



## **ARDEX ENGINEERED CEMENTS 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 an ARDEX Moisture Control System Extended 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 approve the project, request additional information, or deny the warranty with the appropriate justification.

This checklist must be submitted and approved prior to installing the job.

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, Ardex has to be notified in writing within thirty (30) days of discovery of said alleged defect and prior to the expiration of the warranty period counted 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 or email to [technical.communications@ardexamericas.com](mailto:technical.communications@ardexamericas.com).



## 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.

Contact Information:

Title		Company	
Street	City	State	Postal Code
Phone	Fax	Email	

Training Information:

(Attach certificate if possible)

Date Trained	Location of Training
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### GENERAL PROJECT INFORMATION:

Project Name:

Building Address:

Street	City	State	Zip
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Owner's Name:

Contact Information:

Phone	Fax	Email
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### ADDITIONAL CONTRACTORS:

1. ☐ General Contractor      ☐ Finish Flooring Installer      ☐ Other \_\_\_\_\_  
Please describe.

Contact Information:

Company Name		Project Manager	
Street	City	State	Postal Code
Phone	Fax	Email	

2. ☐ General Contractor      ☐ Finish Flooring Installer      ☐ Other \_\_\_\_\_  
Please describe.

Contact Information:

Company Name		Project Manager	
Street	City	State	Postal Code
Phone	Fax	Email	

Area of installation: \_\_\_\_\_ sq. ft.      Slab thickness: \_\_\_\_\_ inches

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

Type:\_\_\_\_\_

☐ Directly under slab      ☐ Under sand cushion

☐ Elevated on steel deck      ☐ Elevated structural (one-way joists)      ☐ Elevated Structural (flat)

☐ Waffle slab      ☐ Other (describe)

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

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

Spacing of saw cuts \_\_\_\_\_ ft. x \_\_\_\_\_ ft. ☐ Not filled ☐ Filled

Size of saw cuts \_\_\_\_\_

	Width	Depth
1		
2		
3		
4		
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10		
11		
12		
13		
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If filled, describe fill material: \_\_\_\_\_

Please note: Dormant joints and cracks greater than a hairline ( $\frac{1}{32}$ " ) must be filled with a high-modulus, low viscosity, fully rigid, 100% solids material, such as ARDEX ARDIFIX, prior to the installation of an ARDEX MC System.

Spacing of Expansion / Isolation Joints \_\_\_\_\_ ft. x \_\_\_\_\_ ft. ☐ Not filled ☐ Filled

Please note: All expansion joints, isolation joints and all other moving joints and 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.

For all other joints and cracks, provide width, displacement and locations, and attach a drawing.

## SURFACE CONDITION

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

As currently measured: \_\_\_\_\_ As specified: \_\_\_\_\_

Roughness (ICRI CSP Profile) \_\_\_\_\_  
Please note: Concrete must be prepared to a minimum profile of CSP #3. For profiles greater than CSP #6, the substrate must be pre-smoothed with an approved ARDEX material. Please contact the ARDEX Technical Department for further recommendation.

Existing contamination: \_\_\_\_\_

## BUILDING HISTORY AND EXPECTED USE

Age of building: \_\_\_\_\_ Date concrete placed: \_\_\_\_\_

Previous flooring type and date: \_\_\_\_\_

Describe previous moisture issues: \_\_\_\_\_

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Evidence of building movement, past or present: \_\_\_\_\_

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Anticipated uses/traffic: \_\_\_\_\_

ARDEX MC System being installed: ☐ ARDEX MC ULTRA (for underlayments, toppings, high build coating systems and all floor covering)  
☐ ARDEX MC PLUS (for underlayments and all floor coverings)  
☐ ARDEX MC RAPID (for underlayments and all floor coverings)

Anticipated ARDEX MC installation date: \_\_\_\_\_

ARDEX underlayment/topping: ☐ ARDEX K 15 ☐ ARDEX K 55 MICROTEC ☐ ARDEX V 1200  
☐ ARDEX K 55 RAPID (not for use with P 82) ☐ ARDEX FEATHER FINISH ☐ ARDEX FORTI FINISH  
☐ ARDEX K 301 ☐ ARDEX SD-T ☐ ARDEX SD-M ☐ ARDEX SKM ☐ OTHER \_\_\_\_\_

Type of finish flooring being installed: \_\_\_\_\_

### CURRENT CONDITIONS

Exterior walk-around – Required

Ground slopes away from building? ☐ No ☐ Yes

Irrigation against building? ☐ No ☐ Yes

Gutter / Drainage System \_\_\_\_\_

Roofing System \_\_\_\_\_

Existing Moisture Conditions (provide all available information)

RH readings per ASTM F2170

1. _____	Date taken _____	Time Taken _____
2. _____	Date taken _____	Time Taken _____
3. _____	Date taken _____	Time Taken _____
4. _____	Date taken _____	Time Taken _____
5. _____	Date taken _____	Time Taken _____
6. _____	Date taken _____	Time Taken _____
7. _____	Date taken _____	Time Taken _____
8. _____	Date taken _____	Time Taken _____
9. _____	Date taken _____	Time Taken _____
10. _____	Date taken _____	Time Taken _____

pH \_\_\_\_\_ Date taken \_\_\_\_\_ Time Taken \_\_\_\_\_

Ambient Temp \_\_\_\_\_ Date taken \_\_\_\_\_ Time Taken \_\_\_\_\_

Slab Temp \_\_\_\_\_ Date taken \_\_\_\_\_ Time Taken \_\_\_\_\_

Ambient Humidity \_\_\_\_\_ Date taken \_\_\_\_\_ Time Taken \_\_\_\_\_

Is the building enclosed? ☐ No ☐ Yes Is the HVAC running? ☐ No ☐ Yes

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.