

Name _____ Company _____ Date _____

Phone _____ Fax _____ Email _____

Job Name _____ Job Location (City & State) _____

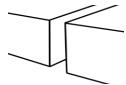
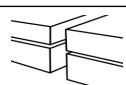
INSTALLATION LOCATION

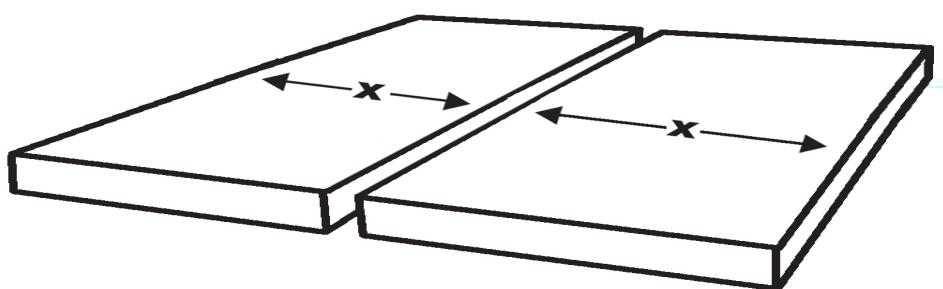
Interior Exterior 1	Wall Floor/Deck Roof 2	Above Grade Below Grade Submerged 3	New Construction Retrofit Construction 4	No Fire Rating Fire Rating: 1-hr 2-hr 3-hr 5
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EXPANSION GAP INFORMATION

Joint Gap Width(s): _____	Joint Substrate Depth: _____ 7	Total Footage (ft or m): _____ 8
Varies from: _____ to _____ (over its length) 6		
Have Gap Dimensions Been Field Measured? Yes / No Substrate Surface Temp. _____ Ambient Temp. _____ 9	Substrate Composition: _____ (e.g., concrete, brick, metal, etc.) Membrane Tie-in?: Yes / No Type _____ Metal Pour Stops?: Yes / No 10	
Movement (if known): (e.g., ± thermal; ± shear, etc.) 11	Joint is: Primary Seal Secondary Seal 12	Joint Will Seal Out: Rain/Water Cold/Heat Sound Air Vermin Other _____ 13
Are There Transitions? Yes (explain) / No 14	How Does the Joint Terminate? 15	

FOR HORIZONTAL DECK/FLOOR and ROOF JOINTS (ONLY)**DECK CONSTRUCTION**

Is this a Solid Slab Condition? Yes / No	
Is this a Split Slab Condition? Yes / No	
Topping slab thickness: _____	
Does the Joint have Blockouts? Yes / No	
Traffic Types (check all that apply): Car Bus Pedestrian None Other _____	17



Please fill in the slab width dimensions at each "X". If one substrate of your joint is a wall instead of a slab, please denote that "X" as "Wall" instead of giving a dimension. If more than one joint occurs within the same immediate area, please draw them and the appropriate dimensions. Attach additional drawings as needed.

Please include any relevant details when submitting checklist to Sika Emseal

Architect: _____ Engineer: _____ Contractor: _____ Owner/Developer: _____