

Project Reference: AWM / 090 /
Project Title:
Project Location:

Main Contractor:
Contact:
Site Office Tel:

Roofing / Cladding Sub-Contract Start:

Client Name:

Architect Name:

Architect Office:

Roofing / Cladding Installer:
Address:
Address:
Town:
County:
Post Code:

Office Contact:
Tel:
Email:

Site Supervisor Contact:
Contact Tel:
Contracts Manager:
Contact Tel:

Anticipated Program:

Amount of Visits:

Approved Auditor:

Specific Site Requirements:

Roofing Square Metres:

Roofing System Manufacturer:
 AWM Approved Manufacturer: Y / N

Liner Sheet / Deck Type:
Fastener Type / Grade:
Liner Sheet / Deck Sealing:
Vapour Control Layer Type / Grade:
Insulation Type / Thickness:
Spacer System Type / Centres:
Breather Membrane:
Outer Sheet / Covering:
Outer Fastener Type / Grade:

Notes:

Please attach roofing specification and construction drawings.

Cladding Square Metres:

Cladding System Manufacturer:
 AWM Approved Manufacturer: Y / N

Liner Sheet / Deck Type:
Fastener Type / Grade:
Liner Sheet / Deck Sealing:
Vapour Control Layer Type / Grade:
Insulation Type / Thickness:
Spacer System Type / Centres:
Breather Membrane:
Outer Sheet / Covering:
Outer Fastener Type / Grade:

Notes:

Please attach cladding specification and construction drawings.

THIS FORM IS FOR THE PROTECTOR WARRANTY ONLY. PLEASE CONTACT US SHOULD YOU REQUIRE ANY OF OUR OTHER SERVICES. Please note technical audits will not be scheduled until this form has been completed and returned by email to admin@qaplus.org or Fax 05602 092898. Please ensure this form is returned to AWM Ltd 10 days prior to roofing commencement. This form is agreement and authorisation for AWM Ltd to technically audit the roofing and cladding on the project referenced above.

Submitted by:

Company

Contact email:

Auditor:

Auditor Contact Details:

First visit:

Copies: Client / Live File / Archive / Broker

Document Ref: 19
 Issue no: 3
 Date of Issue: 05/01/09

Auditing Workmanship & Materials Ltd

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