

Viking Full System Warranty

1.9 QC Stage 3 Job Completion

Date of Inspection	
Viking Warranty nr	

Project Details

Project Name	
Designer/Architect	
Building Owner	
Builder	
Viking Approved Applicator	

Site Inspection Attendees

Name	Company	Signature

Inspection Details

Inspection Item	Approval	Comment
Membrane fully bonded to substrate	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required	
Outlet, overflows and penetrations correctly detailed	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required	
Bond breaker tapes applied	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required	
Sheets laid correctly to falls with minimal cross joins	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required	
Cross joins correctly detailed	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required	
Laps and joins checked	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required	
Upstands and terminations flashed or sealed to specification	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required	

Inspection Item	Approval	Comment
Ventilation to specification	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required	
All components of waterproofing system are to specification	<input type="checkbox"/> Approved <input type="checkbox"/> Modification required	
Comments/Notes 		

QC Stage 3 Job Completion Passed and Signed-off

Viking Roofspec Technical Manager	Date: _____
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