

**TUFFLEX POLYMERS  
PRE-JOB WARRANTY REQUEST &  
INSTALLED MATERIAL INSPECTION REPORT  
FOR WATERPROOFING SYSTEMS**

**IT IS REQUIRED THAT SECTION I OF THIS FORM BE SUBMITTED PRIOR TO BIDDING WORK WHERE A TUFFLEX POLYMERS (TUFFLEX) WARRANTY IS REQUIRED. It must be submitted to the TUFFLEX factory and approved by TUFFLEX prior to bidding work. Complete and submit Section II upon project inspection and completion.**

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**SECTION I  
PRE-JOB WARRANTY REQUEST**

**Coating System to be used:** \_\_\_\_\_

**Thickness of Coatings System to be used:** \_\_\_\_\_

**Length of Warranty Requested:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Waterproofing Contractor:**

\_\_\_\_\_  
**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**General Contractor:**

\_\_\_\_\_  
**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Architect:**

\_\_\_\_\_  
**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Building Owner:**

\_\_\_\_\_  
**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Function of area to be waterproofed:** \_\_\_\_\_

**New Construction (circle one): YES or NO**

**Retrofit Construction (circle one): YES or NO**

**Area to be waterproofed (Square Feet):** \_\_\_\_\_

**ESTIMATED START DATE (month/day/year)** \_\_\_\_\_

**Name of TUFFLEX Representative:** \_\_\_\_\_

**SUBSTRATE CONDITION**

**CONCRETE SUBSTRATE**

**Condition of Concrete Decks (select those that apply):**

New  Good  Fair  Poor  Old Coatings  Spalled Concrete:

\_\_\_\_\_  
**Comments:** \_\_\_\_\_

**Concrete: (select one)**

PSI  Structural  Structural Lightweight  Poured in place  Post-tensioned

Vented Metal Pans:  Block wall

**Are the Concrete Metal Pans Vented? (circle one) YES or NO**

**Concrete patching performed (circle one): YES or NO**

If yes, Compound Used: \_\_\_\_\_

Sealant Used: \_\_\_\_\_

**PLYWOOD SUBSTRATE**

Thickness of Plywood: \_\_\_\_\_

Tongue & Groove (circle one) YES or NO

Grade of Plywood: \_\_\_\_\_

Edges will be supported on framing (circle one): YES or NO

Edges will be blocked on Tongue & Groove (circle one): YES or NO

Fasteners, nails or screws to be used: \_\_\_\_\_

**SUBSTRATES WITH PRE-EXISTING COATING SYSTEM**

(fill in information about the type of substrate above)

Type of existing system: \_\_\_\_\_

Manufacturer of existing system: \_\_\_\_\_

Describe the adhesion of the existing coating to the substrate: \_\_\_\_\_

Describe adhesion test & results: \_\_\_\_\_

Modified Bitumen Type: \_\_\_\_\_

Primer to be used over Modified Bitumen: \_\_\_\_\_

Width of TUFF-TAPE "PW" seam reinforcing: \_\_\_\_\_

Thickness of seam reinforcing membrane: \_\_\_\_\_

**SUBSTRATE PREPARATION**

Describe process of cleaning prior to commencement of coating system: \_\_\_\_\_

\_\_\_\_\_

**ARCHITECTURAL SPECIFICATIONS**

Attached (circle one): YES or NO Date they will be sent: \_\_\_\_\_

**DATE PRE-JOB WARRANTY REQUEST RECEIVED:** \_\_\_\_\_

**DATE APPROVED:** \_\_\_\_\_

**APPROVED BY: (print name)** \_\_\_\_\_

**TUFFLEX TITLE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**SECTION II  
COMPLETED PROJECT INSPECTION REPORT**

**Date Inspected:** \_\_\_\_\_

**Surface Preparation Which Was Performed:** \_\_\_\_\_

\_\_\_\_\_

**Completed System Installed:** \_\_\_\_\_

**Coatings Used (Product Name & Gallons):**

**Primer:** \_\_\_\_\_ **Gallons:** \_\_\_\_\_

**1<sup>st</sup> Coat:** \_\_\_\_\_ **Gallons:** \_\_\_\_\_

**2<sup>nd</sup> Coat:** \_\_\_\_\_ **Gallons:** \_\_\_\_\_

**3<sup>rd</sup> Coat:** \_\_\_\_\_ **Gallons:** \_\_\_\_\_

**4<sup>th</sup> Coat:** \_\_\_\_\_ **Gallons:** \_\_\_\_\_

Aggregate (type): \_\_\_\_\_ Pounds: \_\_\_\_\_

**CONCRETE SUBSTRATE**

Proper slope of 1/4" per square foot (circle one): YES or NO

Expansion Joints (type/mfg.): \_\_\_\_\_

Flashing Reinforcements: \_\_\_\_\_

Adhesion Tests Proved Satisfactory (circle one): YES or NO

Describe: \_\_\_\_\_

**PLYWOOD SUBSTRATE**

Metal Lath on Plywood (amount): \_\_\_\_\_ Sq.Ft. or (circle) NONE

Proper slope of 1/4" per square foot (circle one): YES or NO

Plywood joints/seams properly reinforced (circle one): YES or NO

Describe reinforcement: \_\_\_\_\_

Date Application: (month/day/year)

Commenced: \_\_\_\_\_

Completed: \_\_\_\_\_

Base Coat adhesion and thickness test cuts taken by the inspector must be:

Attached (circle one) YES or NO

Mailed (circle one) YES or NO. Date mailed: \_\_\_\_\_

Pictures of the installation must be:

Attached (circle one) YES or NO

Mailed (circle one) YES or NO. Date mailed: \_\_\_\_\_

System Total Dry Mills Achieved (Exclusive of Aggregate): \_\_\_\_\_ MILS

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the above information is correct and that this application was installed in accordance with TUFFLEX POLYMERS' current published instructions and specifications and any additional special TUFFLEX POLYMERS instructions for this project. The above information and certifications may be relied upon by TUFFLEX POLYMERS for issuing a TUFFLEX POLYMERS Material Warranty.

\_\_\_\_\_  
Waterproofing Contractor Signature

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Firm Name

I hereby certify that I have inspected this application and have found it to be in accordance with TUFFLEX POLYMERS current published instructions and specifications and any additional special TUFFLEX POLYMERS instructions for this project. The above information and certifications may be relied upon by TUFFLEX POLYMERS for issuing a TUFFLEX POLYMERS Material Warranty.

\_\_\_\_\_  
TUFFLEX Representative or Independent Representative Signature

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Firm Name

