

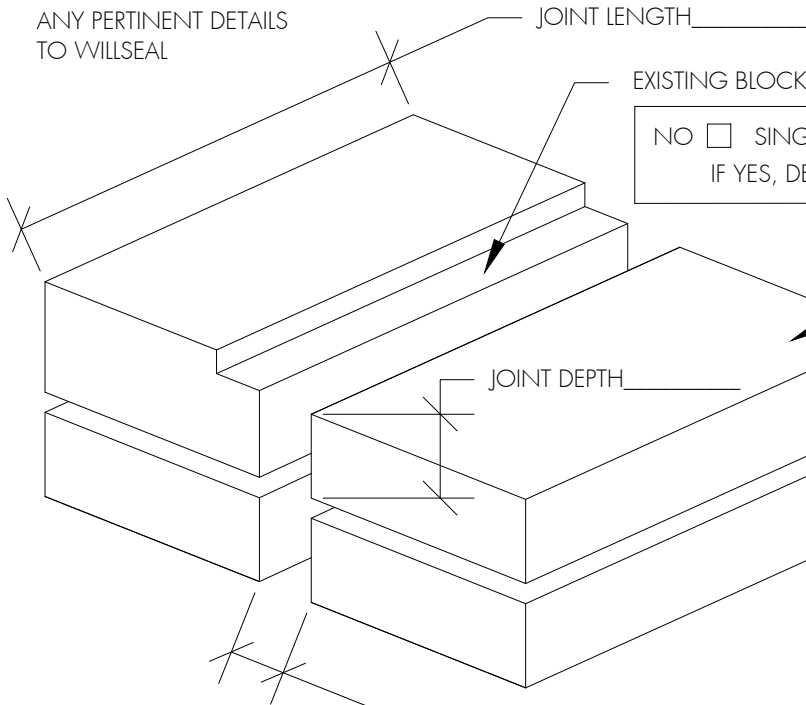


CHECKLIST FOR HORIZONTAL JOINTS

PLEASE EMAIL CHECKLIST TO CUSTSERV@WILLSEAL.COM
OR FAX TO 800-416-0550

LOCATION OF JOINT		CONSTRUCTION		FIRE RATING		JOINT PURPOSE	
<input type="checkbox"/> INTERIOR	<input type="checkbox"/> WALL	<input type="checkbox"/> ABOVE GRADE	<input type="checkbox"/> NEW	<input type="checkbox"/> NO FIRE RATING	<input type="checkbox"/> PRIMARY SEAL		
<input type="checkbox"/> EXTERIOR	<input type="checkbox"/> DECK	<input type="checkbox"/> SUBMERGED	<input type="checkbox"/> RETROFIT	<input type="checkbox"/> 1 HOUR	<input type="checkbox"/> SECONDARY SEAL		
		<input type="checkbox"/> BELOW GRADE	<input type="checkbox"/> TOTAL REPLACEMENT	<input type="checkbox"/> 2 HOUR	<input type="checkbox"/> & TO SEAL OUT		
				<input type="checkbox"/> 3 HOUR	<input type="checkbox"/> WEATHER (RAIN/WATER)		

NOTE: PLEASE PROVIDE ANY PERTINENT DETAILS TO WILLSEAL



EXISTING BLOCKOUT(S)?
 NO SINGLE SIDED BOTH SIDES
 IF YES, DEPTH _____ & WIDTH _____

SUBSTRATE COMPOSITION

BRICK
 CONCRETE
 METAL
 OTHER _____

SPLIT SLAB CONDITION? YES NO
 IF YES, SPLIT DEPTH _____

HAVE THE JOINT DIMENSIONS YES
 BEEN PHYSICALLY MEASURED? NO
 SUBSTRATE SURFACE TEMP: _____
 AMBIENT TEMP: _____

NOTE: FOR BEST RESULTS, PLEASE MEASURE JOINT LENGTH EVERY 6 FEET

JOINT WIDTH(S) _____
 VARIES FROM: _____ TO _____

NOTE: IF JOINT WIDTH IS GREATER THAN 3" DETAILS MUST BE PROVIDED

MOVEMENT OF JOINT (E.G. +/- 2"): _____
 DOES JOINT HAVE TRANSITIONS? YES NO
 IF YES: _____
 (PLEASE PROVIDE DETAILS)

HOW DOES JOINT TERMINATE?: _____
 ARE TURN-UPS NEEDED? YES NO
 IF YES WHAT LENGTH: _____

GENERAL INFORMATION

NAME _____ JOB NAME _____
 COMPANY _____ JOB LOCATION _____
 PHONE _____ DATE _____
 FAX _____ EMAIL _____

PROJECT FIRMS

ARCHITECT _____ ENGINEER _____
 CONTRACTOR _____ OWNER/BUILDER _____