



# Viking Full System Warranty

## 1.5 QC Stage 1 Details

### Project Details

<b>Project Name</b>	<input type="text"/>	<b>Date of Inspection</b>	<input type="text"/>
<b>Designer/Architect</b>	<input type="text"/>		
<b>Building Owner</b>	<input type="text"/>		
<b>Skellerup Approved Applicator</b>	<input type="text"/>		

### Inspection Details

Inspection Item	Approval	Comment
Substrate to Viking Specification	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required	<input type="text"/>
Falls to Viking Specification	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required	<input type="text"/>
Material specified is suitable for substrate and application	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required	<input type="text"/>
Outlets, overflows and accessories are Viking products, compatible to membrane and suitably sized	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required	<input type="text"/>
All terminations, flashings and perimeters to Viking specification	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required	<input type="text"/>
Fittings of other trades to roof are detailed with Viking product applied by Viking applicator	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required	<input type="text"/>
Provision for air movement within roof cavity for enclosed ceiling and pressure relief vents	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required	<input type="text"/>
Substrate vents for concrete roofs/decks	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required	<input type="text"/>

<b>Comments/Notes</b>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

### QC Stage 1 Pass and Sign-off

x _____ Date: _____ <b>Skellerup Viking Technical Manager</b>	x _____ Date: _____ <b>Skellerup Viking Approved Applicator</b>
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