DAILY JOB SITE REPORT
FLUID APPLIED AIR BARRIER ASSEMBLY

PROJECT INFORMATION

PROJECT NAME:

AIR BARRIER CONTRACTOR:

ABAA CONTRACTOR LICENSE #

<table>
<thead>
<tr>
<th>INSTALLER NAME</th>
<th>CERTIFICATION LEVEL (1, 2, 3)</th>
<th>CERTIFICATION #</th>
<th>EXPIRATION DATE</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

SUBSTRATE TYPE: ___________________ SUBSTRATE TEMPERATURE: ___°F AMBIENT TEMP: ___°F
SUBSTRATE MOISTURE CONTENT: _____ RELATIVE HUMIDITY: _____%
SUBSTRATE SURFACE CONDITIONS AND PREPARATION REQUIRED:

SUBSTRATE CONDITIONS ACCEPTABLE FOR APPLICATION OF AIR BARRIER: YES [ ] NO [ ]

MATERIAL INFORMATION

<table>
<thead>
<tr>
<th>PROJECT MATERIALS</th>
<th>MANUFACTURER NAME</th>
<th>PRODUCT NAME</th>
<th>BATCH#</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIMARY AIR BARRIER (AB)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AB PRIMER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRANSITION MATERIALS (TM)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TM PRIMER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MASTIC/SEALANT</td>
<td></td>
<td></td>
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<tr>
<td>OTHER (MESH, LIQUID FLASHING, ETC.)</td>
<td></td>
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</tr>
</tbody>
</table>

ARE ALL MATERIALS BEING INSTALLED LISTED IN PROJECT SPECIFICATION? YES [ ] NO [ ]
IF NO, HAVE ALL MATERIALS BEEN APPROVED FOR USE BY OWNER OR ARCHITECT? YES [ ] NO [ ]
ARE ALL MATERIALS BEING INSTALLED PER MANUFACTURER SPECIFICATION? YES [ ] NO [ ]
ARE ALL MATERIALS BEING INSTALLED COMPATIBLE (PHYSICAL & CHEMICAL) WITH EACH OTHER PER MANUFACTURER? YES [ ] NO [ ]
**INSTALLATION & TESTING LOCATION**

**INSTALLATION LOCATIONS:**

<table>
<thead>
<tr>
<th># 1 TIME STARTED:</th>
<th>TIME COMPLETED:</th>
<th># 2 TIME STARTED:</th>
<th>TIME COMPLETED:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ON GRIDLINE:</strong></td>
<td></td>
<td><strong>ON GRIDLINE:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>BETWEEN GRIDLINE:</strong></td>
<td><strong>TO</strong></td>
<td><strong>BETWEEN GRIDLINE:</strong></td>
<td><strong>TO</strong></td>
</tr>
<tr>
<td><strong>BETWEEN ELEVATION:</strong></td>
<td><strong>TO</strong></td>
<td><strong>BETWEEN ELEVATION:</strong></td>
<td><strong>TO</strong></td>
</tr>
<tr>
<td><strong>WALL LOCATION:</strong></td>
<td><strong>NORTH</strong></td>
<td><strong>SOUTH</strong></td>
<td><strong>EAST</strong></td>
</tr>
</tbody>
</table>

**TESTING RESULTS**

**VISUAL INSPECTION:**

**VISUAL INSPECTION COMPLETED AT: LOCATION 1 [ ] LOCATION 2 [ ]**

**VISUAL INSPECTION OF FLUID MEMBRANES**

- Shadow Effect [ ]
- Blisters [ ]
- Pin Holes [ ]
- Fish Eyes [ ]
- Slumping [ ]
- Cracking/Alligatoring [ ]
- Smoothness/Texture [ ]
- Efflorescence [ ]
- Transition Overlap [ ]
- Proper Uniformity [ ]

**VISUAL INSPECTION OF TRANSITION MATERIALS**

- Laps [ ]
- T-Joints [ ]
- Seams [ ]
- Wrinkles [ ]
- Ties [ ]
- Compatibility of Materials [ ]
- Fish-Mouths [ ]
- Shingled Properly [ ]
- Joints Staggered [ ]
- Approved Mastic Applied [ ]
- Rolled [ ]
- Delamination [ ]

**# OF DEFICIENCIES NOTED:** ________________

**# OF DEFICIENCIES CORRECTED:** ________________

**DESCRIBE DEFICIENCIES & CORRECTIVE ACTION TAKEN:**

__________________________________________________________

**LIQUID APPLIED MEMBRANES:**

**PROJECT SPECIFIED WET MIL THICKNESS:** ________

**PROJECT SPECIFIED DRY MIL THICKNESS** ________

**MANUFACTURER’S SPECIFIED WET MIL THICKNESS:** ________

**MANUFACTURER’S SPECIFIED DRY MIL THICKNESS** ________

**THICKNESS TESTING COMPLETED AT: [ ] LOCATION 1 [ ] LOCATION 2**

**WET RESULTS WITH WET MIL GAUGE:**

|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|

**DESCRIBE DEFICIENCIES & CORRECTIVE ACTION TAKEN:**

__________________________________________________________

__________________________________________________________

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ADHESION TESTING:
IS ALL REQUIRED TESTING EQUIPMENT ON-SITE?  YES☐ NO ☐
ADHESION TESTER ON-SITE: YES☐ NO ☐  TEST DISCS ON-SITE: YES☐ NO ☐
SIZE OF DISK: _____ (MINIMUM SIZE: 2.25" DIA., MAXIMUM 4" DIA.)

ADHESION TESTING COMPLETED AT: ☐ LOCATION 1 ☐ LOCATION 2

INDICATE BOND STRENGTH RESULT FOR EACH TEST (GAUGE READING) AND INDICATE: IF PAD RELEASED FROM MATERIAL (PM), OR IF THE MATERIAL RELEASED FROM SUBSTRATE (MS) OR IF SUBSTRATE SEPARATION (SS) OCCURRED.

<table>
<thead>
<tr>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disk 1: Location:</td>
</tr>
</tbody>
</table>

*IF TESTING WAS NOT COMPLETED, YOU MUST INDICATE WHY.

COMMENTS: ____________________________________________________________
__________________________________________________________
__________________________________________________________

DAILY JOB SITE REPORTS LEFT WITH GENERAL CONTRACTOR / OWNER’S REPRESENTATIVE*? YES☐ NO ☐
*MANDATORY REQUIREMENT PER ABAA QUALITY ASSURANCE PROGRAM.

IF NO, WHY? _______________________________________________________
__________________________________________________________
__________________________________________________________

DATE ___________________________  LEVEL 2/3 CERTIFIED INSTALLER SIGNATURE  CERTIFICATION #