VERIFICATION INSPECTION CHECKLIST (Install)

PROLINE BUILDING

TRADE: **WATERPROOFING**

Date: _____

PROJECT NAME: _____

Lot No.: _____

Approved Products & Areas of Use

Product Manufacturer	Product Name	Primer/Sealer required	Approved Use/Application

Item	✓ / X	Description
1	☐	Confirm correct product is being selected & Applicator is trained and competent.
2	☐	Product Brand & Name: …………………………………….……………………………
3	☐	Applicators Names: ………………………………………………………………………..
4	☐	**Acceptance of substrate for the application of the product** (Expand on product specific requirements).
5	☐	**Penetrations, Protrusions** – All tap ware combos, shower outlet, protrusions thru the membrane fully sealed with compatible sealant from the linings and fixture prior to membrane application
6	☐	**Bath/Spa Requirements** – Fully sealed from the linings and the lip of the bath prior to membrane application. **Membrane minimum 150mm above bath. 1800 mm shower/bath combination.**
7	☐	**Bond Breaker** – Compatible product applied to all junctions appropriate to the size of gap for movement.
8	☐	**Primer** (Expand on product specific requirements).
9	☐	**Film Thickness** (Expand on product specific requirements).
10	☐	**Curing** (Expand on product specific requirements).
11	☐	**Water Test** Complete and passed (Expand on method and min duration of test).
12	☐	**Protection** (Expand on product specific requirements).
___		Start: ………………am/pm / Finish: ………………am/pm

Work completed by (Subcontractor Name / Sign):	Date:
Work Inspected by (Proline Name/ Sign):	Date:
Work Inspected (if required) by (Client Name/ Sign):	**Re-inspection Required** **Yes** **No** ☐ ☐
Issues to be rectified before re-inspection:	**Proposed Date:**

For Proline use only:	If appropriate, circle reason for quality deviation: or Other:_____

Work sequence	Materials	Lack of care	Workmanship/ Skills	Poor design detailing	Inadequate supervision	Poor Product	Other

Feedback: Items that became apparent during inspection that should be considered in future process: