

**PREJOB INSTALLATION SURVEY
ARCHITECTURAL MARKET SEGMENT**



PreJob Survey must be completed and submitted to WBA Corp.
Prior to material shipment. No warranty will be issued without WBA's prior review and approval of survey document.

<p align="center"><u>OFFICE USE ONLY</u></p> <p>WBA JOB # :</p>
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PROJECT _____

PROJECT ADDRESS _____

CITY / STATE / ZIP _____

PROJECT IS : **NEW CONSTRUCTION** **RETROFIT**

Product Series To Be Installed:

<input type="checkbox"/> Wabo® Standard Series	<input type="checkbox"/> Wabo® Fire Barrier
<input type="checkbox"/> Wabo® Professional Series	(indicate specific fire barrier below)
<input type="checkbox"/> All	_____

Comments: _____

Blockout Infill / Repair Products Used: _____

APPLICATOR INFORMATION:

Installation Start Date: _____

Anticipated Completion Date: _____

Approved Applicator (Company):

- **Street Address:** _____

- **City / State / Zip:** _____

Designated Responsible Individual : _____

Phone: _____ **Fax:** _____



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✓ Common Checklist Items
(Refer to KEY below)

- | | | |
|--|---------------------------------|--------------------------------|
| 1. Does the concrete blockouts have to be repaired | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 2. Does the edge of the slab have to be repaired | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 3. If repair work is required, will WBA Applicator be conducting repairs. If yes, utilize Wabo® Renew repair mortar | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 4. Is the floor slab flat to permit proper placement of system(s) | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 5. Are walls plumb to permit proper placement of system(s) | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 6. Is all other construction acceptable to permit proper placement of system(s) . If no –explain below. | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| <hr/> | | |
| 7. Are the expansion joint openings consistent in width. | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| If no, briefly explain condition(s) _____ | | |
| <hr/> | | |
| <hr/> | | |
| <hr/> | | |
| 8. Has a thorough project walk through examining all project related conditions been completed and documented. | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 9. If yes, has the general contractor been notified of any project delays or change in systems. | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |
| 10. Has the Designated Responsible Individual reviewed all contract documents and specifications regarding performance requirements of expansion control systems. If no, STOP , do not begin installation of WBA systems until your review is complete. | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> |



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Construction Type:

For each application describe construction type: (ie: 5/8" Gyp. Bd. on metal stud, concrete on metal decking)

Interior:

Floor _____
 Wall _____
 Ceiling _____
 Soffit _____
 Other _____

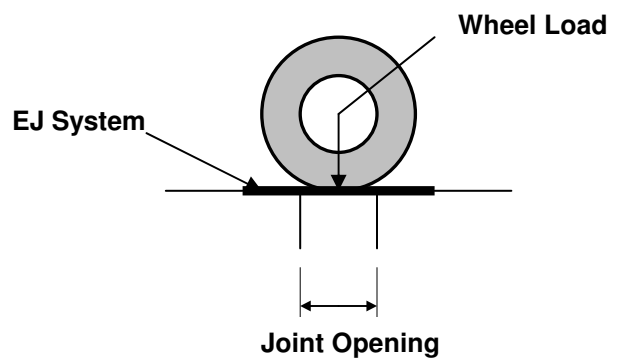
Exterior:

Horizontal _____
 Wall _____
 Soffit _____
 Roof _____
 Below Grade _____

Traffic Type and Loading:

Please check those that apply.

- | | | | |
|-----------------|--------------------------|------------|-----------|
| Pedestrian Only | <input type="checkbox"/> | | |
| Light Carts | <input type="checkbox"/> | | |
| Heavy Carts | <input type="checkbox"/> | Wheel load | _____ lbs |
| Autos | <input type="checkbox"/> | Wheel load | _____ lbs |
| Heavy Truck | <input type="checkbox"/> | Wheel load | _____ lbs |
| Forklift | <input type="checkbox"/> | Wheel load | _____ lbs |
| Scissorlift | <input type="checkbox"/> | Wheel load | _____ lbs |



Expected Movement:

Please check those that apply. (indicate actuals in **inches**)

- | | | | | |
|-----------------------|-----------------|-------|---------------------------|-------|
| Thermal: | +/- 50% | _____ | or indicate actual | _____ |
| Seismic: | +/- 100% | _____ | or indicate actual | _____ |
| Lateral Shear | indicate actual | _____ | | |
| Vertical Displacement | indicate actual | _____ | | |
| Other | indicate actual | _____ | | |

Watertight Requirements:

Please briefly indicate requirements

ADA Requirements:

Please briefly indicate requirements

Fire Ratings:

Please briefly indicate requirements



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Special Transitions:

Please briefly sketch requirements below

**Return Completed Form to WBA Customer Service / Order Entry Department (fax: 716-691-9239).
Attach any supporting field sketches or photographs for WBA review and project file.
Note: Maintenance of a project history log utilizing digital photos is highly encouraged.**

Mandatory Signature of Approved Applicator: _____
(Designated Responsible Individual)
Print Name: _____
Date: _____

Watson Bowman Acme Corp. Approval:

Reviewed by WBA Order Entry Department: Name: _____

Date: _____

Order Entry Comments: _____

