

XYPEX QUALITY ASSURANCE PROCEDURES – XYPEX CONCENTRATE DS1
PROJECT DATA FORM

Date:

PROJECT:	XYPEX APPLICATOR:
PROJECT ADDRESS:	APPLICATOR ADDRESS:
BUILDING CONTRACTOR: ADDRESS:	SITE SUPERVISOR:
PROJECT MANAGER: ADDRESS:	CONTACT DETAILS:
DESIGN ENGINEER: ADDRESS:	CONTACT DETAILS:
ARCHITECT: ADDRESS:	CONTACT DETAILS:

PROJECT DETAILS

XYPEX PRODUCTS USED: (quantity Xypex Concentrate DS1 / square meters)
NON XYPEX PRODUCTS USED: (eg. Water Stops)
CONCRETE SUPPLIER: ADDRESS:

GUARANTEE SECTION

NUMBER OF YEARS: (refer to pre-works warranty request; copy attached)
DETAILS OF WORK PERFORMED: Full details of all work carried out including Xypex DS1 areas and construction joint details. Attach a site plan with all treated areas clearly marked.