

zerobound

ZERO ALLOTMENT BOUNDARY WALL



INSTALLATION CHECKLIST

ADDRESS:

ZEROBOUND CHECKLIST

DATE: _____ INSTALLER/BUILDER: _____

PROJECT ADDRESS: _____

BUILDER INSPECTED: _____ INSTALLER INSPECTED: _____

SIGNED: _____ SIGNED: _____

NAME: _____ NAME: _____

DATE: _____ DATE: _____

This checklist is to assist the correct installation of the CBMA Zerobound zero allotment boundary wall system. Please check and/or comment the items as required.

ITEM	REF/DIA	PASSED	RECTIFY	COMMENTS
FRAMING BUILD AS PER NCC AND AS1684 FRAMING REQUIREMENTS. WITH A MINIMUM OF 90MM DEEP STUDS		<input type="checkbox"/>	<input type="checkbox"/>	
APPROVED WALL WRAP PER NCC CLAUSE 1.9(e)(i) INSTALLED AS PER AS4200.2.		<input type="checkbox"/>	<input type="checkbox"/>	
SLAB/ZEROBOUND CONNECTION AS PER INSTALL GUIDE DIAGRAM. LIST DIAGRAM NUMBER		<input type="checkbox"/>	<input type="checkbox"/>	
SHIPLAP BEEN REMOVED FROM THE BOTTOM OF THE BOARD AT THE SLAB CONNECTION		<input type="checkbox"/>	<input type="checkbox"/>	
ALL ZEROBOUND SHIPLAPS HAVE 4 HOUR FIRE RATED SEALANT IN THEM		<input type="checkbox"/>	<input type="checkbox"/>	
ALL SCREWS HOLDING PANELS TO THE STUDS ARE MIN. CLASS 3 GALV 8GX40MM 300MM CENTRES		<input type="checkbox"/>	<input type="checkbox"/>	
ALL SCREWS JOINING THE SHIPLAPS MIN. CLASS 3 GALVANISED 8GX20/25MM AT 150MM CENTRES		<input type="checkbox"/>	<input type="checkbox"/>	
ROOF TERMINATION POINT BEEN FOLLOWED AS PER REQUIRED DIAGRAM. LIST DIAGRAM NUMBER		<input type="checkbox"/>	<input type="checkbox"/>	
ROOF TERMINATION POINT HAD THE SHIPLAP REMOVED FORM THE PANEL		<input type="checkbox"/>	<input type="checkbox"/>	

ZEROBOUND CHECKLIST

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ITEM	REF/DIA	PASSED	RECTIFY	COMMENTS
SIDE WALL/CLADDING TERMINATION BEEN FOLLOWED AS PER DIAGRAM. LIST DIAGRAM NUMBER		<input type="checkbox"/>	<input type="checkbox"/>	
SIDE WALL/CLADDING TERMINATION POINT HAD THE SHIPLAP REMOVED FROM THE PANEL		<input type="checkbox"/>	<input type="checkbox"/>	
NO PENETRATIONS IN THE WALL EXCEPT APPROVED PENETRATIONS (APPROVED BY OTHERS)		<input type="checkbox"/>	<input type="checkbox"/>	
NO DAMAGES ON ANY PANELS		<input type="checkbox"/>	<input type="checkbox"/>	
IS THE ZEROBOUND WALL EXPOSED TO THE WEATHER MORE THAN 45 DAYS? HAS AN APPROVED COATING BEEN APPLIED		<input type="checkbox"/>	<input type="checkbox"/>	
THE ZEROBOUND WALL HAS BEEN INSTALLED AS PER THE INSTALL GUIDE		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

COMMENTS

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This Checklist is not a confirmation from CBMA on the quality or conformity of installation of any project specific installation.

HEAD OFFICE

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Campbellfield, 3061
Victoria,
Australia

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This Checklist is not a confirmation from CBMA on the quality or conformity of installation of any installation. It is the responsibility of the builder / building surveyor / certifier or other interested parties to confirm the install is correct and meets the requirements stated in the latest install guide available from the CBMA website. This document is a guide only and maybe superseded. Please check the CBMA website and/or your representative for the latest document. CBMA and its employees are not held liable for any incorrect installations or resulting losses.

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