

PREJOB INSTALLATION CHECKLIST ARCHITECTURAL BUILDING APPLICATION

Name: _____ Company: _____ Date: _____

Email: _____ Phone: _____ Fax: _____

Project Name: _____ Location (City, State): _____

Expansion Joint Location:

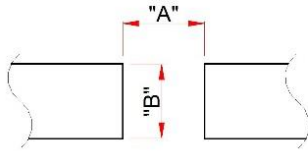
<input type="checkbox"/> Interior	<input type="checkbox"/> Vertical	<input type="checkbox"/> Floor <input type="checkbox"/> Ceiling	Substrate Material: _____ (e.g. concrete, drywall, masonry, etc.)
<input type="checkbox"/> Exterior	<input type="checkbox"/> Horizontal	<input type="checkbox"/> Wall <input type="checkbox"/> Roof	

Joint Opening Information:

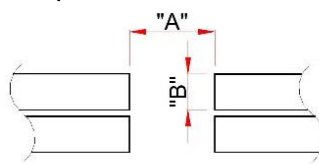
Size: Nominal Opening (A) _____ Opening Depth (B) _____ Blockout Width (C)* _____ Blockout Depth (D)* _____ * Only required with a blockout	Size: <input type="checkbox"/> Not rated Rated <input type="checkbox"/> 1-hr <input type="checkbox"/> 2-hr <input type="checkbox"/> 3-hr	Quantity: Total Length: _____
	Joint Movement (A): Min (in) ____ Max (in) ____	Size Variation (A): Varies from (in) ____ to ____ (Along width of joint)

Floor/Deck Construction:

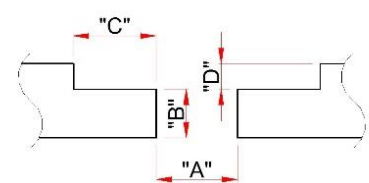
Solid Slab



Split Slab

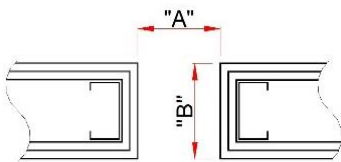


Blockout in Slab

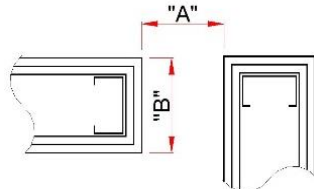


Wall and/or Ceiling Construction*:

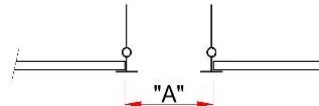
Wall to Wall & Ceiling to Ceiling



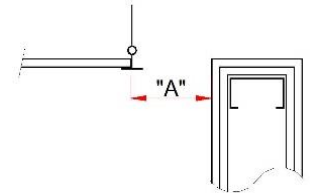
Wall Corner & Ceiling to Wall



Ceiling Acoustical



Ceiling Acoustical



*wall material shown as drywall, but may be any wall or ceiling building material

Notes:

- Please use a new checklist for each joint type
- See color selection charts based on joint type
- Please include any other relevant information required (e.g. drawings, pictures, etc.)

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