Creteseal® MAX System™ Installation Record

Project Name: _____

Phase _____ of _____ Job Phone: _____

Project Address _____

_____

Onsite Contact: _____ Phone: _____

Owner: _____ Phone: _____

Owner Address: _____

_____

Architect: _____

General Contractor: _____ Phone: _____

Phase Sq. Ft: _____ **Total Project Sq. Ft:** _____

Concrete Slab: Below Grade ☐ On Grade ☐ Above Grade ☐ Level No: _____

Building Number: _____ Room Numbers: _____

Slab Preparation Method: _____ CSP Profile(s): _____

Ambient Temperature: _____ Ambient R.H. %: _____

Perfect Patch® Units Used: _____ Boxes: ☐ Cartridges: ☐ 10 GL Bulk Kits: ☐

MAX A&B Kits Used: _____ MAX Coverage: _____ SF/Kit

MAX Min. Thickness: _____ mil (wet film gauge)

MAX Install Date: _____ MAX Lot/Batch Number(s): _____

Non-porous Primer Product: _____ Non-porous Primer Install Date: _____

Cement Topping Product: _____ Topping Install Date: _____

Topping Avg. Thickness: _____ Proposed Floor Covering: _____

Provide Photos of:	**1) CSP Profile(s)**	**3) Creteseal® MAX Installation**	**5) Non-porous Primer Installation**
	2) Perfect Patch® Installation	**4) Wet Film Thickness Measurements**	**6) Cementitious Topping Installation**

Remarks: _____

_____

_____

The undersigned Installer and Project Supervisor certify that the information provided herein is complete and accurate and all TDS and OBEX installation procedures for proper installation of Creteseal® MAX System™ have been followed; the undersigned are authorized representatives on behalf of their respective companies named below; the undersigned Installer is either: 1) an Authorized Creteseal Representative, 2) an OBEX Certified Installer, having been previously trained and supervised by an OBEX Technical Services Representative; and that if the Creteseal® MAX System™ installation does not comply with the Creteseal® MAX System™ TDS or OBEX installation procedures, the undersigned companies will be liable for any and all costs, damages, or repairs that ensue due to any failure to follow OBEX installation procedures. For each installation phase, all photos and OBEX Installation Records must be completed in full, received, and approved by OBEX, and all OBEX invoices paid in full, prior to the issuance of the OBEX 15-Year Warranty.

Signature of Installer Representative: _____ **Signature of Project Supervisor:** _____

Name of Installer Representative: _____ **Project Supervisor Name:** _____

Installation Company: _____ **GC/CM Company:** _____

Signature Date: _____ **Signature Date:** _____

For Installation and Warranty requirements please refer to the Creteseal® MAX System™ TDS, the Creteseal® MAX System™ Certified Installer Guide, or call OBEX at (844) 265-3535

Within 72 hours of the Creteseal® MAX System™ installation, send the completed Installation Record, and project photos to OBEX
www.obexco.com | Ph: 844-265-3535 | Fax: 503-715-0418 | Email: techservices@obexco.com