



Moisture Mitigation Pre-Installation Checklist

Completed by _____ Date _____

Title _____ Company _____

GENERAL PROJECT INFORMATION:

Project Name _____

Building Address _____
Street City State Zip

Contact Name _____

Phone _____ Fax _____ Email _____

CONTRACTOR INFORMATION

1) **Installation Firm Floor Preparation** (TEC® products) _____

Address _____
Street City State Zip

Phone _____ Fax _____ Email _____

Installation Manager Name _____

2) **Installation Firm** (Finish Flooring) _____

Address _____
Street City State Zip

Phone _____ Fax _____ Email _____

Installation Manager Name _____

3) **General Contractor** (If Applicable) _____

Address _____
Street City State Zip

Phone _____ Fax _____ Email _____

Project Manager Name _____

GENERAL FLOOR DESCRIPTION (attach floor plan/s if available):

1) Floor Description _____

Area of floor (ft²) _____ Multiple floors (describe) _____

Use of space beneath area to be protected _____

2) Slab thickness _____ inches

Location of floor slab _____ below grade _____ on grade _____ above grade

On or below grade - moisture vapor retarder below slab _____ yes _____ no

(If yes) Type of vapor retarder _____

Directly under concrete _____ Under sand cushion _____

Above grade (type of above grade slab construction)

_____ Elevated on steel deck _____ Elevated structural (flat)

_____ Elevated structural (one-way joists) _____ Waffle slab

_____ Other (describe)

Concrete mix design available _____ no _____ yes (attach)

3) Curing compound or sealer used _____ no _____ yes (describe and attach product data sheet)

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

As currently measured _____ As specified _____

5) Roughness (ICRI CSP Profile - Minimum CSP-3) _____

6) Existing contamination (describe) _____

7) General walk-around inspection:

Ground slopes away from building _____ no _____ yes

Landscape irrigation against building _____ no _____ yes

Gutter/Drainage System _____

Roofing System _____

CONSTRUCTION JOINTS AND JOINT CONDITION:

1) Saw cuts

Spacing _____ ft X _____ ft _____ Filled _____ Not Filled

If filled, describe material used to fill _____

If unfilled, provide width and depth _____

2) Expansion / Isolation joints

Provide spacing and material used to fill _____

3) Joint and crack conditions

Provide width, displacement, and locations using a map--and attach drawing

BUILDING HISTORY AND EXPECTED USES:

Age of Building _____

Concrete placed (date) _____ Previous flooring (type and date) _____

Describe building history as it pertains to moisture issues _____

Evidence of building movement-past, present _____

Anticipated uses/traffic _____

Anticipated underlayment name _____

Anticipated finish flooring (include manufacturer name, product and brand)

EVALUATED TEST DATA:

Existing Moisture Conditions (provide all that are available):

a. ASTM F2170 RH reading

Slab - Number of tests _____
Date and time taken _____
Calibration date _____
Range of test results _____

b. pH

Number of tests _____
Date and time taken _____
Range of Test Results: max / min _____

c. Calcium Chloride test per ASTM F1869

Number of tests _____
Dates conducted _____
Range of Test Results: max / min _____

d. Temperature

Ambient – Date & Time taken _____
Slab surface – Date & Time taken _____

e. Building

Enclosed – yes / no _____

Temperature Controlled
(Service conditions) – yes / no _____

The information provided above is a complete and accurate accounting of the conditions present on this jobsite. I acknowledge that any false information may result in the voiding of any limited system or product warranties provided by H.B. Fuller Construction Products, Inc. for this jobsite.

Signature

Date

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