

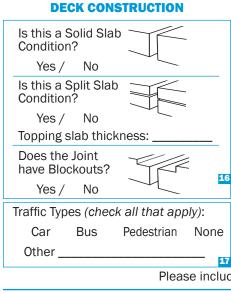
THE EMSEAL CHECKLIST

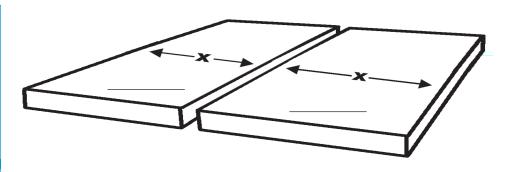
BUILDING TRUST



Name	Company	/	Date
Phone	Fax	Email	
Job Name		Job Location (City & State) _	
INSTALLATION LOCATION		CONSTRUCTION TYPE	FIRE RATING
Interior Wa Exterior Flo Ro	oor/Deck Below Grad	e Retrofit Construction	No Fire Rating Fire Rating: 1-hr 2-hr 3-hr 5
	EXPA	NSION GAP INFORMATION	
Varies from:	to (over it Been Field Measured? Ip Ambient Temp.	s length) es / No Substrate Compos	epth: Total Footage (ft or m): sition: (e.g., concrete, brick, metal, etc.) Yes / No Type
Movement (if known): (e.g., ± thermal; ± shear, etc.)	Seco	Metal Pour Stops? Ary Seal ndary Seal I2	?: Yes / No 10 t: Rain/Water Cold/Heat Vermin Other
Are There Transitions?	Yes (<i>explain</i>) / No	How Does the Joir	nt Terminate?

FOR HORIZONTAL DECK/FLOOR and ROOF JOINTS (ONLY)





Please fill in the slab width dimemsions at each "x" . If one substrate of your joint is a wall instead of a slab, please denote that "x" as "Wall" instead of giving a dimension. If more than one joint occurs within the same immediate area, please draw them and the appropriate dimensions. Attach additional drawings as needed.

Please include any relevant details when submitting checklist to Sika Emseal

Architect:	Engineer:	Contractor:	Owner/Developer:

Please FAX or Email to Sika Emseal Fax: (508) 836-0281 / Email: techinfo@emseal.com / Phone: (508) 836-0280