



Viking Full System Warranty

1.9 QC Stage 3 Job Completion

Project Details

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

Site Inspection Attendees

Name	Company	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Inspection Details

Inspection Item	Approval	Comment
Membrane fully bonded to substrate	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required	<input type="text"/>
Outlet, overflows and penetrations correctly detailed	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required	<input type="text"/>
Bond breaker tapes applied	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required	<input type="text"/>
Sheets laid correctly to falls with minimal cross joins	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required	<input type="text"/>
Cross joins correctly detailed	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required	<input type="text"/>
Laps and joins checked	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required	<input type="text"/>
Upstands and terminations flashed or sealed to Viking specification	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required	<input type="text"/>

Inspection Item	Approval	Comment
Roof cavity has airflow and ventilation (substrate vents for concrete)	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required	
All components of waterproofing system are to Skellerup Viking specification or approval	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required	
Comments/Notes		

QC Stage 3 Job Completion Passed and Signed-off

x _____ Date: Skellerup Viking Technical Manager	x _____ Date: Skellerup Viking Approved Applicator
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