



ARCHITECTURAL EXPANSION JOINT PRE-INSTALLATION INSPECTION

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

Project Address _____

Installer:	Architect /Engineering Firm:	General Contractor:
Your Name:	Contact Person:	Contact Person:
Phone:	Phone:	Phone:
Mobile:	Mobile:	Mobile :
eMail:	eMail:	eMail:

Pre-Installation Meeting:

Has pre-construction meeting been held? Yes / Date _____ No / when will meeting be held? Date _____

Attendees: G.C. Architect / Engineer Concrete Sub MM Representative Joint Installer / Are you MM Certified? Yes No

Meeting Notes:

Project Requirements:

(List basic information required to make a preliminary technology choice for sealing / bridging the interior expansion joint openings)

Installation Start Date _____ Anticipated Completion Date _____ New Construction Restoration /
Retrofit (contract drawings required) (field measurements required)

(Check all that apply)

- Healthcare Facility School / University Airport Concourse Casino Office Retail Hotel Kitchen Lavatory
 Stadium Luxury Suite Correction Facility Laboratory / Clean-room Convention Center Warehouse / Loading Dock
 Other (list building / service requirement) _____

Load Requirements (as listed in the contract documents)

List any special point load requirements:



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Movement Requirements:

(Provide movement data required to make a preliminary joint size choice for sealing / bridging the interior expansion joint openings)

LOCATION List additional info such as grid line, column line, floor level, etc.	Seismic Minimum	Thermal Minimum	Nominal Joint Size	Thermal Maximum	Seismic Maximum	*Concrete Temperature
Location 1						
Location 2						
Location 3						
Location 4						
Location 5						
Location 6						
Location 7						
Location 8						

* Provide temperature of concrete floor at time of expansion joint opening measurement.

Often expansion & contraction may be expressed in terms such as +/-50% movement or +/-25% movement. However, it is necessary to identify actual minimum and maximum joint opening sizes for each movement type. Check all movement types that apply:

Thermal Seismic Lateral Shear Vertical Displacement Other _____

Floor Joint Requirements

(List information required to make appropriate technology choice for sealing / bridging the interior floor expansion joint openings)

Fire Rating

1 Hour 2 Hour 3 Hour 4 Hour

MM System Joint Type

List Model or Series _____

Service Condition (check all that apply)

Pedestrians Wheelchairs / ADA Compliance Gurneys Sensitive Equipment Hard Wheeled Carts Coin Carts

Luggage Airport Courtesy Carts Shopping Carts Hand Dolly Fork Trucks Scissor Lifts Other _____

Concrete Floor

Does the joint have blockouts (pockets)? Yes No

What are the blockout dimensions? _____

Do the blockout have steel pour stops? Yes No

Are the joint sidewalls parallel and plumb? Yes No

Do the blockouts require remedial repair? Yes No

Are blockout bottoms flat and side-to-side elevations identical? Yes No

Floor Joint Transitions & Terminations

Horizontal Floor Transition 90° 45° Cross Tee Through Split Column Around Column Other _____

No termination detail specified Turn-up & counter-flash under Wall Joint Turn-up & mate with Wall Joint Other _____

Flooring Material

Vinyl Composition Tile (VCT) Carpet Terrazzo Ceramic Marble Granite Concrete Other _____



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Wall Joint Requirements

(List information required to make appropriate technology choice for sealing / covering the interior or exterior wall expansion joint openings)

Fire Rating

1 Hour 2 Hour 3 Hour 4 Hour

MM System Joint Type

List Model or Series _____

Wall Joint Design (check all that apply)

Seal Out Rain & Water Restrict Sound Transmission (Attenuation) Prevent Air Infiltration Limit Heat & Cold Transmission Other

Wall Joint Type (check all that apply)

Metal Cover Aluminum Stainless Steel Anodized Other _____

Rubber Cover Vinyl Santoprene Silicone Foam Other _____

Color Selection _____

Interior Wall Construction (check all that apply)

Gypsum Concrete Masonry Wood / Veneer Curtain Wall Other _____

Exterior Wall Construction (check all that apply)

Brick Split Face Masonry Concrete Window Wall Dense Glass Panels Other _____

Wall Joint Construction (check all that apply)

Does the joint have recessed pockets? Yes No What are the recessed pocket dimensions? _____

Are the joint sidewalls parallel and plumb? Yes No Do wall joint openings require remedial repair? Yes No

Wall Joint Transitions & Terminations

Vertical Wall Transitions 90° Split Column Inside Corner Soffit Other _____

No termination detail specified Counter-flash over Floor Joint Counter-flash under Roof Joint Other _____

Ceiling Joint Requirements

(List information required to make appropriate technology choice for sealing / covering the interior ceiling expansion joint openings)

Fire Rating

1 Hour 2 Hour 3 Hour 4 Hour

MM System Joint Type

List Model or Series _____

Interior Ceiling Construction (check all that apply)

Gypsum Suspended Ceiling Concrete Masonry Wood / Veneer Other _____

Ceiling Joint Type (check all that apply)

Metal Cover Aluminum Stainless Steel Anodized Other _____

Rubber Cover Vinyl Santoprene Silicone Foam Other _____

Color Selection _____



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Roof Joint Requirements

(List information required to make appropriate technology choice for sealing / bridging the interior floor expansion joint openings)

Fire Rating

1 Hour 2 Hour 3 Hour 4 Hour

MM System Joint Type

List Model or Series _____

Roof Expansion Joint Design (check all that apply)

Heavy Snow Loads Severe Wind Uplift Rain & Ponding Water Garden Roof Hardscape Roof

Rood Deck Construction

Elevated Concrete Curb Yes No

Elevated Wood Cant Yes No

Sloping Wood Cant Yes No

Flat Deck Construction Yes No

Roof Joint Transitions & Terminations

Horizontal Roof Transitions 90° 45° Cross Tee Other _____

No termination detail specified Turn-down & counter-flash over Wall Joint Turn-up & mate with Parapet Wall Joint

Roof Joint Type (check all that apply)

Metal Cover Aluminum Stainless Steel Anodized Other _____

Rubber Cover Neoprene Bellows Santoprene Bellows Silicone Bellows Other _____

Additional Information

(List additional information required to make appropriate expansion joint technology choices)



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WARRANTY APPLICATION FORM

Pre-Installation Inspection must be completed and submitted as part of the warranty application.
A warranty will not be issued unless MM Systems receives the Pre-Installation Inspection.

No warranty required **Warranty Required** (continue below)

Warranty Requirements (as listed in the contract documents)

Warranty Period: 1-year 2-year 3-year ____ year Warranty Type: Material Only Performance

Submit copy of project specification if warranty period is longer than 1 year.

Special Warranty Requirements (special conditions, terms, performance criteria, etc.)

Have both the contract drawings and specification been reviewed for special performance / warranty requirements? Yes No

List Special Requirements:

Installation Contractor

Company Name: _____

Address: _____

Phone Number: _____ eMail: _____

Does your company have a Certified MM Systems Trained Expansion Joint Technician on staff? Yes No

Certified MM Systems Trained Technician Name (print) & Signature: _____

Project Name _____ Location (city/state) _____

Installation Start Date: _____ Install Completion Date: _____ Warranty Start Date: _____

(MM Systems Office Use Only)

Warranty Period _____ Installed by Trained Technician Yes No

MM Job Number: _____ Order Value: \$ _____ Order Paid In Full Yes No _____