



A SIKA COMPANY

# THE EMSEAL CHECKLIST

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

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

Job Name \_\_\_\_\_ Job Location (City & State) \_\_\_\_\_

## INSTALLATION LOCATION

<input type="checkbox"/> Interior <input type="checkbox"/> Exterior	<input type="checkbox"/> Wall <input type="checkbox"/> Floor/Deck <input type="checkbox"/> Roof	<input type="checkbox"/> Above Grade <input type="checkbox"/> Below Grade <input type="checkbox"/> Submerged
1	2	3

## CONSTRUCTION TYPE

<input type="checkbox"/> New Construction <input type="checkbox"/> Retrofit Construction
4

## FIRE RATING

<input type="checkbox"/> No Fire Rating Fire Rating: <input type="checkbox"/> 1-hr <input type="checkbox"/> 2-hr <input type="checkbox"/> 3-hr
5

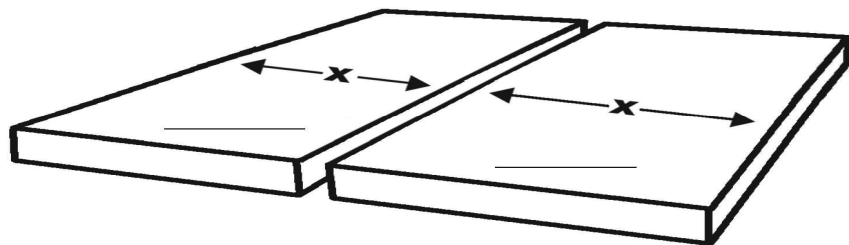
## EXPANSION GAP INFORMATION

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

## FOR HORIZONTAL DECK/FLOOR and ROOF JOINTS (ONLY)

### DECK CONSTRUCTION

Is this a Solid Slab Condition? <input type="checkbox"/> Yes / <input type="checkbox"/> No	
Is this a Split Slab Condition? <input type="checkbox"/> Yes / <input type="checkbox"/> No	
Topping slab thickness: _____	
Does the Joint have Blockouts? <input type="checkbox"/> Yes / <input type="checkbox"/> No	
16	
Traffic Types (check all that apply): <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Pedestrian <input type="checkbox"/> 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: \_\_\_\_\_ Owner/Developer: \_\_\_\_\_

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

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