ARCHITECTURAL EXPANSION JOINT PRE-INSTALLATION INSPECTION

Date _____ **Project Name** _____ **MMSC Job#** _____

Project Address _____

Owner _____ **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 (contract drawings required) ☐ Restoration / Retrofit (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 _____

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