

# TANKING INSPECTION FORM

Tanking Product \_\_\_\_\_

Warranty Certificate \_\_\_\_\_

Warranty Period \_\_\_\_\_

Owner \_\_\_\_\_

Site address \_\_\_\_\_

Installation Type \_\_\_\_\_

Installation Area \_\_\_\_\_

Applicator \_\_\_\_\_

Installation Commencement Date \_\_\_\_\_

Installation Completion Date \_\_\_\_\_

5 Te Kea Place, Albany  
 Auckland. PO Box 101-903  
 North Shore City 0745  
 P: 09-448-1185  
 E: [info@alco.co.nz](mailto:info@alco.co.nz)  
 www.alco.co.nz



## END USER INSPECTIONS

Inspection date	Drains Inspected	Lanscaping Alterations	Planting is clear	Penetrations Inspected	Signs of Leakage	Actions taken	Comments/Issues Identified
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Attention	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Attention	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Attention	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Attention	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Attention	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Attention	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Attention	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Attention	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Attention	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Attention	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Attention	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Attention	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Attention	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Attention	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Attention	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Attention	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Attention	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Attention	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>	<input type="text"/>



# APPROVED APPLICATOR INSPECTIONS

Inspection date	<input type="checkbox"/> Good	Substrate Condition	<input type="checkbox"/> Yes	Drains Inspected	<input type="checkbox"/> Yes	Gutters clear	<input type="checkbox"/> Yes	Ground Inspected	<input type="checkbox"/> Yes	Penetrations Inspected	<input type="checkbox"/> No	Signs of Leakage	Actions taken
<input type="text"/>	<input type="checkbox"/> OK		<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="text"/>	
	<input type="checkbox"/> Needs Attention		<input type="checkbox"/> Not needed/deferred		<input type="checkbox"/> Not needed/deferred		<input type="checkbox"/> Not needed/deferred	Ground Condition	<input type="checkbox"/> Good	Penetration Condition	Issues Identified and comments		
							<input type="checkbox"/> OK		<input type="checkbox"/> OK		<input type="text"/>		
							<input type="checkbox"/> Needs Attention		<input type="checkbox"/> Needs Attention				

Inspection date	<input type="checkbox"/> Good	Substrate Condition	<input type="checkbox"/> Yes	Drains Inspected	<input type="checkbox"/> Yes	Gutters clear	<input type="checkbox"/> Yes	Ground Inspected	<input type="checkbox"/> Yes	Penetrations Inspected	<input type="checkbox"/> No	Signs of Leakage	Actions taken
<input type="text"/>	<input type="checkbox"/> OK		<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="text"/>	
	<input type="checkbox"/> Needs Attention		<input type="checkbox"/> Not needed/deferred		<input type="checkbox"/> Not needed/deferred		<input type="checkbox"/> Not needed/deferred	Ground Condition	<input type="checkbox"/> Good	Penetration Condition	Issues Identified		
							<input type="checkbox"/> OK		<input type="checkbox"/> OK		<input type="text"/>		
							<input type="checkbox"/> Needs Attention		<input type="checkbox"/> Needs Attention				

Inspection date	<input type="checkbox"/> Good	Substrate Condition	<input type="checkbox"/> Yes	Drains Inspected	<input type="checkbox"/> Yes	Gutters clear	<input type="checkbox"/> Yes	Ground Inspected	<input type="checkbox"/> Yes	Penetrations Inspected	<input type="checkbox"/> No	Signs of Leakage	Actions taken
<input type="text"/>	<input type="checkbox"/> OK		<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="text"/>	
	<input type="checkbox"/> Needs Attention		<input type="checkbox"/> Not needed/deferred		<input type="checkbox"/> Not needed/deferred		<input type="checkbox"/> Not needed/deferred	Ground Condition	<input type="checkbox"/> Good	Penetration Condition	Issues Identified		
							<input type="checkbox"/> OK		<input type="checkbox"/> OK		<input type="text"/>		
							<input type="checkbox"/> Needs Attention		<input type="checkbox"/> Needs Attention				

Inspection date	<input type="checkbox"/> Good	Substrate Condition	<input type="checkbox"/> Yes	Drains Inspected	<input type="checkbox"/> Yes	Gutters clear	<input type="checkbox"/> Yes	Ground Inspected	<input type="checkbox"/> Yes	Penetrations Inspected	<input type="checkbox"/> No	Signs of Leakage	Actions taken
<input type="text"/>	<input type="checkbox"/> OK		<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="text"/>	
	<input type="checkbox"/> Needs Attention		<input type="checkbox"/> Not needed/deferred		<input type="checkbox"/> Not needed/deferred		<input type="checkbox"/> Not needed/deferred	Ground Condition	<input type="checkbox"/> Good	Penetration Condition	Issues Identified		
							<input type="checkbox"/> OK		<input type="checkbox"/> OK		<input type="text"/>		
							<input type="checkbox"/> Needs Attention		<input type="checkbox"/> Needs Attention				



# TANKING - END USER INSPECTIONS

Inspection date	<b>Drains Inspected</b>	<b>Lanscaping Alterations</b>	<b>Planting is clear</b>	<b>Penetrations Inspected</b>	<b>Signs of Leakage</b>	Actions taken	Comments/Issues Identified
<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
	<input type="checkbox"/> Needs Attention	<input type="checkbox"/> Needs Attention	<input type="checkbox"/> Needs Attention				

Inspection date	<b>Drains Inspected</b>	<b>Lanscaping Alterations</b>	<b>Planting is clear</b>	<b>Penetrations Inspected</b>	<b>Signs of Leakage</b>	Actions taken	Comments/Issues Identified
<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
	<input type="checkbox"/> Needs Attention	<input type="checkbox"/> Needs Attention	<input type="checkbox"/> Needs Attention				

Inspection date	<b>Drains Inspected</b>	<b>Lanscaping Alterations</b>	<b>Planting is clear</b>	<b>Penetrations Inspected</b>	<b>Signs of Leakage</b>	Actions taken	Comments/Issues Identified
<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
	<input type="checkbox"/> Needs Attention	<input type="checkbox"/> Needs Attention	<input type="checkbox"/> Needs Attention				

Inspection date	<b>Drains Inspected</b>	<b>Lanscaping Alterations</b>	<b>Planting is clear</b>	<b>Penetrations Inspected</b>	<b>Signs of Leakage</b>	Actions taken	Comments/Issues Identified
<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
	<input type="checkbox"/> Needs Attention	<input type="checkbox"/> Needs Attention	<input type="checkbox"/> Needs Attention				

Inspection date	<b>Drains Inspected</b>	<b>Lanscaping Alterations</b>	<b>Planting is clear</b>	<b>Penetrations Inspected</b>	<b>Signs of Leakage</b>	Actions taken	Comments/Issues Identified
<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
	<input type="checkbox"/> Needs Attention	<input type="checkbox"/> Needs Attention	<input type="checkbox"/> Needs Attention				

Inspection date	<b>Drains Inspected</b>	<b>Lanscaping Alterations</b>	<b>Planting is clear</b>	<b>Penetrations Inspected</b>	<b>Signs of Leakage</b>	Actions taken	Comments/Issues Identified
<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
	<input type="checkbox"/> Needs Attention	<input type="checkbox"/> Needs Attention	<input type="checkbox"/> Needs Attention				

Inspection date	<b>Drains Inspected</b>	<b>Lanscaping Alterations</b>	<b>Planting is clear</b>	<b>Penetrations Inspected</b>	<b>Signs of Leakage</b>	Actions taken	Comments/Issues Identified
<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes		
	<input type="checkbox"/> Needs Attention	<input type="checkbox"/> Needs Attention	<input type="checkbox"/> Needs Attention				



# TANKING - APPROVED APPLICATOR INSPECTIONS

<b>Inspection date</b> <input type="text"/>	<b>Substrate Condition</b> <input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Needs Attention	<b>Drains Inspected</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not needed/deferred	<b>Gutters clear</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not needed/deferred	<b>Ground Inspected</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Attention	<b>Penetrations Inspected</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Attention	<b>Signs of Leakage</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Actions taken</b> <input type="text"/>
						<b>Issues Identified and comments</b> <input type="text"/>	

<b>Inspection date</b> <input type="text"/>	<b>Substrate Condition</b> <input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Needs Attention	<b>Drains Inspected</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not needed/deferred	<b>Gutters clear</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not needed/deferred	<b>Ground Inspected</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Attention	<b>Penetrations Inspected</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Attention	<b>Signs of Leakage</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Actions taken</b> <input type="text"/>
						<b>Issues Identified</b> <input type="text"/>	

<b>Inspection date</b> <input type="text"/>	<b>Substrate Condition</b> <input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Needs Attention	<b>Drains Inspected</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not needed/deferred	<b>Gutters clear</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not needed/deferred	<b>Ground Inspected</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Attention	<b>Penetrations Inspected</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Attention	<b>Signs of Leakage</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Actions taken</b> <input type="text"/>
						<b>Issues Identified</b> <input type="text"/>	

<b>Inspection date</b> <input type="text"/>	<b>Substrate Condition</b> <input type="checkbox"/> Good <input type="checkbox"/> OK <input type="checkbox"/> Needs Attention	<b>Drains Inspected</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not needed/deferred	<b>Gutters clear</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not needed/deferred	<b>Ground Inspected</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Attention	<b>Penetrations Inspected</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Attention	<b>Signs of Leakage</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Actions taken</b> <input type="text"/>
						<b>Issues Identified</b> <input type="text"/>	