



# Self-Adhered Air Barrier Assembly Audit Report

<b>ABAA Assigned Audit Report #:</b>	
<b>Scheduled Project Audit X of X:</b>	
<b>Audit Date and Time:</b>	
<b>Project Name:</b>	
<b>Project Address:</b>	
<b>Auditor Name:</b>	
<b>ABAA Auditor Certification #:</b>	
<b>Phone #:</b>	
<b>Alternate Phone #:</b>	
<b>Accredited Contractor:</b>	
<b>Primary Contact:</b>	
<b>ABAA Contractor Member #:</b>	
<b>Phone #:</b>	
<b>E-mail Address:</b>	
<b>Certified Installer:</b>	
<b>ABAA Certification #:</b>	
<b>Expiry Date:</b>	
<b>Certified Installer:</b>	
<b>ABAA Certification #:</b>	
<b>Expiry Date:</b>	
<b>Registered Installer:</b>	
<b>ABAA Registration #:</b>	
<b>Expiry Date:</b>	
<b>Registered Installer:</b>	
<b>ABAA Registration #:</b>	
<b>Expiry Date:</b>	
<b>General Contractor :</b>	
<b>Primary Contact:</b>	
<b>Address:</b>	
<b>Office Phone #:</b>	
<b>Site Phone #:</b>	
<b>E-mail Address:</b>	
<b>Design Professional:</b>	
<b>Primary Contact:</b>	
<b>Address:</b>	
<b>Phone #:</b>	
<b>E-mail Address:</b>	
<b>Project Description:</b>	
<b>Manufacturer Name &amp; Trade Name of Primary Air Barrier Material:</b>	

		YES	NO	N/A	POINTS	
					Installer	Contractor
<b>Section 1 - Air Barrier Assembly Materials</b>						
<b>Self-Adhered Air Barrier Material:</b>						
Manufacturer name:						
Primary air barrier material trade name:						
Lot/batch number:						
Are manufacturers installation instructions on site and in installers possession?						
Installed material expiry date within limits?						
MSDS sheets on-site and in installers possession?						
<b>Transition Material:</b>						
Manufacturer name:						
Transition material trade name & type (FA or SA):						
Transition material lot/batch number:						
Primer manufacturer:						
Primer trade name:						
Primer lot/batch number:						
Are manufacturers installation instructions on site and in installers possession?						
Installed material expiry date within limits?						
MSDS sheets on-site and in installers possession?						
<b>Mastic/Sealant:</b>						
Manufacturer:						
Mastic/sealant name:						
Lot/batch number:						
Are manufacturers installation instructions on site and in installers possession?						
Installed material expiry date within limits?						
MSDS sheets on-site and in installers possession?						
Are all materials being stored on-site at time of audit as per manufacturers specifications?						
<b>Section 1 - Air Barrier Assembly Notes</b>						
Observations:						
<i>(any boxes checked above with "NO" or "N/A" shall be explained as well as deficiencies noted during the audit)</i>						
Corrections:						
		YES	NO	N/A	POINTS	
					Installer	Contractor
<b>Section 2 - Audit Preparation</b>						
<b>Certified Installer(s):</b>						
On-site at time of audit?						
Applying air barrier?						
<b>Registered Installer(s):</b>						
On-site at time of audit?						
Applying air barrier?						
Are the installer(s) certified by ABAA to install self-adhered air barrier materials? <small>(see back of installers card for certification(s))</small>						
Are daily job site reports on site and in installers possession?						
Are daily job site reports complete and accurate?						
Do <u>all</u> installers have ABAA photo identification card(s) on site and in installers possession?						
Are <u>all</u> installer photo identification card(s) current?						
What is the primary air barrier material on this project? _____						
Are the air barrier accessories (ie. transition materials, mastic, primer) used listed by the manufacturer in their master specification?						
If no, have they been approved by the manufacturer in writing?						
What is the percentage of ABAA QAP-specified air barrier assembly installed at time of audit? _____						
What is the percentage of ABAA QAP-specified <u>installed</u> air barrier assembly available for visual inspection? _____						
<b>Section 2 - Audit Preparation Observations and Mandatory Corrections</b>						
Observations:						
<i>(any boxes checked above with "NO" or "N/A" shall be explained as well as deficiencies noted during the audit)</i>						
Corrections:						
<i>(indicate if corrections are recommended or mandatory as per project or manufacturer specifications)</i>						

		YES	NO	N/A	POINTS	
					Installer	Contractor
<b>Section 3 – Substrate Conditions, Preparations, and Visible Observations</b>						
<b>Substrate Material(s):</b>						
	Concrete Block (CMU)	<input type="checkbox"/>	<input type="checkbox"/>			
	Concrete (poured)	<input type="checkbox"/>	<input type="checkbox"/>			
	Exterior Gypsum Wallboard	<input type="checkbox"/>	<input type="checkbox"/>			
	OSB	<input type="checkbox"/>	<input type="checkbox"/>			
	Plywood	<input type="checkbox"/>	<input type="checkbox"/>			
Other: _____						
<b>Ambient Conditions:</b>						
Temperature:	_____ °F					
Humidity:	_____ % RH					
Wind:	_____ mph					
Full sun, partial shade, full shade?	_____					
	Is temperature, wind and humidity within limits of manufacturers instructions?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Substrate Conditions:</b>						
Temperature (°F):	_____					
Moisture content (MC):	_____					
	Is temperature and moisture content within limits of manufacturers instructions?	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Substrate Preparation:</b>						
	Dry from bulk water and surface moisture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Clean and free of grease, oil, wax, rust and loose scale solvents and other contaminants that may impair the bond of the air barrier materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Unit masonry and cast-in-place concrete free of excess mortar, flush and free of voids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Unit masonry joints smooth, flush and free of voids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Joints on plywood, gypsum board and other substrates prepared in accordance with self-adhered air barrier manufacturer's master specification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Substrate primed in accordance with self-adhered air barrier manufacturer's master specification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are substrate joints being prepared in accordance with self-adhered manufacturer's instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, please describe in the observations section below.						
	Is the substrate temperature within manufacturers requirements during application of self-adhered materials during the audit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Section 3 - Substrate Observations and Mandatory Corrections</b>						
<b>Observations:</b>						
<i>(any boxes checked above with "NO" or "N/A" shall be explained as well as deficiencies noted during the audit)</i>					<i>(indicate if)</i>	
<i>if deficiencies of that specific work item are minor ≤10% or major &gt;10% to facilitate the correct demerit points)</i>						
<b>Corrections:</b>						
<i>(all deficiencies noted in Section 3 shall be accompanied by recommendations for corrective action and referenced photos shall be in final submitted report)</i>					<i>(indicate if)</i>	
<i>corrections are recommended or mandatory as per project or manufacturer specifications)</i>						

			YES	NO	N/A	DEMERIT POINTS	
						Installer	Contractor
<b>Section 4 - Visual Inspection</b>							
Pictures taken by auditor ?							
Video taken by auditor ?							
<b>Location of inspection:</b>							
North Wall:							
South Wall:							
East Wall:							
West Wall:							
If any of the above listed as N/A, provide details in the observations section below.							
<b>Self-Adhered Materials (abbreviation "MS" - Manufacturer Master Specification):</b>							
Were transition materials specified and used on this project?							
If no, explain in observations section.							
If yes, were they installed as per project specifications?							
Was primer and transition material applied at a temperature in accordance with manufacturers specifications at time of audit?							
Primer for transition materials used specified in accordance with MS?							
Did the auditor observe the installer applying primer?							
If yes, did sufficient time elapse for self-adhered air barrier and transition membrane application over primer in accordance with MS?							
Transition membranes and self-adhered air barrier materials applied at a temperature in accordance with MS at time of audit?							
Self-adhered air barrier and transition membrane seams, and end joints overlapped in accordance with MS?							
Transition membrane and self-adhered air barrier materials fully bonded to substrate, rolled smooth, free of wrinkles, not delaminated, free of "fish mouths" and voids?							
Are damaged areas or voids from pull-adhesion testing repaired in accordance with MS?							
All joints and exposed edges in transition materials and self-adhered air barrier materials terminated in accordance with MS?							
Were transition membranes installed as per MS?							
Width of transition membrane meets MS?							
Has self-adhered air barrier materials been kept free of contact with non-compatible (physical or chemical) materials?							
As per daily work sheets is transition materials and self-adhered air barrier material within manufacturers UV exposure time limit at the time of audit?							
Were transition membranes installed at building envelope penetrations such as corners, joints, drains, penetrations and window/door openings as per MS or project specifications?							
<i>(Pictures shall be taken of all transition areas and included in submitted report in areas such as but not limited to roof/wall, wall/foundation, window/wall, expansion joint, change in plane, change in substrate and penetrations)</i>							
<b>Section 4 - Visual Inspection Observations and Mandatory Corrections</b>							
Observations:							
<i>(any boxes checked above with "NO" or "N/A" shall be explained as well as deficiencies noted during the audit)</i> <span style="float: right;"><i>(indicate)</i></span>							
<i>if deficiencies of that specific work item are minor ≤10% or major &gt;10% to facilitate the correct demerit points)</i>							
Corrections:							
<i>(all deficiencies noted in Section 5 shall be accompanied by recommendations for corrective action and referenced photos shall be in final submitted report)</i> <span style="float: right;"><i>(indicate)</i></span>							
<i>if corrections are recommended or mandatory as per project or manufacturer specifications)</i>							
			YES	NO	N/A	DEMERIT POINTS	
						Installer	Contractor
<b>Section 5 - Physical Testing</b>							
<b>Adhesion Testing by Auditor:</b>							
Installers adhesion tester on site?							
Is installer conducting daily adhesion testing?							
Did auditor observe adhesion testing by installer?							
			<b>Observations/Comments</b>				
			<i>(three discs must be completed and report the surface of adhesion loss as per ASTM D4541, the disc shall be between 2 1/4" and 4" in diameter)</i>				
<b>Disc:</b>	<b>Adhesion:</b>	<b>Result:</b>					
#1	Force (lbs from gauge)	<i>(MUST list tested value)</i>					
	Diameter of disc (inches)	<i>(MUST list tested value)</i>					
	Pull-off strength (psi)	#VALUE!					
#2	Force (lbs from gauge)	<i>(MUST list tested value)</i>					
	Diameter of disc (inches)	<i>(MUST list tested value)</i>					
	Pull-off strength (psi)	#VALUE!					
#3	Force (lbs from gauge)	<i>(MUST list tested value)</i>					
	Diameter of disc (inches)	<i>(MUST list tested value)</i>					
	Pull-off strength (psi)	#VALUE!					
<b>Section 5 - Physical Testing Observations and Mandatory Corrections</b>							
Observations:							
<i>(any boxes checked above with "NO" or "N/A" shall be explained as well as deficiencies noted during the audit)</i>							
Corrections:							
<i>(All deficiencies noted in Section 5 shall be accompanied by recommendations for corrective action and referenced photos shall be in final submitted report)</i>							

				YES	NO	N/A	DEMERIT POINTS	
							Installer	Contractor
<b>Section 6 - Safety</b>								
Is hard hat being worn by ABAA installer(s)?								
Is safety footwear being worn by ABAA installer(s)?								
Is site clean of waste air barrier installation materials?								
<b>Section 6 - Safety Observations and Mandatory Corrections</b>								
Observations:								
<i>(any boxes checked above with "NO" or "N/A" shall be explained as well as deficiencies noted during the audit)</i>								
Corrections:								
				YES	NO	N/A	DEMERIT POINTS	
							Installer	Contractor
<b>Section 7 - Installer Awareness</b>								
ABAA installer(s) aware of any deficiencies in the applied air barrier assembly?								
Was the ABAA contractor informed of deficiencies, post-audit?								
Does the ABAA contractor and installer(s) have a proper corrective action plan in place to address deficiencies?								
<b>Section 7 - Installer Awareness Observations and Mandatory Corrections</b>								
Observations:								
<i>(any boxes checked above with "NO" or "N/A" shall be explained as well as deficiencies noted during the audit)</i>								
Corrections:								
<b>Section 8 - Total Demerits</b>								
Total demerits - Installer:				0				
Total demerits - Contractor:				0				
<b>Auditor Signature:</b> _____				<b>Date:</b> _____				
<i>This report only describes conditions that were open, accessible, and visible at the time of the audit. This report does not address and makes no representations concerning inaccessible or hidden conditions, and/or work that was covered at the time of the audit.</i>								