

Name _____ **Company** _____ **Date** _____
Phone _____ **Fax** _____ **Email** _____
Job Name _____ **Job Location (City & State)** _____

INSTALLATION LOCATION

Interior Exterior	Wall Floor/Deck	Above Grade Below Grade Submerged
1	2	3

CONSTRUCTION TYPE

New Construction Retrofit Construction
4

FIRE RATING




No Fire Rating Fire Rating: 1-hr 2-hr 3-hr
5

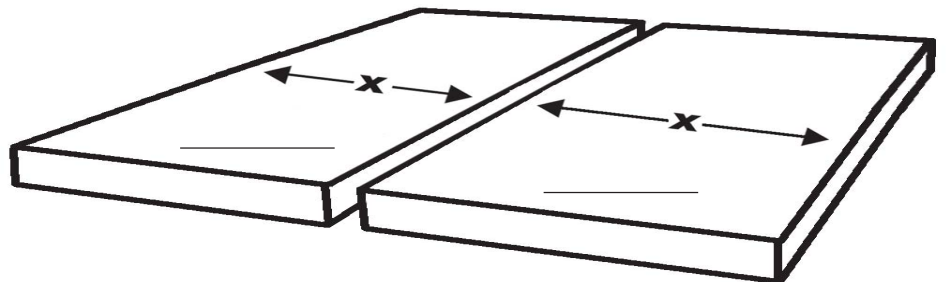
EXPANSION GAP INFORMATION

Joint Gap Width(s): _____ Varies from: _____ to _____ (over its length)	Joint Substrate Depth: _____	Total Footage: _____
6	7	8
Have Gap Dimensions Been Field Measured? Yes / No Substrate Surface Temp. _____ Ambient Temp. _____	Substrate Composition: _____ (e.g., concrete, brick, metal, etc.)	
9	10	
Movement (if known): _____ (e.g., ± 1" thermal; ± .5" shear, etc.)	Joint is: Primary Seal Secondary Seal	Joint Will Seal Out: Rain/Water Cold/Heat Sound Air Vermin Other _____
11	12	13
Are There Transitions? Yes (explain) / No _____	How Does the Joint Terminate? _____	
14	15	

FOR HORIZONTAL DECK/FLOOR JOINTS (ONLY)

DECK CONSTRUCTION

Is this a Solid Slab Condition? Yes / No	
Is this a Split Slab Condition? Yes / No	
Does the Joint have Blockouts? Yes / No	
16	
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 EMSEAL

Architect: _____ **Engineer:** _____ **Contractor:** _____

Please FAX or Email to EMSEAL Fax: (508) 836-0281 / Email: techinfo@emseal.com / Phone: (508) 836-0280