

Waterproofing System Submittal Review Form

Project Information

Project Name:

Location:

Submittal Number:

Date Received:

Contractor Name:

Preparer/Reviewer:

Waterproofing System Information

System Type:

Manufacturer:

Product Name/Number:

Intended Application:

Supporting Documents:

Review Checklist

Requirement	Reviewed	Comments
Manufacturer's Technical Data Sheet Provided	<input type="checkbox"/>	
System Meets Specification Requirements	<input type="checkbox"/>	
Detail Drawings Attached	<input type="checkbox"/>	
Sample Submitted	<input type="checkbox"/>	
Installation Instructions Included	<input type="checkbox"/>	

Reviewer Comments

Comments:

Review Status:

Reviewer Name:

Review Date: