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# QUALITY ASSURANCE CHECKLIST



**WeldTec.™**

## ARDEX WeldTec External

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### PROJECT

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Project Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Location on Site: \_\_\_\_\_

Owner: \_\_\_\_\_

Builder: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_

Architect: \_\_\_\_\_

### ARDEX CONTRACTOR

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Contractor Name: \_\_\_\_\_

Is the contractor an approved ARDEX applicator?      Yes      No

Installation Supervisor: \_\_\_\_\_      ARDEX Installer no.: \_\_\_\_\_

Installation Team: \_\_\_\_\_

Date Started: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

## WATERPROOFING CHECKLIST

	APPLICATOR INITIALS	BUILDER INITIALS
<p>Correct ARDEX material, colour, and thickness has been ordered</p> <p>Product code: _____ Batch no: _____</p> <p>Colour: _____ Thickness: _____</p>		
<p>Work areas are clean and tidy and conforms with the relevant ARDEX Substrate Specification documents</p> <p>Attach photograph - required for SystemARDEX Warranty</p>		
<p>Substrate checklist completed</p>		
<p>Membrane laid over clean substrate using correct adhesive</p> <p>Attach photograph - required for SystemARDEX Warranty</p>		
<p>Sheets well set out, parallel lines, laps running correct direction and to correct fall</p> <p>Attach photograph - required for SystemARDEX Warranty</p>		
<p>Membrane lying flat on substrate with no bubbling</p>		
<p>Test membrane welds, destruction test</p> <p>Attach photograph - required for SystemARDEX Warranty</p>		
<p>Outlets detailed to correct ARDEX specification</p> <p>Attach photograph - required for SystemARDEX Warranty</p>		
<p>Membrane termination completed to ARDEX details</p> <p>Attach photograph - required for SystemARDEX Warranty</p>		
<p>Post-installation rubbish removed from work area</p>		
<p>Conforms with ARDEX WeldTec Installation Documents</p>		
<p>Any nonstandard details installed as per pre-approved specifications</p> <p>Attach approved drawing - required for SystemARDEX Warranty</p>		

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APPLICATOR INITIALS

BUILDER INITIALS

ARDEX membrane installation completed to specification

Ambient Temperature: \_\_\_\_\_ °C

Substrate Temperature: \_\_\_\_\_ °C

Installation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Installation Time: \_\_\_\_:\_\_\_\_ am pm

Issues to note or to be raised during installation:

Remedial action required:

Note of damaged areas repaired: (include photographs)

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## FINAL SIGN OFF

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### Applicator

Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Main Contractor

Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Owner

Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**SYSTEMARDEX**  
PREMIUM PERFORMANCE