has substrate moisture content been measured?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the moisture content suitable for membrane application? Reading: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have curing compounds or form release agents been used?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have all curing compounds or form release agents been removed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the substrate smooth, even and uniform, with no sharp edges?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have all holes and cracks been repaired?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has a sealant fillet been installed, where required?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are there sufficient falls to waste?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has all residue from waste flanges, drain pipes and PVC fittings been removed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have the puddle flanges been installed correctly?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all flanges securely fastened?

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Comments:

Acceptance

Contractor/Applicator
Signature:

Builder
Signature:

Name:
Date:

Name:
Date: