



EXTERIOR EXPANSION JOINT PRE-INSTALLATION INSPECTION

Date _____ Project Name _____ MMSC Job# _____

Project Address _____

Owner _____ Address _____

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

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 documents: _____
- 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%)

Blockout Repairs – spalls, cracks
irregular (not parallel) joint gap, etc.

Concrete Offsets (elevation or in line)
vertical, slab-to-wall, at column, etc.

Special Service Condition – stadium,
warehouse, convention center, etc.

Heavy Point Load Requirements
(Fork Trucks, Scissor Lifts, Carts, etc)

Fire Barriers Required

Yes No Comment

Yes No **Product Used:**

Yes No Describe:

Yes No Describe:

Yes No Describe:

Yes No Slab Thickness:

Does concrete adjacent to the expansion joint or in the blockout require repairs (cracks, spalls, poor consolidation, etc.)? Yes No

Repair Method: Rout & Seal Epoxy Injection Structural Leveling Bed (list) _____ Other (list) _____

Split Slab Construction

Topping Slab Thickness _____ Topping Material (concrete, pavers, asphalt, etc.) _____ Type of Membrane _____

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

Polyurethane Premold "T" joint _____

Wing Seal & Header System _____

Compression Seal _____

Strip Seal System _____

Metal Cover Plate System _____

Rubber Pad Bolt Down System _____

Steel Edge Angles in joint opening _____

Impregnated Foam Joint _____

Caulk/Sealant Type: _____

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
MAXIMUM EXPECTED JOINT GAP WIDTH (inches)					
CURRENT JOINT GAP WIDTH (inches)					
CONCRETE DECK TEMPERATURE DEGREES °F					
FOOTAGE / Slab-to-Slab (Feet of Joint)					
FOOTAGE / Slab-to-Wall (Feet of Joint)					
BLOCKOUT DIMENSION Length x Width (inches)					
MOVEMENT TYPE * T, S, LS, V					
EXPANSION JOINT SYSTEM TYPE & SIZE (example: LMS-350)					
LIST SPECIAL CONDITIONS (over occupied space, etc.)					
SPEED OF TRAFFIC (this effects system selection)					

*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 Rubber Seal Splice Kits required? Yes No Indicate Splice Kit Quantity: _____

Fire Rated Conditions

Fire Rating

1 Hour 2 Hour 3 Hour 4 Hour

MM System Joint Type

List Model to be Fire Rated _____

Service Condition (check all that apply)

Pedestrians Wheelchairs / ADA Compliance Heavy Equipment Hard Wheeled Carts Hand Dolly Fork Trucks
 Scissor Lifts Other _____

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

- | | |
|--|--|
| <input type="checkbox"/> Turn-up at wall / parapet | <input type="checkbox"/> Expansion Joint runs off end of deck |
| <input type="checkbox"/> Turn-up and Counter-flash with Vertical Joint | <input type="checkbox"/> Is a cover plate required for ADA Compliance? |
| <input type="checkbox"/> Turn-up and Butt Splice with Vertical Joint | <input type="checkbox"/> Other (describe below) |

Describe any special or unusual field conditions that may require special attention or assistance. Call 800-241-3460 or email fieldhelp@mm-usa.com for technical support

Waterproofing Notes / Sketches / Photos:



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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 5-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 MM Systems Trained Technician Yes No

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