



ALLCO TANKING SOLUTION CARE AND MAINTENANCE DOCUMENT

CETCO Volclay and Coreflex Range

ALLCO WARRANTY - 20-YEAR PRODUCT OR 20-YEAR SYSTEM

Allco Waterproofing Solutions Ltd is proud to be associated with the highest quality tanking membrane suppliers from across the world. Your project utilises the highest quality CETCO Volclay or Coreflex tanking solutions, that are designed, manufactured, and installed to provide years of protection against water ingress.

Your CETCO Volclay or Coreflex tanking system is manufactured using premium quality materials and has been installed by trained Allco Approved Applicators. Upon completion your Allco Approved Applicator will issue you, the Owner or 'End User' of the building, with a Workmanship Warranty. Once this has been provided by the installer Allco Waterproofing solutions will issue you a **20-year Product** or **20-year System** Warranty, depending on the product and extent of waterproofing undertaken.

To ensure continued performance and the validation of this warranty, regular, thorough, and documented inspection of the tanked areas is required. Timely action regarding any issues and maintenance of drainage and related items is required, as good inspection and maintenance regime the best way to prevent problems developing in the future.

If at any time you have concerns regarding the performance of your CETCO Volclay or Coreflex tanking system, please contact your applicator in the first instance or Allco Waterproofing Solutions directly.

Regular basic inspections can be undertaken by the End User (Homeowner, Building Maintenance) but periodically a trained Allco Approved Applicator must perform a more detailed inspection. If during any 'End User' inspection, an issue is discovered, an Allco Approved Applicator should be contacted immediately.

The following pages contain some DOs and DON'Ts and general information for the right way to look after your below grade waterproofing.



END USER (HOMEOWNER, BUILDING MAINTENANCE)

DO:

- Undertake walk-around General Inspections (see below) at least twice a year. It's best to do them at the end of Spring and Autumn, before and after the worst weather.
- Record all inspections on the Tanking Inspection form either in hardcopy (provided) or online at www.allco.co.nz
- Perform specific general inspections after severe weather events - including but not limited to; heavy continuous rainfall, flooding, geological events, slips and during/after construction on your site or neighbouring sites.
- Contact Allco Approved Applicator to perform detailed inspection of the installed tanking system at periodic intervals as noted
 - Initial inspection – 1 year
 - Follow up after 3 years
 - Planned inspection at 5-year intervals to completion of warranty
 - Immediately if any leakage is observed

DON'T:

- Allow unqualified personnel to review any issues or perform any remedial work.
- Permit tradespersons (e.g., plumbers, electricians) to make penetrations into your external below grade envelope. Any modifications to your external below grade envelope particularly those that require penetrations or fixings must be carried out or supervised by an Allco Approved Applicator.
- Puncture the tanking membrane or allow others to do so.
- Allow planting or landscaping changes that may result in damage or circumvention of the waterproofing membrane.



GENERAL INSPECTION – END USER

- Ensure that the areas surrounding the below grade envelope, especially surface gutters, drains and channels are clean and free of organic matter (weeds, leaves, twigs), dirt and any other debris.
- Check that all outlets and overflows around the building are free from debris allowing water to flow freely through them without restriction or ponding.
- Check inside surface of below grade areas for signs of dampness, especially around penetrations.
- Clear the area surrounding the building of any new plants or weeds whose roots may impact the tanking membrane performance.

LEAKS AND DAMAGE

If any leaks, damage, or unauthorised works are identified, you should immediately contact the Approved Applicator who issued the Workmanship Warranty or Allco Waterproofing Solutions. Any repairs required must be carried out by an Allco Approved Applicator and recorded as part of your inspection programme.

ALLCO APPROVED APPLICATOR

- Perform detailed inspection of the installed tanking system at periodic intervals as noted or when contacted by the End User
 - Initial inspection – 1 year
 - Follow up after 3 years
 - Planned inspection at 5-year intervals to completion of warranty
- Perform specific inspections after any internal or external repair work below grade or other work carried out on the area of the building near the external, below ground envelope.

APPLICATOR INSPECTION

- Inspect the internal surfaces of the below grade external envelope for any visible signs of damage, dampness, or punctures, especially around control joints.
- Check for new penetrations.
- Check termination heights of membrane are unchanged and adequate.
- Check fixings of termination bars.
- Where practical, flush drain coils to keep non hydrostatic performance within suitable conditions
- Inspect any metal cap flashings to ensure they are secure.
- Check the ground around the building for slumping or excessive cracking.
- Ensure ground contour and landscaping has not been adjusted in relations to confinement pressure or height of compliant backfill.
- Check for changes influencing water flow paths or concerns that need to be addressed or noted.
- Check for signs of structural movement (settlement of the structure) etc.
- Check surrounding properties for changes or construction that could have an effect on the tanking membrane, flow path or drainage of your site.
- Record all inspections and /or work completed on the Tanking Inspection form either in hardcopy in the End User's possession or online at www.allco.co.nz

TANKING INSPECTION FORM

Tanking Product _____

Warranty Certificate _____

Warranty Period _____

Owner _____

Site address _____

Installation Type _____

Installation Area _____

Applicator _____

Installation Commencement Date _____

Installation Completion Date _____

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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"/>
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APPROVED APPLICATOR INSPECTIONS

Inspection date	<input type="checkbox"/> Good	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Actions taken
	<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="checkbox"/> Needs Attention	<input type="checkbox"/> Not needed/deferred	<input type="checkbox"/> Not needed/deferred	<input type="checkbox"/> Good	<input type="checkbox"/> Good	Issues Identified and comments	
				<input type="checkbox"/> OK	<input type="checkbox"/> OK		
				<input type="checkbox"/> Needs Attention	<input type="checkbox"/> Needs Attention		

Inspection date	<input type="checkbox"/> Good	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Actions taken
	<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="checkbox"/> Needs Attention	<input type="checkbox"/> Not needed/deferred	<input type="checkbox"/> Not needed/deferred	<input type="checkbox"/> Good	<input type="checkbox"/> Good	Issues Identified	
				<input type="checkbox"/> OK	<input type="checkbox"/> OK		
				<input type="checkbox"/> Needs Attention	<input type="checkbox"/> Needs Attention		

Inspection date	<input type="checkbox"/> Good	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Actions taken
	<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="checkbox"/> Needs Attention	<input type="checkbox"/> Not needed/deferred	<input type="checkbox"/> Not needed/deferred	<input type="checkbox"/> Good	<input type="checkbox"/> Good	Issues Identified	
				<input type="checkbox"/> OK	<input type="checkbox"/> OK		
				<input type="checkbox"/> Needs Attention	<input type="checkbox"/> Needs Attention		

Inspection date	<input type="checkbox"/> Good	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Actions taken
	<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="checkbox"/> Needs Attention	<input type="checkbox"/> Not needed/deferred	<input type="checkbox"/> Not needed/deferred	<input type="checkbox"/> Good	<input type="checkbox"/> Good	Issues Identified	
				<input type="checkbox"/> OK	<input type="checkbox"/> OK		
				<input type="checkbox"/> Needs Attention	<input type="checkbox"/> Needs Attention		



TANKING - END USER INSPECTIONS

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



TANKING - APPROVED APPLICATOR INSPECTIONS

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

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

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

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