



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: _____ 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 Number(s): _____
Nonporous Primer Product: _____ Nonporous 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) Nonporous 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**