



Self-Adhered Air Barrier Assembly Audit Report

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

		YES	NO	N/A	POINTS	
					Installer	Contractor
Section 1 - Air Barrier Assembly Materials						
Self-Adhered Air Barrier Material:						
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?						
Transition Material:						
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?						
Mastic/Sealant:						
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?						
Section 1 - Air Barrier Assembly Notes						
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
Section 2 - Audit Preparation						
Certified Installer(s):						
On-site at time of audit?						
Applying air barrier?						
Registered Installer(s):						
On-site at time of audit?						
Applying air barrier?						
Are the installer(s) certified by NABA to install self-adhered air barrier materials? (see back of installers card for certification(s))						
Are daily job site reports on site and in installers possession?						
Are daily job site reports complete and accurate?						
Do all installers have NABA 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 NABA QAP-specified air barrier assembly installed at time of audit? _____						
What is the percentage of NABA QAP-specified installed air barrier assembly available for visual inspection? _____						
Section 2 - Audit Preparation Observations and Mandatory Corrections						
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
Section 3 – Substrate Conditions, Preparations, and Visible Observations					
Substrate Material(s):					
Concrete Block (CMU)					
Concrete (poured)					
Exterior Gypsum Wallboard					
OSB					
Plywood					
Other: _____					
Ambient Conditions:					
Temperature: _____ °F					
Humidity: _____ % RH					
Wind: _____ mph					
Full sun, partial shade, full shade? _____					
Is temperature, wind and humidity within limits of manufacturers instructions?					
Substrate Conditions:					
Temperature (°F): _____					
Moisture content (MC): _____					
Is temperature and moisture content within limits of manufacturers instructions?					
Substrate Preparation:					
Dry from bulk water and surface moisture?					
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?					
Unit masonry and cast-in-place concrete free of excess mortar, flush and free of voids?					
Unit masonry joints smooth, flush and free of voids?					
Joints on plywood, gypsum board and other substrates prepared in accordance with self-adhered air barrier manufacturer's master specification?					
Substrate primed in accordance with self-adhered air barrier manufacturer's master specification?					
Are substrate joints being prepared in accordance with self-adhered manufacturer's instructions?					
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?					
Section 3 - Substrate Observations and Mandatory Corrections					
Observations:					
<i>(any boxes checked above with "NO" or "N/A" shall be explained as well as deficiencies noted during the audit) (indicate if deficiencies of that specific work item are minor ≤10% or major >10% to facilitate the correct demerit points)</i>					
Corrections:					
<i>(all deficiencies noted in Section 3 shall be accompanied by recommendations for corrective action and referenced photos shall be in final submitted report) (indicate if corrections are recommended or mandatory as per project or manufacturer specifications)</i>					

				YES	NO	N/A	DEMERIT POINTS	
							Installer	Contractor
Section 4 - Visual Inspection								
Pictures taken by auditor ?								
Video taken by auditor ?								
Location of inspection:								
North Wall:								
South Wall:								
East Wall:								
West Wall:								
If any of the above listed as N/A, provide details in the observations section below.								
Self-Adhered Materials (abbreviation "MS" - Manufacturer Master Specification):								
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>								
Section 4 - Visual Inspection Observations and Mandatory Corrections								
Observations:								
<i>(any boxes checked above with "NO" or "N/A" shall be explained as well as deficiencies noted during the audit)</i>								
<i>(any deficiencies of that specific work item are minor ≤10% or major >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>								
<i>(if corrections are recommended or mandatory as per project or manufacturer specifications)</i>								
				YES	NO	N/A	DEMERIT POINTS	
							Installer	Contractor
Section 5 - Physical Testing								
Adhesion Testing by Auditor:								
Installers adhesion tester on site?								
Is installer conducting daily adhesion testing?								
Did auditor observe adhesion testing by installer?								
				Observations/Comments				
				<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>				
Disc:	Adhesion:	Result:						
#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!						
Section 5 - Physical Testing Observations and Mandatory Corrections								
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

Section 6 - Safety

Is hard hat being worn by NABA installer(s)?					
Is safety footwear being worn by NABA installer(s)?					
Is site clean of waste air barrier installation materials?					

Section 6 - Safety Observations and Mandatory Corrections

Observations:

(any boxes checked above with "NO" or "N/A" shall be explained as well as deficiencies noted during the audit)

Corrections:

YES	NO	N/A	DEMERIT POINTS	
			Installer	Contractor

Section 7 - Installer Awareness

NABA installer(s) aware of any deficiencies in the applied air barrier assembly?					
Was the NABA contractor informed of deficiencies, post-audit?					
Does the NABA contractor and installer(s) have a proper corrective action plan in place to address deficiencies?					

Section 7 - Installer Awareness Observations and Mandatory Corrections

Observations:

(any boxes checked above with "NO" or "N/A" shall be explained as well as deficiencies noted during the audit)

Corrections:

Section 8 - Total Demerits

Total demerits - Installer:	0
Total demerits - Contractor:	0

Auditor Signature: _____

Date: _____

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.