



Creteseal® CS2000™ Installation Record



Project Name: _____
 Phase _____ of _____ Job Phone: _____
 Project Address _____
 Onsite Contact: _____ Phone: _____
 Owner: _____ Phone: _____
 Owner Address: _____
 Architect: _____
 Gen Contractor: _____ Phone: _____
Phase Sq. Ft: _____ **Total Project Sq. Ft:** _____
 Vapor Retarder: Y / N Type: _____ Mil: _____
 CS2000™ Coverage: _____ SF/GL 5 GL Units Used: _____
 Application Date: _____ CS2000™ Lot Number(s): _____
 Ambient Temperature: _____ R.H. % _____ Concrete Slab Temp (Cold Weather Install Only): _____
 Concrete Slab: Below Grade On Grade Above Grade Level No: _____
 Building Number: _____ Room Numbers: _____
 Proposed Floor Covering* or Finished Surface: _____

**Prior to flooring installation, send to OBEX: 1) flooring submittal 2) moisture testing report for review and approval*

Provide Photos of:	1) Architectural Plans	3) CS2000™-Sealed Areas	5) Complete Jobsite
	2) CS2000™ Installation	4) Unsealed Areas	6) Vapor Retarder

Remarks: _____

The undersigned Installer and Project Supervisor certifies that the information provided herein is complete and accurate and all TDS and OBEX installation procedures for proper installation of Creteseal® CS2000™ 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, 3) an Installer that has been previously trained and supervised by an OBEX Technical Services Representative; and that if the Creteseal® CS2000™ installation does not comply with the Creteseal® CS2000™ 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® CS2000™ TDS, the Creteseal® CS2000™ Installer Guide, or call OBEX at (844) 265-3535

**Within 72 hours of the CS2000™ 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**