

# Viking Full System Warranty

1.5 QC Stage 1 Details

Date of Inspection	
Viking Reference nr	

## Project Details

Project Name	
Designer/Architect	
Building Owner	
Viking Approved Applicator	

## Inspection Details

Inspection Item	Approval	Comment
Substrate to Viking Roofspec Specification	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required	
Falls to Viking Roofspec Specification	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required	
Material specified is suitable for application	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required	
Outlets, overflows and accessories are compatible to membrane	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required	
All terminations, flashings and perimeters to specification	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required	
Provision for adequate ventilation	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required	

Comments/Notes

## QC Stage 1 Pass and Sign-off

Date: _____
Viking Roofspec Technical Manager

