



# Nu-Therm Quality Assurance Guide

May 2007

## APPLICATOR QUALITY ASSURANCE CHECKLIST

*QMSF-S071*

DATE: \_\_\_\_\_

Specification # \_\_\_\_\_

Applicator Co. \_\_\_\_\_ Contact \_\_\_\_\_ Ph/Fax: \_\_\_\_\_

Owner \_\_\_\_\_

Builder \_\_\_\_\_

Architect \_\_\_\_\_

Site Address \_\_\_\_\_ Situation: Industrial

Project Start Date \_\_\_\_\_ Project Finish Date \_\_\_\_\_ Urban

Building Consent Number \_\_\_\_\_ Colour Name \_\_\_\_\_ LRV% \_\_\_\_\_ Coastal

Are there any endorsements on the Building Consent in relation to the Cladding Yes  No  Rural

Action taken \_\_\_\_\_

### BUILDERS SECTION

Wall Framing within tolerances: Yes  No

Windows installed correctly: Yes  No

Has Window Manufacturer been informed of cavity size and custom head flashing: Yes  No

All Window Flashings installed correctly: Yes  No

Building Wrap installed correctly: Yes  No

Framing Type: \_\_\_\_\_ Moisture Content \_\_\_\_\_ %

Level of Treatment \_\_\_\_\_ Date Roof on \_\_\_\_\_

Flashing Tape Installed

Cladding erected/installed as per manufacturers specification

Penetrations Flashed

Mid Floor Control Joints installed if required

### PRE INSTALLATION

Type of Battens Used: Timber  Solid Polystyrene

Have battens been installed to specifications: Yes  No

Have walls been checked for straightness and plumb? Yes  No  If no state why \_\_\_\_\_

Tolerances over 3m \_\_\_\_\_

Is the base of the cladding set at minimum 50mm below floor level: Yes  No (Please state)  \_\_\_\_\_

Substrate: Off-Form Concrete  Cement Render  Brick & Concrete Blocks  Tilt-up & Pre-cast Panels

Autoclave Aerated Concrete (AAC)  CFC Sheet  Fibre Cement Sheet

Extruded & Expanded Polystyrene Sheet  Hardibacker  Other  specify \_\_\_\_\_

**COUNCIL / BUILDING INSPECTOR SIGN OFF OF THE ABOVE CHECKLIST (optional but preferred)**

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**GRANOSITE / NU-AGE NU-THERM 40/60 (Expanded Polystyrene Cladding System)**

Specification # \_\_\_\_\_

Area M2 \_\_\_\_\_

Polystyrene Grano Foam <input type="checkbox"/>	Size 60mm <input type="checkbox"/> 40mm <input type="checkbox"/>	Other _____
Other <input type="checkbox"/>		
Specify _____		
Date Sheets Fixed _____	Nail Size 90mm <input type="checkbox"/> 110mm <input type="checkbox"/>	Other _____
Nu-Therm Washers used	1 <sup>st</sup> Coat	Batch # _____
Yes <input type="checkbox"/> No <input type="checkbox"/>		
Sheets nailed correctly for wind zone	2 <sup>nd</sup> Coat	Batch # _____
Yes <input type="checkbox"/> No <input type="checkbox"/>		
Nu-Therm Flashings used	3 <sup>rd</sup> Coat	Batch # _____
Yes <input type="checkbox"/> No <input type="checkbox"/>		
Flashings installed correctly	4 <sup>th</sup> Coat	Batch # _____
Yes <input type="checkbox"/> No <input type="checkbox"/>		
Flashings sealed and primed	5 <sup>th</sup> Coat	Batch # _____
Yes <input type="checkbox"/> No <input type="checkbox"/>		
Mesh used 4mm <input type="checkbox"/> 6mm <input type="checkbox"/>	6 <sup>th</sup> Coat	Batch # _____

Applicators Signature \_\_\_\_\_ Date \_\_\_\_\_ Builders Signature \_\_\_\_\_ Date \_\_\_\_\_