ARDEX Engineered Cements MC™ Moisture Control System Pre-Installation Checklist

NAME OF ARDEX MC TRAINED INSTALLER
Please note that for this warranty request to be considered, the individual named here must have completed the designated ARDEX MC Systems training, must complete and sign this checklist, must submit and receive approval of the checklist prior to beginning the project, and must install the ARDEX MC system(s) on this jobsite.

For internal use only: Jobsite Report #: _____________

Contact Information:

Title ____________________________________________
Company ________________________________________
Street __________________________________________
City ____________________________________________
State __________________________________________
Zip Code ________________________________________
Phone __________________________________________
Fax _____________________________________________
Email __________________________________________

Training Information:

(Attach certificate if possible) Date Trained ____________________________
Location of Training __________________________________________________

Additional Email Recipients: ____________________________________________
(Enter Name(s) and Email(s))

GENERAL PROJECT INFORMATION:

Project Name: _________________________________________________________

Building Address: 
Street __________________________________________
City ____________________________________________
State __________________________________________
Zip Code ________________________________________

Owner’s Name: _________________________________________________________

Contact Information: 
Phone __________________________________________
Fax _____________________________________________
Email __________________________________________

ADDITIONAL CONTRACTOR:

☐ General Contractor ☐ Finish Flooring Installer ☐ Other ____________________________

Please describe.

Company Name _________________________________________________________
Project Manager _______________________________________________________

Street __________________________________________
City ____________________________________________
State __________________________________________
Zip Code ________________________________________

Phone __________________________________________
Fax _____________________________________________
Email __________________________________________
GENERAL FLOOR DESCRIPTION:

Area of installation: _____________ sq. ft.  Slab thickness: _____________ inches

☐ Below-grade   ☐ On-grade   ☐ Above-grade

Use of space beneath area, if applicable: ______________________________________________________

On- or below-grade: moisture retarder below slab?  ☐ No  ☐ Yes

Type: ___________________________  ☐ Directly under slab  ☐ Under sand cushion

Concrete mix design available?  ☐ No  ☐ Yes (attach)

Curing compound or sealer used?  ☐ No  ☐ Yes (describe and attach product data sheet)

Tilt wall construction?  ☐ No  ☐ Yes

Fiber reinforced?  ☐ No  ☐ Yes  If yes, please describe: ___________________________

JOINTS AND CRACKS

☐ Moving  ☐ Non-moving  ☐ Saw cuts / dormant control joints

If filled, describe fill material used in dormant control joints and dormant cracks: ___________________________

Dormant control joints and dormant cracks greater than a hairline (1/32") must be filled with a high-modulus, low viscosity, fully rigid, 100% solids material, such as ARDEX ARDIFIX™ Low Viscosity Rigid Polyurethane Crack and Joint Repair, prior to the installation of an ARDEX MC System.

All expansion joints, isolation joints and all other moving joints and moving cracks must be honored up through the ARDEX MC System, the ARDEX underlayment and the finish flooring with a fully flexible compound, such as ARDEX ARDISEAL™ Rapid Plus Semi-Rigid Joint Sealant.

SURFACE CONDITION

ICRI Concrete Surface Profile (Required for ARDEX MC RAPID and ARDEX MC ULTRA): ___________________________

Please note the following:

• For ARDEX MC RAPID or ARDEX MC ULTRA installations, the concrete must be prepared to a minimum profile of CSP #3 and a maximum profile of CSP #5. For profiles greater than CSP #5, the substrate must be mechanically re-profiled to the specified profile or pre-smoothed or pre-leveled with an approved ARDEX material. Please contact the ARDEX Technical Department for further recommendation.

• For ARDEX VR 98, the concrete must be absorbent.

Existing contamination: ____________________________________________
BUILDING HISTORY AND EXPECTED USE

☐ New construction  ☐ Renovation

Previous flooring type and date: _____________________________________________

Did a previously installed flooring system fail?  ☐ No  ☐ Yes

If yes, describe: ___________________________________________________________

Evidence of building movement, past or present: _______________________________

Anticipated uses/traffic: ___________________________________________________

ARDEX MC System being installed:  ☐ ARDEX MC ULTRA

☐ ARDEX MC RAPID

☐ ARDEX VR 98 (for relative humidity readings up to 98%)

Anticipated ARDEX MC installation date: _________________________________

ARDEX underlayment/topping:

☐ ARDEX K 15   ☐ ARDEX V 1200   ☐ ARDEX K 60   ☐ ARDEX K 10   ☐ ARDEX K 13

☐ ARDEX K 16   ☐ ARDEX SKM   ☐ ARDEX FEATHER FINISH   ☐ ARDEX FORTI FINISH   ☐ ARDEX K 301

☐ ARDEX SD-T   ☐ ARDEX SD-M   ☐ ARDEX K 520   ☐ ARDEX V 1000   ☐ ARDEX K 521

☐ ARDEX PC-T   ☐ Other: ________

Type of finish flooring or sealer being installed: _______________________________
CURRENT CONDITIONS

Relative Humidity readings per ASTM F2170 – Attach results (Required for ARDEX VR 98)

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
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</thead>
<tbody>
<tr>
<td>Ground slopes away from building?</td>
<td></td>
<td></td>
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<tr>
<td>Irrigation against building?</td>
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<td>Is there a functioning gutter / drainage system?</td>
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<td>Will the installation take place in close proximity to a temporary or permanent water source? (i.e. lake, retention pond, ocean, marsh, etc.)</td>
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<td>Is the building enclosed?</td>
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<tr>
<td>Will the installation area be acclimated to normal operating conditions (ambient temperature 68-72°F) / ambient humidity 40-50%RH by the use of an HVAC system during the installation?</td>
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<tr>
<td>If the installation area is not acclimated within normal operating conditions, the following information is required:</td>
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<tr>
<td>Ambient Humidity: _______________________________________________________</td>
<td></td>
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<tr>
<td>Ambient Temperature: ____________________________________________________</td>
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<tr>
<td>Substrate Temperature: _________________________________________________</td>
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<tr>
<td>Mat Test (ASTM D4263) Conducted?: □ No □ Yes (Note: Mat testing is required for the installation of ARDEX VR 98.)</td>
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</tbody>
</table>

The information provided above is a complete and accurate account of the conditions on this jobsite. I acknowledge that any false information may void any warranties provided by ARDEX.

Signature______________________________________________ Date_____________________

A physical signature is required. Please note that for this warranty request to be considered, the individual who signs here must be the individual who completed this checklist, must have completed the designated ARDEX MC Systems training and must be the installer conducting the ARDEX MC installation on the jobsite.