



ARDEX MC™ Moisture Control System Pre-Installation Checklist and Claims Procedures

The attached Pre-Installation Checklist has been prepared for use by the installation contractor in assessing the suitability of a project to qualify for the ARDEX Moisture Control System 10-Year Warranty. While not all of the information is always available, taking the time to investigate the areas for which information is requested will be key in our ability to provide your customer with the desired warranty and a successful installation. Once the attached checklist is completed and submitted to the ARDEX Technical Department, we will either approve the project for our 10-Year Warranty, request additional information, or deny the warranty with the appropriate justification.

The information requested in the checklist is intended to:

- Identify facility location and owner
- Describe the structural concrete floor system
- Identify cracks and joints in the concrete floor
- Identify visible conditions in and around the floor
- Describe existing problems
- Describe proposed use and anticipated traffic
- Identify all information pertaining to moisture testing that has been performed
- Identify physical characteristics of the concrete surface

How to file a claim: In the event that the ARDEX Moisture Control is not free from manufacturing defects as outlined above, Ardex has to be notified in writing within thirty (30) days of discovery of said alleged defect and prior to the expiration of ten (10) years from the date of installation of ARDEX Moisture Control. The precise nature of the complaint with as much detail as possible must be set forth. Ardex must have the opportunity to inspect the installation in question and may require additional information and/or samples.

For questions regarding ARDEX Moisture Control or the Pre-Installation Checklist, please contact the Ardex Technical Service Department at 724-203-5000.

Upon completing this form, please fax to 724-857-3081.



ARDEX ENGINEERED CEMENTS

**ARDEX MOISTURE CONTROL SYSTEM
PRE-INSTALLATION CHECKLIST©**

Completed by: _____ Date: _____

Title: _____ Company: _____

GENERAL PROJECT INFORMATION:

Project Name: _____

Building Address: _____
Street City State Zip

Owner's name: _____

Phone: _____ Fax: _____ Email: _____

CONTRACTOR INFORMATION:

1) Installation Contractor (Ardex materials): _____

Address: _____
Street City State Zip

Phone: _____ Fax: _____

Project Manager Name: _____

2) Installation Contractor (finish flooring): _____

Address: _____
Street City State Zip

Phone: _____ Fax: _____

Project Manager Name: _____

3) General Contractor (if applicable): _____

Address: _____
Street City State Zip

Phone: _____ Fax: _____

Project Manager Name: _____

GENERAL FLOOR DESCRIPTION (attach floor plan(s) if available)

1) Describe structure:

Area of floor: _____ sq. ft. Multiple floors (describe): _____

Use of space beneath area to be protected: _____

2) Slab thickness: _____ inches

Location of floor slab: below grade on grade above grade

On or below grade: moisture vapor retarder below slab: yes no

(If yes) Type of vapor retarder: _____

Directly under concrete

Under sand cushion

Above grade: (type of above grade slab construction):

Elevated on steel deck Elevated structural (flat)

Elevated structural (one-way joists) Waffle slab

Other (describe)

3) Concrete mix design available no yes (attach)

4) Curing compound or sealer used no yes (describe and attach product data sheet)

CONSTRUCTION JOINTS/SURFACE CONDITION

1) Saw cuts:

Spacing: _____ ft. X _____ ft Filled Not Filled

If filled, describe material used to fill. _____

If unfilled, provide width and depth _____

2) Expansion/Isolation joints:

Provide spacing and material used to fill _____

3) Joint and crack conditions:

Provide width, displacement, and locations using a map and attach drawing.

4) Flatness/levelness (under 10 ft. straightedge or FF/ FL) especially at joints

As currently measured: _____ As specified: _____

5) Roughness (ICRI CSP Profile - Minimum CSP-3): _____ {NOTE: A profile greater than CSP-6 requires pre-smoothing of the slab with ARDEX S21}

6) Existing contamination (describe):

HISTORY AND EXPECTED USE

Age of Building: _____

Concrete placed (date): _____ Previous flooring (type and date): _____

Describe building history as it pertains to moisture issues: _____

Evidence of building movement-past, present _____

Anticipated uses/traffic: _____

Anticipated Ardex underlayment: _____

Anticipated finish flooring (include manufacturer name, product and brand): _____

CURRENT CONDITIONS

1) Exterior walk-around:

Ground slopes away from building: ___no ___yes

Landscape irrigation against building: ___no ___yes

Gutter/Drainage System: _____

Roofing System: _____

2) Existing Moisture Conditions (provide all that are available):

a. RH reading per ASTM F2170 _____

Date and time taken: _____

Calibration date: _____

b. Moisture meter type and reading: _____

Date and time taken: _____

Calibration date: _____

c. pH _____ (include method used) _____

Date and time taken: _____

d. Calcium Chloride test per ASTM F1869: # of tests _____

Dates conducted: _____

Results: max. _____ min. _____

e. Temperature (ambient and slab)

Date and time taken: _____

Is the building enclosed? _____ Temperature controlled? _____

The information provided above is a complete and accurate accounting of the conditions present on this jobsite. I acknowledge that any false information may result in the voiding of any warranties provided by Ardex on this jobsite.

Signature: _____ Date: _____