



# EXTERIOR EXPANSION JOINT PRE-INSTALLATION INSPECTION

Date \_\_\_\_\_ Project Name \_\_\_\_\_ Location (city/state) \_\_\_\_\_

Project Address \_\_\_\_\_

|                      |           |                     |
|----------------------|-----------|---------------------|
| 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 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 *<br>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: \_\_\_\_\_

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## 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 \_\_\_\_\_

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## 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](mailto:fieldhelp@mm-usa.com) for technical support

## Waterproofing Notes / Sketches / Photos:



# EXTERIOR EXPANSION JOINT PRE-INSTALLATION INSPECTION

## 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 \_\_\_\_\_