



INSTALLATION CERTIFICATE OF COMPLETION

Please send copy to sofSURFACES at 519.882.2697

Installation Completed By (check one):

sofSURFACES Dealer/Representative

Project Name/Number: _____ Installation Dates/Times: _____
 Company Name: _____ Site Address: _____
 Customer Name: _____
 Customer Address: _____ Date of Completion: _____
 _____ Installation Company: _____
 City: _____ State/Prov.: _____ Name of Crew Leader: _____
 Country: _____ (please print)
 Telephone: _____ Ext: _____ Signature: _____

I, the undersigned, hereby confirm that the work carried out by the aforementioned installer is complete and satisfactory.

Customer Signature: _____ Installation Manager: _____ Date of Customer Acceptance: _____

1. SUBSURFACE & CURB CONDITIONS

	YES	NO
Concrete curbs	<input type="checkbox"/>	<input type="checkbox"/>
Other type of curb	<input type="checkbox"/>	<input type="checkbox"/>
Concrete keyway under ramp & tile	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please indicate width: _____		
Concrete (preferred surface) cured	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Old <input type="checkbox"/> New		
Asphalt	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Old <input type="checkbox"/> New <input type="checkbox"/> 12" Concrete keyway		
Asphalt abraded to expose aggregate	<input type="checkbox"/>	<input type="checkbox"/>
Compacted granular	<input type="checkbox"/>	<input type="checkbox"/>
Dimension checked to drawing	<input type="checkbox"/>	<input type="checkbox"/>

2. SITE CONDITIONS – Installation

Tiles & Joints are straight	<input type="checkbox"/>	<input type="checkbox"/>
Cuts accurate & tight	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Around posts	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> At curbs	<input type="checkbox"/>	<input type="checkbox"/>
Tiles installed under compression	<input type="checkbox"/>	<input type="checkbox"/>
<small>(measure distance across 15-20 tiles in multiple locations & directions)</small>		

3. ADHESIVE

	YES	NO
All joints adhered 100% – level to base of bevel	<input type="checkbox"/>	<input type="checkbox"/>
All edges & cuts adhered 100%	<input type="checkbox"/>	<input type="checkbox"/>
Excessive adhesive has been removed/trimmed	<input type="checkbox"/>	<input type="checkbox"/>
All adhesive supplied with order has been completely consumed	<input type="checkbox"/>	<input type="checkbox"/>
Remaining Tubes: _____ Remaining Pails: _____		

4. SECURE SURFACES

Edges secure & firm	<input type="checkbox"/>	<input type="checkbox"/>
At posts, secure & firm	<input type="checkbox"/>	<input type="checkbox"/>
Ramps secure	<input type="checkbox"/>	<input type="checkbox"/>

5. SITE CONDITIONS – General (when finished)

Site has been cleared of all construction & waste material.	<input type="checkbox"/>	<input type="checkbox"/>
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IMPORTANT

- ▶ Include list of all installation team members on site
- ▶ Include photos of before, during, and after installation
- ▶ Record any site issues and how they were resolved
- ▶ Record temperatures and weather each day while on site

COMMENTS

INSTALLATION AGREEMENT

I, _____ / _____
 Signature Print Name

with _____
 Company Name

have read the installation instructions and have installed the duraSAFE tiles under compression as explained in the instructions and compression table. I understand that after the job is completed a measurement will be taken on-site to verify that proper compression was achieved. I further understand that if this surface is not installed correctly by my installers under the specified compression that it will void the customer's Limited Lifetime Warranty, and I or the company I represent shall be liable for any expenses associated with repairing the installation.

This form must be completed and signed by all parties and submitted WITH Installation Warranty form in order to activate the Limited Lifetime Warranty.

