

DAILY JOB SITE REPORT
FLUID APPLIED AIR BARRIER ASSEMBLY

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Crew # ____ of ____
Job Site Report# _____
Date: _____

PROJECT INFORMATION

PROJECT NAME: _____

AIR BARRIER CONTRACTOR: _____

ABAA CONTRACTOR LICENSE # _____

INSTALLER NAME	CERTIFICATION LEVEL (1, 2, 3)	CERTIFICATION #	EXPIRATION DATE

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

PROJECT MATERIALS	MANUFACTURER NAME	PRODUCT NAME	BATCH#
PRIMARY AIR BARRIER (AB)			
AB PRIMER			
TRANSITION MATERIALS (TM)			
TM PRIMER			
MASTIC/SEALANT			
OTHER (MESH, LIQUID FLASHING, ETC.)			

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:

# 1 TIME STARTED:	TIME COMPLETED:	# 2 TIME STARTED:	TIME COMPLETED:
ON GRIDLINE:		ON GRIDLINE:	
BETWEEN GRIDLINE:	TO	BETWEEN GRIDLINE:	TO
BETWEEN ELEVATION:	TO	BETWEEN ELEVATION:	TO
WALL LOCATION:	NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> EAST <input type="checkbox"/> WEST <input type="checkbox"/>	WALL LOCATION:	NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> EAST <input type="checkbox"/> WEST <input type="checkbox"/>

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:					
TEST 1: LOCATION:	TEST 2: LOCATION:	TEST 3: LOCATION:	TEST 4: LOCATION:	TEST 5: LOCATION:	TEST 6: LOCATION:
TEST 7: LOCATION:	TEST 8: LOCATION:	TEST 9: LOCATION:	TEST 10: LOCATION:	TEST 11: LOCATION:	TEST 12: LOCATION:

DESCRIBE DEFICIENCIES & CORRECTIVE ACTION TAKEN: _____

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.

RESULTS					
DISK 1: LOCATION:	DISK 2: LOCATION:	DISK 3: LOCATION:	DISK 4: LOCATION:	DISK 5: LOCATION:	DISK 6: LOCATION:

**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 # _____