



## Quality Control Documentation

<b>System Type</b>
<b>Protective Linings</b>

<b>Product</b>
<b>Situclad EWS</b>

## Bondlast | Document QC.PL.1 - Quality Control Sheet – Situclad EWS

This sheet is to be completed by the Site Supervisor and a copy provided to the client at the completion of the Contract.  
 This form is used in conjunction with the QC PL.2 site checklist, and the QC PL.3 mix control sheet.  
 All forms are to be filed in the appropriate manner and are to be made available to DGL Bondlast Construction Products as required.

PROJECT														
<b>Project:</b>	<b>Owner(s):</b>	<b>Builder:</b>												
Name: .....	Name: .....	Name: .....												
Address: .....	Address: .....	Address: .....												
Suburb: .....	Suburb: .....	Suburb: .....												
City: .....	City: .....	City: .....												
<b>Location of Installation on Site:</b>	<b>Owners Contact Details:</b>	<b>Builders Contact Details:</b>												
Area 1: .....	Phone: .....	Phone: .....												
Area 2: .....	Mobile: .....	Mobile: .....												
Area 3: .....	Email: .....	Email: .....												
Area 4: .....														
BONDLAST CONSTRUCTION PRODUCTS CONTRACTOR														
<b>Contracting Company:</b>	<i>The contractor is on the list of approved Bondlast Applicators for this installation:</i>	<b>Contractor Site Supervisor(s)</b>												
Name: .....	<input type="checkbox"/> Yes	Name: .....												
Address: .....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Contractor Licence #</td> <td style="width: 40%;"></td> </tr> <tr> <td>Date of Expiry</td> <td></td> </tr> </table>	Contractor Licence #		Date of Expiry		Name: .....								
Contractor Licence #														
Date of Expiry														
Suburb: .....	<input type="checkbox"/> No	Name: .....												
City: .....														
<b>Installation Team:</b>	<b>Date Started:</b>	<b>Date Completed:</b>												
Name: .....														
Name: .....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Day</td> <td style="width: 33%; text-align: center;">Month</td> <td style="width: 33%; text-align: center;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Day	Month	Year				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Day</td> <td style="width: 33%; text-align: center;">Month</td> <td style="width: 33%; text-align: center;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Day	Month	Year			
Day	Month	Year												
Day	Month	Year												
Name: .....														
Name: .....														
Name: .....														
Name: .....														
Name: .....														
Name: .....														
PRODUCT														
<b>System Installation Type:</b>	<b>System Specified Finished Thickness:</b>	<b>System Application Process:</b>												
<input type="checkbox"/> Situclad EWS - Wall Application <input type="checkbox"/> Situclad EWS- Walls and Floor	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Minimum</td> <td style="width: 33%; text-align: center;">1.00</td> <td style="width: 33%; text-align: center;">mm</td> </tr> <tr> <td>Actual</td> <td></td> <td style="text-align: center;">mm</td> </tr> </table>	Minimum	1.00	mm	Actual		mm	<input type="checkbox"/> Surface Preparation <input type="checkbox"/> Primer <input type="checkbox"/> Situclad EWS Bodycoats <input type="checkbox"/> Fibreglass Reinforcements <input type="checkbox"/> Situclad EWS Topcoats						
Minimum	1.00	mm												
Actual		mm												
<b>Number of Topcoats:</b>	<b>Floor Joint &amp; Penetration Systems Used:</b>													
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other (Please Specify) ..... .....	<table style="width: 100%;"> <tr style="background-color: #cccccc;"> <th style="text-align: center; padding: 2px;">Floor Joint Sealant</th> </tr> <tr> <td style="padding: 2px;"> <input type="checkbox"/> Sabrebond SMP 60  <input type="checkbox"/> K130  <input type="checkbox"/> Other (Please Specify)  <input type="checkbox"/> Not Applicable                      .....                 </td> </tr> <tr style="background-color: #cccccc;"> <th style="text-align: center; padding: 2px;">Penetration Sealant</th> </tr> <tr> <td style="padding: 2px;"> <input type="checkbox"/> Sabre Seal CR  <input type="checkbox"/> Other (Please Specify)  <input type="checkbox"/> Not Applicable                      .....                 </td> </tr> </table>		Floor Joint Sealant	<input type="checkbox"/> Sabrebond SMP 60 <input type="checkbox"/> K130 <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/> Not Applicable .....	Penetration Sealant	<input type="checkbox"/> Sabre Seal CR <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/> Not Applicable .....								
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Penetration Sealant														
<input type="checkbox"/> Sabre Seal CR <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/> Not Applicable .....														

**FLOOR CONSTRUCTION**

<b>Substrate:</b>	<b>Substrate – Installation Date:</b>	<b>Falls   levels in substrate correct:</b>						
<input type="checkbox"/> New Concrete <input type="checkbox"/> Existing Concrete <input type="checkbox"/> Precast Panel <input type="checkbox"/> Fibrecement <input type="checkbox"/> Plywood <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/> Not Applicable  ..... .....	<table border="1" style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;"><i>Day</i></td> <td style="width: 33%; text-align: center;"><i>Month</i></td> <td style="width: 33%; text-align: center;"><i>Year</i></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <input type="checkbox"/> Information unobtainable	<i>Day</i>	<i>Month</i>	<i>Year</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No If no refer to Prefill section
<i>Day</i>	<i>Month</i>	<i>Year</i>						

**WALL CONSTRUCTION**

<b>Wall Details:</b>	<b>Substrate – Installation Date:</b>	<b>Coves:</b>							
<input type="checkbox"/> Insitu Concrete / Concrete Panel <input type="checkbox"/> Concrete Block <input type="checkbox"/> Insulated Panel <input type="checkbox"/> Plywood <input type="checkbox"/> Fibrecement <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/> Not Applicable  ..... .....	<table border="1" style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;"><i>Day</i></td> <td style="width: 33%; text-align: center;"><i>Month</i></td> <td style="width: 33%; text-align: center;"><i>Year</i></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <input type="checkbox"/> Information unobtainable	<i>Day</i>	<i>Month</i>	<i>Year</i>				<input type="checkbox"/> Pencil Cove only as part of the system  Cove radius required <table border="1" style="display: inline-table; width: 50px; height: 15px; vertical-align: middle;"> <tr><td> </td></tr> </table> mm	
<i>Day</i>	<i>Month</i>	<i>Year</i>							

<b>Cove Matrix Type:</b>	<b>Cove Installation:</b>	
<input type="checkbox"/> Supascreed <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/> Not Applicable  ..... .....	<b>Building Site Supervisor:</b> Name: ..... Date of acceptance: ..... Signed: .....	

**SUBSTRATE PREPARATION**

<b>Surface Preparation: Floor</b>	<b>Surface Preparation: Walls</b>	<b>Acceptance of Surface Preparation</b>
<input type="checkbox"/> Captive Shot-blasting <input type="checkbox"/> Diamond Grinding – Utilizing Bush Hammers <input type="checkbox"/> Other (Please Specify)  ..... .....	<input type="checkbox"/> Diamond Grinding <input type="checkbox"/> Sanding <input type="checkbox"/> Other (Please Specify)  ..... .....	<b>Installation Contractor, Site Supervisor:</b> Name: ..... Date of acceptance: ..... Signed: .....

**SUBSTRATE REPAIR**

<b>Substrate repair required: - Floors</b>	<b>Substrate repair required: - Walls</b>	<b>Substrate Repair - Client Acceptance:</b>
<input type="checkbox"/> Yes – spalling <input type="checkbox"/> Yes - substrate deviation <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/> Not Applicable  ..... .....	<input type="checkbox"/> Yes – defect repairs <input type="checkbox"/> Yes - substrate deviation <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/> Not Applicable  ..... .....	<b>Building Site Supervisor:</b> Name:..... Date Completed:..... Signed:.....

<b>Floors: Does client require elimination of ponding water:?</b>	<b>Prefill Matrix Type:</b>	<b>Prefill – falls/levels: Client Acceptance:</b>
<input type="checkbox"/> Yes - Falls 1:50 required <input type="checkbox"/> Yes - Falls other than 1:50 (Please Specify) <input type="checkbox"/> Substrate deviation returned to level <input type="checkbox"/> Not Applicable  ..... .....	<input type="checkbox"/> STZ Epoxy Prefill - Supascreed <input type="checkbox"/> STZ Epoxy Prefill – Surecote 500 <input type="checkbox"/> Screed 20+ <input type="checkbox"/> Not Applicable  ..... .....	<b>Building Site Supervisor:</b> Name: ..... Date Completed: ..... Signed: .....

**DRAINS / SUMPS**

<b>Drains / sumps; lining required:</b>	<b>Falls in drains / sumps correct:</b>	<b>Drains / sumps; System:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable  If no; do these need rectification: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable  <b>Building Site Supervisor:</b> Name: ..... Date of acceptance: ..... Signed: .....	<input type="checkbox"/> Situclad EWS <input type="checkbox"/> Supascreed <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/> Not Applicable  ..... ..... .....

**PRODUCT INSTALLATION**

<b>Surface Finish:</b>	<b>All Details Installed and Finished as Specified</b>	<b>Penetrations – Sealed:</b>
<input type="checkbox"/> Walls - As specified - Fibreglass Texture <input type="checkbox"/> Floors - As specified - Fibreglass Texture	<input type="checkbox"/> Yes <input type="checkbox"/> No (please specify reason)  ..... .....	<input type="checkbox"/> Yes <input type="checkbox"/> No (please specify reason) <input type="checkbox"/> No Penetrations  .....

**PROTECTION OF LINING SYSTEM**

<b>Protection of Lining System required:</b>	<b>Type of Protection:</b>	<b>Contractor Installed Protection as per Specification:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No – protected by Main Contractor or others	<input type="checkbox"/> Plastic <input type="checkbox"/> Cardboard <input type="checkbox"/> Plywood <input type="checkbox"/> Custom wood <input type="checkbox"/> Other (Please Specify)  Comments ..... .....	<b>Building Site Supervisor:</b> Name: ..... Date of acceptance: ..... Signed: .....  Comments ..... .....

**SITE CONDITIONS**

<b>Site Conditions – External:</b>	<b>Site Conditions – Internal:</b>	<b>Ambient Site Temperatures:</b>
<input type="checkbox"/> Fine <input type="checkbox"/> Warm <input type="checkbox"/> Wet <input type="checkbox"/> Cold  Comments ..... .....	<input type="checkbox"/> Building Open <input type="checkbox"/> Building Enclosed <input type="checkbox"/> Natural Lighting <input type="checkbox"/> Overhead Lighting <input type="checkbox"/> Spotlights  Comments ..... .....	<input type="checkbox"/> Refer: QC3 Documents  Comments ..... .....

**RECORDS**

<b>Photo records taken during stages:</b>	<b>Bondlast Construction Products - Site Visit(s):</b>	<b>Bondlast Construction Products Personnel:</b>
<input type="checkbox"/> Moisture Test Results <input type="checkbox"/> Ambient Temperature Test Results <input type="checkbox"/> Relative Humidity Test Results <input type="checkbox"/> Substrate Surface Preparation <input type="checkbox"/> Internal cove Installation <input type="checkbox"/> Surface Preparation at Drains and Doorways <input type="checkbox"/> No (If no, please specify reason as the photographs are proof of compliance)  .....	<input type="checkbox"/> Yes <input type="checkbox"/> No  Comments ..... .....	Name: ..... Date: ..... Signed: ..... Number of Visits: .....  Name: ..... Date: ..... Signed: ..... Number of Visits: .....

<p align="center"><b>Damage to Laminate by Other Trades:</b></p>	<p align="center"><b>Damage to Laminate or Site by Contractor:</b></p>
<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (please specify reason)</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (please specify reason)</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p align="center"><b>PROTECTIVE LINING INSTALLER</b> <i>Contract completed to specification</i></p>	<p align="center"><b>BUILDING SITE SUPERVISOR</b> <i>Contract completed to specification</i></p>
<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No ( please specify reason)</p> <p>.....</p> <p>.....</p>	<p>Name: .....</p> <p>Date of acceptance: .....</p> <p>Signed: .....</p>
<p align="center"><b>FINAL JOB APPROVAL</b> <i>All stages are complete to the Specification Documents</i></p>	<p align="center"><b>JOB APPROVAL / CLIENT</b> <i>All stages are complete to the Specification Documents</i></p>
<p><b>Contractor Principal</b></p> <p>Name: .....</p> <p>Signed: .....</p> <p>Date: .....</p>	<p><b>Client or Clients Representative</b></p> <p>Name: .....</p> <p>Signed: .....</p> <p>Date: .....</p>

## Bondlast | Document QC.PL.2 - Quality Control Sheet – Situclad EWS

This sheet is to be completed by the Site Supervisor and a copy provided to the client at the completion of the Contract.  
 This form is used in conjunction with the QC PL.1 site checklist, and the QC PL.3 mix control sheet.  
 All forms are to be filed in the appropriate manner and are to be made available to DGL Bondlast Construction Products as required.

PRE-START		
<b>Work instructions available:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Comments ..... ..... .....	<b>Work instructions clear &amp; concise:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Comments ..... ..... .....	<b>Surface preparation method specified:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Comments ..... ..... .....
<b>Prefill requirements specified:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable Comments ..... ..... .....	<b>Prefill system falls specified:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments ..... ..... .....	<b>System thickness specified:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Comments ..... ..... .....
<b>Colour as specified:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Standard White Comments ..... ..... .....	<b>Texture / non-slip specified:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments ..... ..... .....	<b>Topcoat / number of coats specified:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Comments ..... ..... .....
<b>Internal corners: Cove radius specified:</b> <input type="checkbox"/> Yes - Required as part of the system Comments ..... ..... .....	<b>Bondlast QC sheets on site:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Comments ..... ..... .....	<b>Bondlast technical literature / formulations on site:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Comments ..... ..... .....
<b>Client sample approved:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Comments ..... ..... .....		
HEALTH SAFETY & ENVIRONMENT		
<b>Trained staff identified:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Comments ..... ..... .....	<b>SDS on site:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Comments ..... ..... .....	<b>DG site signs on site:</b> <input type="checkbox"/> Not Applicable Comments ..... ..... .....

<b>All PPE available for installation:</b>	<b>Electrical equipment tagged &amp; current:</b>	<b>Fire Extinguishers:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No  Comments ..... .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable – Battery Equipment  Comments ..... .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable  Comments ..... .....
<b>Installation areas isolated with Danger Tape:</b>	<b>Identified Spill Kits:</b>	<b>Waste disposal available:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No  Comments ..... .....	<input type="checkbox"/> Yes <input type="checkbox"/> No  Comments ..... .....	<input type="checkbox"/> Yes <input type="checkbox"/> Waste to be removed from site  Comments ..... .....
<b>SURFACE PREPARATION</b>		
<b>Preparation acceptable (all areas):</b>	<b>Areas clean and dry:</b>	<b>Joints cut out clean:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No  Comments ..... .....	<input type="checkbox"/> Yes <input type="checkbox"/> No  Comments ..... .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable  Comments ..... .....
<b>Swept and vacuumed:</b>	<b>Moisture content correct:</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No  Comments ..... .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable  Comments ..... .....	
<b>MIXING &amp; EQUIPMENT</b>		
<b>Scales:</b>	<b>Measuring by weight / Volume:</b>	<b>Mixing equipment correct:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable  Comments ..... .....	<input type="checkbox"/> Weight <input type="checkbox"/> Volume  Comments ..... .....	<input type="checkbox"/> Yes <input type="checkbox"/> No  Comments ..... .....
<b>Bondlast QC.PL.3 mixing sheets filled in correctly:</b>	<b>Mix area clean and tidy:</b>	<b>Mix area isolated from other trades:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No  Comments ..... .....	<input type="checkbox"/> Yes <input type="checkbox"/> No  Comments ..... .....	<input type="checkbox"/> Yes <input type="checkbox"/> No  Comments ..... .....
<b>INSTALLATION</b>		
<b>Correct tools available for installation:</b>	<b>Prefill installation correct as specified:</b>	<b>Fibre reinforcement correct grade:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No  Comments ..... .....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable  Comments ..... .....	<input type="checkbox"/> Yes <input type="checkbox"/> No  Comments ..... .....

<p><b>Prefill installation correct as specified:</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Not Applicable</p> <p>Comments  .....  .....  .....</p>	<p><b>Cove installation and radius correct:</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p>Comments  .....  .....  .....</p>	<p><b>Laminate to correct thickness:</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p>Comments  .....  .....  .....</p>
<p><b>Topcoats applied as specified</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p>Comments  .....  .....  .....</p>	<p><b>Colour even:</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p>Comments  .....  .....  .....</p>	<p><b>Detailing carried out to Specification</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p>Comments  .....  .....  .....</p>
<p><b>Construction joints carried and cut through:</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Not Applicable</p> <p>Comments  .....  .....  .....</p>	<p><b>Jointing detail good:</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Not Applicable</p> <p>Comments  .....  .....  .....</p>	<p><b>Visual aspect of installed laminate to required standard:</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Not Applicable</p> <p>Comments  .....  .....  .....</p>
<b>COMPLETION</b>		
<p><b>Site clean-up:</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p>Comment  .....  .....  .....</p>	<p><b>Area protected:</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Not Applicable</p> <p>Comments  .....  .....  .....</p>	<p><b>Client sign-off:</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p>Comments  .....  .....  .....</p>

I/We agree that the above is correct.

Name: ..... Signed: ..... Date: ...../...../.....

**Disclaimer:**  
DGL Bondlast Construction Products Quality Checklists are an internal business tool for members of the DGL Bondlast Construction Products Contractors Federation Inc. They are a snapshot of contractor activity and do not necessarily indicate continuous business performance or on-site skills. It in no way implies any site responsibility by DGL Bondlast Construction Products. Full site responsibility resides with the contractor.

## Bondlast | Document QC.PL.3 - Quality Control Sheet – Situclad EWS

This sheet is to be completed by the Site Supervisor and a copy provided to the client at the completion of the Contract.  
 This form is used in conjunction with the QC PL.1 Site Sheet and the QC PL.2 Site Checklist.  
 All forms are to be filed in the appropriate manner and are to be made available to DGL Bondlast Construction Products as required.

<b>Project:</b>																	
<b>Location On Site:</b>		<b>L1:</b>				<b>L2:</b>				<b>L3:</b>				<b>L4:</b>			
<b>AMBIENT TEMPERATURE</b>																	
* To be recorded minimum twice daily or when atmospheric conditions are observed Installation range 10°C - 35°C																	
		AM								PM							
D1					D2					D3					D4		
D4					D5					D6					D7		
D7					D8					D9					D10		
D10					D11					D12					D13		
D13					D14					D15					D16		
D16					D17					D18					D19		
D19					D20					D21							
<b>RELATIVE HUMIDITY</b>																	
* To be recorded minimum twice daily or when atmospheric conditions are observed Installation should not take place above 85% RH																	
D1					D2					D3					D4		
D4					D5					D6					D7		
D7					D8					D9					D10		
D10					D11					D12					D13		
D13					D14					D15					D16		
D16					D17					D18					D19		
D19					D20					D21							
<b>DEW POINT</b>																	
* To be recorded minimum twice daily or when atmospheric conditions are observed All resin applications should take place at 3°C above the room dew point avoiding moisture issues.																	
D1					D2					D3					D4		
D4					D5					D6					D7		
D7					D8					D9					D10		
D10					D11					D12					D13		
D13					D14					D15					D16		
D16					D17					D18					D19		
D19					D20					D21							
<b>% SUBSTRATE MOISTURE</b>																	
* To be recorded daily at random points every 50 m <sup>2</sup> of area to be installed Note* Situclad EWS is designed for moisture control and can applied to damp substrates – not to substrates with actively flowing water These tests are to show substrate condition at the time of installation.																	
D1																	
D2																	
D3																	
D4																	
D5																	
D6																	
D7																	
D8																	
D9																	
D10																	
D11																	
D12																	
D13																	
D14																	
D15																	
D16																	
D17																	
D18																	
D19																	
D20																	
D21																	

If the location of installation changes, please add location number to Day of Testing – only put location numbers when a change takes place. Please see example below													
D1	L1:	44%		46%	D2		44%	46%	D3	L3:	47%		48%

## BATCH CONTROL

Insert Batch Number in box and use " in following boxes until Batch Number Change occurs, then write that batch number in etc.  
Please follow this system through the QC sheets.

Examples below

Aquakem Part A	PN300028
Aquakem Part B	4489008
Aquakem Part A	"
Aquakem Part B	"
Aquakem Part A	PN400045
Aquakem Part B	"

Mix Control

Please place a V in each mix box for each mix.	Mix
	V

Location Control

If the location of installation changes, please add location number to Mix Number – only put location numbers when a change takes place. Please see example below							
Mix 1	Mix 2	Mix 3	Mix 4	Mix 5	Mix 6	Mix 7	Mix 8
L1: V	V	V	V	V	V	L3: V	V

## PREFILL – Options

<b>STZ EPOXY PREFILL</b>
Use STZ Epoxy Prefill Document "QC.RF.4" and attach to this document
<b>STZ SCREED 20*</b>
Use STZ Screed 20* Prefill Document "QC.RF.4" and attach to this document

## PRIMER SYSTEM

Product	Mix Ratio			Notes					
Aquakem	Aquakem Part A		Litres	..... ..... ..... .....					
	Aquakem Part B		Litres						
BATCH NUMBERS		Mix 1	Mix 2	Mix 3	Mix 4	Mix 5	Mix 6	Mix 7	Mix 8
Aquakem Part A:									
Aquakem Part B:									
Aquakem Part A:									
Aquakem Part B:									
Aquakem Part A:									
Aquakem Part B:									
Aquakem Part A:									
Aquakem Part B:									
Aquakem Part A:									
Aquakem Part B:									
Aquakem Part A:									
Aquakem Part B:									

# COVES

Product		Mix Ratio			Notes				
Supascreed Aggregate Type		Resin		kg	..... ..... ..... ..... .....				
		Hardener		kg					
		Aggregate 1		kg					
		Aggregate 2		kg					
		Aggregate 3		kg					
BATCH NUMBERS		Mix 1	Mix 2	Mix 3	Mix 4	Mix 5	Mix 6	Mix 7	Mix 8
Supascreed Resin:									
Supascreed Hardener:									
		Mix 9	Mix 10	Mix 11	Mix 12	Mix 13	Mix 14	Mix 15	Mix 16
Supascreed Resin:									
Supascreed Hardener:									
		Mix 17	Mix 18	Mix 19	Mix 20	Mix 21	Mix 22	Mix 23	Mix 24
Supascreed Resin:									
Supascreed Hardener:									
		Mix 25	Mix 26	Mix 27	Mix 28	Mix 29	Mix 30	Mix 31	Mix 32
Supascreed Resin:									
Supascreed Hardener:									
		Mix 33	Mix 34	Mix 35	Mix 36	Mix 37	Mix 38	Mix 39	Mix 40
Supascreed Resin:									
Supascreed Hardener:									
		Mix 41	Mix 42	Mix 43	Mix 44	Mix 45	Mix 46	Mix 47	Mix 48
Supascreed Resin:									
Supascreed Hardener:									
		Mix 49	Mix 50	Mix 51	Mix 52	Mix 53	Mix 54	Mix 55	Mix 56
Supascreed Resin:									
Supascreed Hardener:									
		Mix 57	Mix 58	Mix 59	Mix 60	Mix 61	Mix 62	Mix 63	Mix 64
Supascreed Resin:									
Supascreed Hardener:									
		Mix 65	Mix 66	Mix 67	Mix 68	Mix 69	Mix 70	Mix 71	Mix 72
Supascreed Resin:									
Supascreed Hardener:									
		Mix 73	Mix 74	Mix 75	Mix 76	Mix 77	Mix 78	Mix 79	Mix 80
Supascreed Resin:									
Supascreed Hardener:									
		Mix 81	Mix 82	Mix 83	Mix 84	Mix 85	Mix 86	Mix 87	Mix 88
Supascreed Resin:									
Supascreed Hardener:									

## LAMINATE MATRIX

Product		Mix Ratio			Notes				
Aquakem		Aquakem Part A		Litres	..... ..... ..... .....				
		Aquakem Part B		Litres					
BATCH NUMBERS		Mix 1	Mix 2	Mix 3	Mix 4	Mix 5	Mix 6	Mix 7	Mix 8
Aquakem Part A:									
Aquakem Part B:									
		Mix 9	Mix 10	Mix 11	Mix 12	Mix 13	Mix 14	Mix 15	Mix 16
Aquakem Part A:									
Aquakem Part B:									
		Mix 17	Mix 18	Mix 19	Mix 20	Mix 21	Mix 22	Mix 23	Mix 24
Aquakem Part A:									
Aquakem Part B:									
		Mix 25	Mix 26	Mix 27	Mix 28	Mix 29	Mix 30	Mix 31	Mix 32
Aquakem Part A:									
Aquakem Part B:									
		Mix 33	Mix 34	Mix 35	Mix 36	Mix 37	Mix 38	Mix 39	Mix 40
Aquakem Part A:									
Aquakem Part B:									
		Mix 41	Mix 42	Mix 43	Mix 44	Mix 45	Mix 46	Mix 47	Mix 48
Aquakem Part A:									
Aquakem Part B:									
		Mix 49	Mix 50	Mix 51	Mix 52	Mix 53	Mix 54	Mix 55	Mix 56
Aquakem Part A:									
Aquakem Part B:									

## TOPCOAT

Product		Mix Ratio			Notes				
Aquakem		Aquakem Part A		Litres	..... ..... ..... .....				
		Aquakem Part B		Litres					
BATCH NUMBERS		Mix 1	Mix 2	Mix 3	Mix 4	Mix 5	Mix 6	Mix 7	Mix 8
Aquakem Part A:									
Aquakem Part B:									
		Mix 9	Mix 10	Mix 11	Mix 12	Mix 13	Mix 14	Mix 15	Mix 16
Aquakem Part A:									
Aquakem Part B:									
		Mix 17	Mix 18	Mix 19	Mix 20	Mix 21	Mix 22	Mix 23	Mix 24
Aquakem Part A:									
Aquakem Part B:									
		Mix 25	Mix 26	Mix 27	Mix 28	Mix 29	Mix 30	Mix 31	Mix 32
Aquakem Part A:									
Aquakem Part B:									
		Mix 33	Mix 34	Mix 35	Mix 36	Mix 37	Mix 38	Mix 39	Mix 40
Aquakem Part A:									
Aquakem Part B:									
		Mix 41	Mix 42	Mix 43	Mix 44	Mix 45	Mix 46	Mix 47	Mix 48
Aquakem Part A:									
Aquakem Part B:									
		Mix 49	Mix 50	Mix 51	Mix 52	Mix 53	Mix 54	Mix 55	Mix 56
Aquakem Part A:									
Aquakem Part B:									

