

# PREJOB INSTALLATION CHECKLIST ARCHITECTURAL BUILDING APPLICATION



Name: \_\_\_\_\_ Company: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Project Name: \_\_\_\_\_ Location (City, State): \_\_\_\_\_

### Expansion Joint Location:

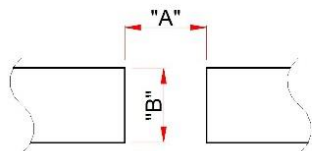
<input type="checkbox"/> Interior	<input type="checkbox"/> Vertical	<input type="checkbox"/> Floor <input type="checkbox"/> Ceiling	Substrate Material: _____ (e.g. concrete, drywall, masonry, etc.)
<input type="checkbox"/> Exterior	<input type="checkbox"/> Horizontal	<input type="checkbox"/> Wall <input type="checkbox"/> Roof	

### Joint Opening Information:

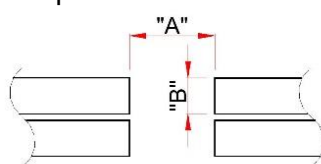
Size: Nominal Opening (A) _____ Opening Depth (B) _____ Blockout Width (C)* _____ Blockout Depth (D)* _____ * Only required with a blockout	Size: <input type="checkbox"/> Not rated Rated <input type="checkbox"/> 1-hr <input type="checkbox"/> 2-hr <input type="checkbox"/> 3-hr	Quantity: Total Length: _____
	Joint Movement (A): Min (in) ____ Max (in) ____	Size Variation (A): Varies from (in) ____ to ____ (Along width of joint)

### Floor/Deck Construction:

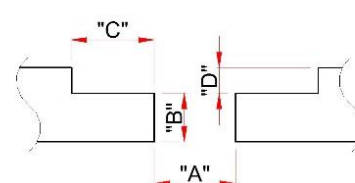
Solid Slab



Split Slab

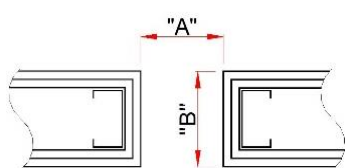


Blockout in Slab

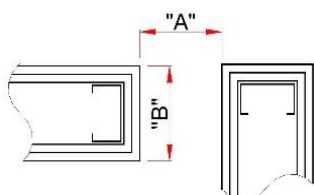


### Wall and/or Ceiling Construction\*:

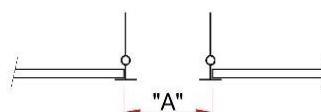
Wall to Wall & Ceiling to Ceiling



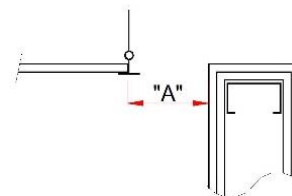
Wall Corner & Ceiling to Wall



Ceiling Acoustical



Ceiling Acoustical



\*wall material shown as drywall, but may be any wall or ceiling building material

### Notes:

- Please use a new checklist for each joint type
- See color selection charts based on joint type
- Please include any other relevant information required (e.g. drawings, pictures, etc.)