



## FIELD INSPECTION REPORT

Project Name:

Date Inspected:

Project Address:

Approved Inspector Name:

Applicator Name:

Certification Number:

General Contractor:

General Contractor Phone:

**Please indicate the observed conditions of the following:  
(Use the back or additional pages for comments or diagrams)**

### 1. Building Materials

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Smooth Block      | <input type="checkbox"/> Splitface Block   | <input type="checkbox"/> Fluted/Scored Block |
| <input type="checkbox"/> Stucco            | <input type="checkbox"/> Concrete Tilt-Up  | <input type="checkbox"/> Brick               |
| <input type="checkbox"/> Sandblasted Block | <input type="checkbox"/> Exposed Aggregate | <input type="checkbox"/> Lightweight Block   |
| <input type="checkbox"/> Other _____       |  |  |

### 2. Type of Construction

- |                                  |   |   |
|----------------------------------|---|---|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Reinforced Masonry | <input type="checkbox"/> Masonry Veneer |
| <input type="checkbox"/> Tilt-up | <input type="checkbox"/> Veneer             | <input type="checkbox"/> Other _____    |

### 3. Type of Mortar Joints

- |                                |                                 |                                      |
|--------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Raked | <input type="checkbox"/> Tooled | <input type="checkbox"/> Other _____ |
|--------------------------------|---------------------------------|--------------------------------------|

4. Condition of Mortar Joints (Including 90 Degree Corners) (Bee holes, voids or shrinkage cracks, location and frequency)

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5. Surface Conditions

- Efflorescence       Lime Run       Construction Debris       Dirt

Cleaning Required?

- Yes       No

6. Structural Cracking

- Step Cracks       Vertical Cracks       Other Damage \_\_\_\_\_

Location(s)

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7. Caulking

- |                              |                              |                              |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|
| Windows                      | Doors                        | Control Joints               | Vents                        |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No  | <input type="checkbox"/> No  | <input type="checkbox"/> No  | <input type="checkbox"/> No  |
| Dissimilar Materials         | Through the Wall Openings    |                              |                              |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |                              |                              |
| <input type="checkbox"/> No  | <input type="checkbox"/> No  |                              |                              |

8. Roof Installed

- Yes       No

9. Downspouts and/or Gutters Installed?

Yes  No

10. Flashings and Scuppers Installed?

Yes  No

Caulked?

Yes  No

11. Parapet Wall Seal

Rolled Roofing  Tar  Elastomeric Coating

Open  Membrane  None

Other \_\_\_\_\_

12. Parapet Wall Cap

Metal  EIFS  Roofing Material

Masonry  Elastomeric  None

Other \_\_\_\_\_

13. Building Ready for Material Application?

Clean:

Yes  No

Dry:

Yes  No

Other/Comments

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14. Recommended Rainguard Material(s)

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15. Estimated Take-Off of Surfaces to be Sealed

\_\_\_\_\_ Square Feet

16. Estimated Material Requirements

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17. Does the Applicator Have the Following Documents?

Current Tech Data Sheets:

Yes                       No

Current Safety Data Sheet:

Yes                       No

18. Weather conditions During Time of Application

Sunny                       Sunny/Windy                       Rain

Other \_\_\_\_\_

**This inspection report does not constitute acceptance of the surface(s) to be coated. It is prepared only to reference the observed conditions of the surfaces to be treated.**

Date:

Inspected By Signature:

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Inspected By Printed Name:

Company:

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