



genesis™

PREFINISHED COMPRESSED FIBRE CEMENT / MANUFACTURED BY FAIRVIEW

## GENESIS INSTALLATION CHECK LIST

DATE OF VISIT	
PROJECT NAME	
SITE LOCATION	
CONTRACTOR/ INSTALLER	
DISTRIBUTOR	
APPLICATION: INTERNAL / EXTERNAL	
PANEL MATERIAL	
QUANTITY	
MAXIMUM HEIGHT WHERE THE PANELS ARE INSTALLED	

This check list has been used by the Fairview team when visiting the project during inspection.

As far as warranty is concerned and with this check list filled during the installation of the projects, we can confirm that, based on the contractor's letter to us confirming that our panels have been installed and fixed in accordance with our recommendations, we will gladly warrant the performance of our panels.

Note: Inspection is carried out on a representative section chosen at random. For all intents and purpose, it is the responsibility of the contracting party to comply with the Genesis and/or Genesis Signature Installation Guides.

Please tick the box that best corresponds to your answer for each question below.

PANEL CUTTING	<input type="checkbox"/> CHECKED <input type="checkbox"/> NOT CHECKED
ARE THE PANEL CUT OUTS AROUND OPENINGS AND SMALL SECTIONS IN ALIGNMENT WITH THE TECHNICAL MANUAL?	<input type="checkbox"/> YES <input type="checkbox"/> NO



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## / GENESIS INSTALLATION CHECK LIST

Please tick the box that best corresponds to your answer or provide information for each question below.

EDGE TREATMENT	<input type="checkbox"/> CHECKED <input type="checkbox"/> NOT CHECKED
HAS THE EDGE SEALER BEEN APPLIED TO THE CUT EDGES (ONLY FOR GENESIS AIR CURED PRODUCTS)	<input type="checkbox"/> YES <input type="checkbox"/> NO
PANEL DRILLING	<input type="checkbox"/> CHECKED <input type="checkbox"/> NOT CHECKED
HAS THE GENESIS DRILL BIT BEEN USED FOR DRILLING?	<input type="checkbox"/> YES <input type="checkbox"/> NO
SUB-STRUCTURE	<input type="checkbox"/> CHECKED <input type="checkbox"/> NOT CHECKED
HAVE VITRAFIX TOP HATS BEEN USED AS PER THE INSTALLATION MANUAL?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHAT IS THE ORIENTATION OF THE TOP HATS?	<input type="checkbox"/> VERTICAL <input type="checkbox"/> HORIZONTAL
WHAT IS THE DISTANCE BETWEEN EACH ADJACENT TOP HAT? (MM)	

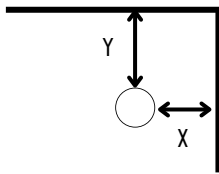


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## / GENESIS INSTALLATION CHECK LIST

Please tick the box that best corresponds to your answer or provide information for each question below.

FIXING	[ ] CHECKED [ ] NOT CHECKED
ARE GENESIS RIVETS USED?	[ ] YES [ ] NO
HAS THE CONCEPT OF FLOATING POINTS BEEN USED IN ACCORDANCE WITH THE GENESIS TECHNICAL MANUAL?	[ ] YES [ ] NO
WHERE IS THE LOCATION OF THE RIVET FROM THE EDGE?  SPECIFICATION: <ul style="list-style-type: none"> <li>100-150MM FROM THE HORIZONTAL JOIN</li> <li>30-50MM FROM THE VERTICAL JOIN</li> </ul>	X = (MM ALONG THE TOP HAT)  Y = (MM ACROSS THE TOP HAT) 
IS THE MAXIMUM RIVET SPACING ALONG THE TOP HAT EQUAL TO OR LESS THAN 600MM?	[ ] YES [ ] NO



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## / GENESIS INSTALLATION CHECK LIST

Please tick the box that best corresponds to your answer or provide information for each question below.

VENTILATION	<input type="checkbox"/> CHECKED <input type="checkbox"/> NOT CHECKED
IS THERE ANY OPENING FOR VENTILATION AT THE TOP AND BOTTOM OF THE FACADE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHAT IS THE SIZE OF THE OPENING AT THE TOP AND BOTTOM OF THE FACADE? (MM)  SPECIFICATION: <ul style="list-style-type: none"> <li>BOTTOM - 50MM</li> <li>TOP - 10-30MM</li> </ul>	BOTTOM:   TOP:
IS THERE ANY OPENING FOR VENTILATION AT THE TOP AND BOTTOM OF THE WINDOW?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHAT IS THE SIZE OF THE OPENING AT THE TOP AND BOTTOM OF THE WINDOW? (MM)  SPECIFICATION: <ul style="list-style-type: none"> <li>BOTTOM - 10MM</li> <li>TOP - 10MM</li> </ul>	BOTTOM:   TOP:
WHAT IS THE SIZE OF THE VENTILATED CAVITY (THE DISTANCE BETWEEN THE BACK OF THE PANLES TO THE SARKING/INSULATION/MAIN STRUCTURAL WALL?? (MM)	
WHAT IS THE DISTANCE BETWEEN THE GROUND TO THE EDGE OF THE BOTTOM PANEL? (MM)	



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Please tick the box that best corresponds to your answer or provide information for each question below.

MOUNTING OF PANELS	<input type="checkbox"/> CHECKED <input type="checkbox"/> NOT CHECKED
HAS THE EPDM TAPE BEEN APPLIED ON THE VERTICAL SUBSTRUCTURE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WHAT ARE THE SIZES OF THE PANEL-TO-PANEL JOINTS? (MM)	
ARE THE HORIZONTAL JOINTS OPENED OR CLOSED WITH THE GENESIS BACK FLASHING?	<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED
IN ORDER TO ENSURE A MORE CONSISTENT SPREAD OF THE NATURAL VARIATION BETWEEN BOARDS, THE PANELS SHOULD BE RANDOMLY PICKED FROM VARIOUS PALLETS. DID THIS TAKE PLACE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WERE THE TOP HATS PRE-DRILLED USING A CENTERING DRILL BIT WITH THE PANLES IN THE CORRECT POSITION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS A STANDOFF NOSE PIECE TOOL BEEN USED TO PREVENT OVER TIGHTENING OF THE RIVET WHEN FIXING?	<input type="checkbox"/> YES <input type="checkbox"/> NO
USING A STRAIGHT EDGE, CHECK THE PANEL FACINGS TO CONFIRM THAT THE PANELS ARE FLAT AND NOT STRAINED BY BEING BENT OUT OF PLANE. ARE THE PANEL EDGES STRAIGHT?	<input type="checkbox"/> YES <input type="checkbox"/> NO



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/ GENESIS INSTALLATION CHECK LIST

COMMENTS

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RECTIFICATIONS TO BE MADE

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We, the Contractors/Installers for this project declare that the installation has been carried out in accordance with the Genesis/Genesis Signature Installation Guide and in compliance with the quality check in this document. All information provided is true and correct.

NAME

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SIGNATURE

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DATE

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- ☐ Genesis
- ☐ Genesis Signature

INSPECTED BY

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SIGNATURE

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DATE

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