



A SIKA COMPANY

THE EMSEAL CHECKLIST

Name _____ **Company** _____ **Date** _____
Phone _____ **Fax** _____ **Email** _____
Job Name _____ **Job Location (City & State)** _____

INSTALLATION LOCATION

Interior Exterior 1	Wall Floor/Deck Roof 2	Above Grade Below Grade Submerged 3
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CONSTRUCTION TYPE

New Construction Retrofit Construction 4

FIRE RATING

No Fire Rating Fire Rating: 1-hr 2-hr 3-hr 5

EXPANSION GAP INFORMATION

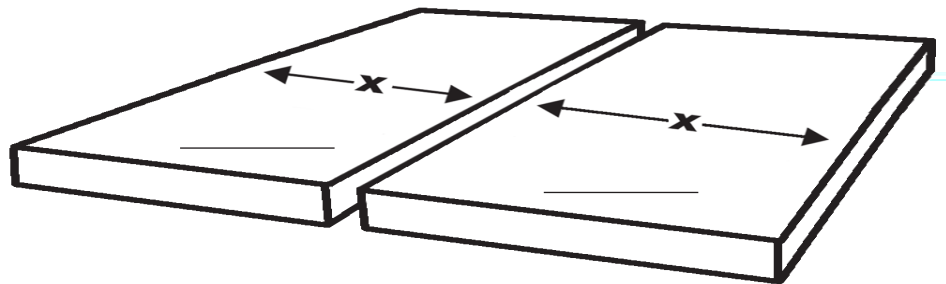
Joint Gap Width(s): _____ Varies from: _____ to _____ (over its length) 6	Joint Substrate Depth: _____ 7	Total Footage: _____ 8
Have Gap Dimensions Been Field Measured? Yes / No Substrate Surface Temp. _____ Ambient Temp. _____ 9	Substrate Composition: _____ (e.g., concrete, brick, metal, etc.) Membrane Tie-in?: Yes / No Type _____ Metal Pour Stops?: Yes / No 10	
Movement (if known): _____ (e.g., ± 1" thermal; ± .5" shear, etc.) 11	Joint is: Primary Seal Secondary Seal 12	Joint Will Seal Out: Rain/Water Cold/Heat Sound Air Vermin Other _____ 13
Are There Transitions? Yes (explain) / No _____ 14	How Does the Joint Terminate? _____ 15	

FOR HORIZONTAL DECK/FLOOR and ROOF JOINTS (ONLY)

DECK CONSTRUCTION

Is this a Solid Slab Condition? Yes / No	
Is this a Split Slab Condition? Yes / No	
Does the Joint have Blockouts? Yes / No	

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Traffic Types (check all that apply):
 Car Bus Pedestrian None
 Other _____
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Please fill in the slab width dimensions 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 EMSEAL

Architect: _____ **Engineer:** _____ **Contractor:** _____ **Owner/Developer:** _____

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