



Fluid-Applied Air Barrier Assembly Audit Report

ABAA Assigned Audit Report #:

For ABAA office use only

Scheduled Project Audit X of X:

Audit Date and Time:

Project Name:

Project Address:

Auditor Name:

ABAA Auditor Certification #:

Phone #:

Alternate Phone #:

Accredited Contractor:

Primary Contact:

ABAA Contractor Member #:

Phone #:

E-mail Address:

Certified Installer:

ABAA Certification #:

Expiry Date:

Certified Installer:

ABAA Certification #:

Expiry Date:

Registered Installer:

ABAA Registration #:

Expiry Date:

Registered Installer:

ABAA 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:

Primary Air Barrier Material:

(Manufacturer Name & Trade Name)