



**EXPANSION JOINT CHECKLIST
PRE-INSTALLATION INSPECTION & WARRANTY APPLICATION**

Date _____ Project Name _____ Location (city/state) _____

Certified Installer:	Arch/Eng:	General Contractor:
Your Name	Contact:	Contact:
Phone	Phone:	Phone:
Mobile:	Mobile:	Mobile :
Fax	Fax:	Fax:

Ship To Address: _____

Structure Data (please circle & attach structural plans or sketches)

Type of Construction: New / Retrofit / Precast Double Tee / Poured in Place / Post Tensioned / Split Slab / Steel Pour Stops

Concrete Pre-Pour & Pre-Installation Meeting:

Has pre-construction meeting been held with G.C., Arch/Eng, Concrete job, MMSC Rep & Certified Contractor? Yes No Date _____

If no, when will meeting be held? Date _____

Attendees: _____

Items to Discuss / Notes:

- Determine Joint Opening Size per construction documens: _____
- Blockout Dimensions and Concrete Conditions: _____
- Verify Type of Expansion Joint System and Size: _____
- Joint Opening Adjustment (Project Eng shall provide calculations to adjust nominal joint opening the day of concrete placement.) Attach Information
- Determine Joint Opening Dimension at Installation: _____

Service Condition (circle appropriate traffic type, volume and exposure level)

Pedestrian/ADA	None	Low	Moderate	Severe	Unknown
Car, SUV, Truck <15 mph	None	Low	Moderate	Severe	Unknown
High Speed Traffic > 15 mph	None	Low	Moderate	Severe	Unknown
Bus, Tractor Trailer	None	Low	Moderate	Severe	Unknown
Fork Truck, Hard Wheels	None	Low	Moderate	Severe	Unknown
Chemical Exposure	None	Low	Moderate	Severe	Unknown



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Key Expansion Joint Requirements (circle)

Comments:

Type of Movement: Thermal / Seismic / Lateral Shear

*Concrete Cure – 28 day minimum
(Moisture content must be below 4%)

Yes No Comment

Blockout Repairs, if any Yes No Product:

Slab-to-Slab Vertical Offset Yes No Amount:

Consistent / Parallel Joint Gap Yes No Describe:

Heavy Point Load Requirements Yes No Describe:

Fire Barriers Required Yes No Slab Thickness:

Split Slab Deck: Topping Slab Thickness _____ Topping Material (concrete, pavers, asphalt, etc.) _____

Cracks in concrete near exp joint Yes No Repair Rout & Seal Epoxy Injection

Retrofit Requirements (List make & model of system currently installed or recently removed)

- | | |
|---|--|
| <input type="checkbox"/> Polyurethane Premold "T" joint _____ | <input type="checkbox"/> Wing Seal & Header System _____ |
| <input type="checkbox"/> Compression Seal _____ | <input type="checkbox"/> Strip Seal System _____ |
| <input type="checkbox"/> Metal Cover Plate System _____ | <input type="checkbox"/> Rubber Pad Bolt Down System _____ |
| <input type="checkbox"/> Steel Edge Angles in joint opening _____ | <input type="checkbox"/> Impregnated Foam Joint _____ |
| <input type="checkbox"/> Caulk Caulk Type: _____ | <input type="checkbox"/> Other _____ |

Expansion Joint System and Location Requirements for Garage Levels (Use additional sheets if necessary)

LOCATION	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	TOP DECK
JOINT OPENING WIDTH (inches)					
CONCRETE DECK TEMP °F					
FOOTAGE (Feet of Joint)					
MOVEMENT TYPE * T, S, LS, V					
SYSTEM TYPE					
SYSTEM SIZE					
BLOCKOUT DIMENSION Length x Width (inches)					
BLOCK-OUT REPAIRS (type of repair material used)					
DIRECTIONAL CHANGES X, T, L					
SLAB-TO-WALL CONDITION List Quantity Required (Feet)					

*Movement Types : T =Thermal, S =Seismic, LS = Lateral Shear, V = Vertical Displacement



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Directional Transitions at Obstacles (Submit drawing C-30108 with field dimensions)

List Quantity

_____ Horizontal Deck Turns – angle is: 90° 45° Other: _____

_____ Cross

_____ Tee

_____ Turn-up Curb or Wall

_____ Other _____

List Quantity

_____ Around Column

_____ Through Split Column

_____ Outside Turn-down

_____ Up Curb & Over Sidewalk

Are Butt Splice Kits Required? Indicate Quantity _____ Splice Strip Roll (10 ft.) _____ Loctite Adhesive _____ Primer _____

Expansion Joint Termination (Describe method and how water run-off is handled)

- Turn-up at wall / parapet
- Turn-up and Counter-flash with Vertical Joint
- Turn-up and Butt Splice with Vertical Joint
- Expansion Joint runs off end of deck
- Is a cover plate required?

Describe if you will turn up the wall or parapet, into another joint, if a cover is required for ADA compliance, or any other unusual field condition.
Call 800-506-6929 for technical support

Notes:

WARRANTY APPLICATION

- No warranty required Warranty Required - Indicated Length of Warranty Period _____

Certified Contractor - Complete this section when applying for warranty. A registered Certified Contractor (person not company) must sign to receive the MM Systems Warranty

Company: _____	Address: _____
Supervisor: _____	Phone: _____
Signature: _____	Fax: _____
Date of Installation: _____	Warranty Start Date: _____

MM Systems Corporation Information (For MM Systems Office Use Only)

- 5 Year 3 Year 1 Year Expansion Joint Only Single Source Expansion Joint + Deck Coating Warranty

MM Job # _____ Value \$ _____ Paid in Full: Yes No _____