

DGL



Bondlast[®]
Construction Products

Quality Control Documentation

System Type
Waterproofing

Product
Ultratuff - Internal under Tiles

Bondlast | Document QC.WP.1 - Quality Control Sheet – Ultratuff

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 WP.2 site checklist, and the QC WP.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														
Project:	Owner(s):	Builder:												
Name:	Name:	Name:												
Address: Suburb: City:	Address: Suburb: City:	Address: Suburb: City:												
BONDLAST CONSTRUCTION PRODUCTS CONTRACTOR														
Contracting Company:	<i>The contractor must be on the list of approved Bondlast Applicators for this installation:</i>	Installation Contractor Site Supervisor(s):												
Name: Address: Suburb: City:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Contractor Licence #</td> <td style="width: 50%;"></td> </tr> <tr> <td style="padding: 2px;">Date of Expiry</td> <td></td> </tr> </table>	Contractor Licence #		Date of Expiry		Name: Name: Name:								
Contractor Licence #														
Date of Expiry														
Installation Team:	Date Started:	Date Completed:												
Name: Name: Name: Name: Name: Name:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; padding: 2px;">Day</td> <td style="width: 33%; text-align: center; padding: 2px;">Month</td> <td style="width: 33%; text-align: center; padding: 2px;">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; padding: 2px;">Day</td> <td style="width: 33%; text-align: center; padding: 2px;">Month</td> <td style="width: 33%; text-align: center; padding: 2px;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Day	Month	Year			
Day	Month	Year												
Day	Month	Year												
PRODUCT INSTALLATION														
System Type:	System Specified Finished Thickness:	Method of Application:												
<input type="checkbox"/> Ultratuff – Fibreglass Reinforcement to all corners <input type="checkbox"/> Ultratuff – Full Fibreglass Reinforcement to all areas	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; padding: 2px;">Minimum</td> <td style="width: 33%; text-align: center; padding: 2px;">1.2</td> <td style="width: 33%; text-align: center; padding: 2px;">mm</td> </tr> <tr> <td style="text-align: center; padding: 2px;">Actual</td> <td></td> <td></td> </tr> </table>	Minimum	1.2	mm	Actual			<input type="checkbox"/> Primer - Roller <input type="checkbox"/> Basecoat – Roller <input type="checkbox"/> Fibreglass – Laminating Roller <input type="checkbox"/> Other (Please Specify)						
Minimum	1.2	mm												
Actual														
FLOOR CONSTRUCTION														
Substrate:	Substrate – Installation Date	Falls in substrate correct:												
<input type="checkbox"/> New Concrete <input type="checkbox"/> Existing Concrete <input type="checkbox"/> Fibre-Cement <input type="checkbox"/> Plywood <input type="checkbox"/> Other (Please Specify)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; padding: 2px;">Day</td> <td style="width: 33%; text-align: center; padding: 2px;">Month</td> <td style="width: 33%; text-align: center; padding: 2px;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table> <input type="checkbox"/> Information unobtainable	Day	Month	Year				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If No Please Specify situation						
Day	Month	Year												

WALL CONSTRUCTION

Substrate:	Substrate – Installation Date		
<input type="checkbox"/> Insitu Concrete / Concrete Panel <input type="checkbox"/> Concrete Block <input type="checkbox"/> Fibre-Cement <input type="checkbox"/> Plywood <input type="checkbox"/> Wet Area Gypsum Board <input type="checkbox"/> Other (Please Specify)	<i>Day</i>	<i>Month</i>	<i>Year</i>
	<input type="checkbox"/> Information unobtainable		

SUBSTRATE PREPARATION

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

SUBSTRATE REPAIR - FLOORS | WALLS

Prefill / Substrate repair required:	Substrate Cracks / Joints:	Prefill – Falls / levels required:
<input type="checkbox"/> Yes – spalling <input type="checkbox"/> Yes - substrate deviation <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Filled <input type="checkbox"/> Slip Tape / Fibreglass bandage <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

Prefill Matrix:	Prefill Falls – Client Acceptance:	
<input type="checkbox"/> Screed 20* <input type="checkbox"/> Rapid Patch 40 <input type="checkbox"/> Rapid Screed <input type="checkbox"/> Not Applicable	Building Site Supervisor Name: Date Completed: Signed:	

FIBREGLASS REINFORCEMENT

Wall to floor & Internal junction detail – Fibreglass Reinforcement	Walls: Full Fibreglass Reinforcement
<input type="checkbox"/> Yes - this is a minimum requirement of the system.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

DRAINS | SUMPS | PENETRATIONS

Ultratuff Detailing to Drains / Wastes Correct	Penetrations – Sealed
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No (If no, do not proceed and show reason below and rectify)	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please specify reason) <input type="checkbox"/> No Floor Penetrations

PROTECTION OF SURFACE

<i>Protection of Area Required, Prior to Tiles</i>	<i>Type of Protection</i>	<i>Contractor Installed Protection as per Specification</i>
<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 (<i>Please Specify</i>) 	Building Site Supervisor: Name: Date of acceptance: Signed: Comments

SITE CONDITIONS

<i>Site Conditions During Installation</i>	<i>Lighting</i>	<i>Ambient Site Temperatures</i>
<input type="checkbox"/> Building Open <input type="checkbox"/> Building Enclosed Comments	<input type="checkbox"/> Natural Lighting <input type="checkbox"/> Overhead Lighting <input type="checkbox"/> Spotlights Comments	<input type="checkbox"/> Refer: QC3 Documents Comments

RECORDS

<i>Photo records taken during stages</i>	<i>Bondlast Construction Products - Site Visit(s)</i>	<i>Bondlast Construction Products Personnel</i>
<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"/> Cove Reinforcement <input type="checkbox"/> No (<i>If no, please specify reason, as the photographs are proof of compliance</i>) 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments	Name: Date: Signed: Number of Visits: Name: Date: Signed: Number of Visits:

<i>Damage to Membrane by Other Trades</i>	<i>Damage to Membrane or Site by Waterproofing Installer</i>
<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify reason) 	<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify reason)

WATERPROOFING MEMBRANE INSTALLER
Contract completed to specification

WATERPROOFING INSTALLER SITE SUPERVISOR
Contract completed to specification

Yes
 No (please specify reason)

Name:
 Date of acceptance:
 Signed:

FINAL JOB APPROVAL
All stages are complete to the Specification Documents

JOB APPROVAL / CLIENT
All stages are complete to the Specification Documents

Waterproofing Contractor Principal
 Name:
 Signed:
 Date:

Client or Clients Representative
 Name:
 Signed:
 Date:

Bondlast | Document QC.WP.2 - Quality Control Sheet – Ultratuff

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 WP.1 site checklist, and the QC WP.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		
<p>Work instructions available:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments</p>	<p>Work instructions clear & concise:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments</p>	<p>Surface preparation method specified:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments</p>
<p>Prefill to Falls /Levels requirements specified:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable</p> <p>Comments</p>	<p>System thickness specified:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments</p>	<p>Bondlast technical literature / Method statement on site:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments</p>
<p>Bondlast Flooring QC sheets on site:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (if no, please specify reason)</p> <p>Comments</p>		
HEALTH SAFETY & ENVIRONMENT		
<p>Trained staff identified:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments</p>	<p>SDS on site:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments</p>	<p>DG site signs on site:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>Comments</p>
<p>All PPE available for installation:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments</p>	<p>Electrical equipment tagged & current:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>Comments</p>	<p>Fire Extinguishers:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>Comments</p>
<p>Installation areas isolated with Danger Tape:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>Comments</p>	<p>Identified Spill Kits:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>Comments</p>	<p>Waste disposal available:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Waste to be removed from site</p> <p>Comments</p>

SURFACE PREPARATION

<p>Preparation acceptable (including upstands and panel):</p>	<p>Floor / Walls clean and dry:</p>	<p>Joints cut out clean:</p>
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>Comments</p>
<p>Swept and vacuumed:</p>	<p>Moisture content correct:</p>	
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments</p>	

MIXING & EQUIPMENT

<p>Scales:</p>	<p>Measuring by weight / volume:</p>	<p>Mixing equipment correct:</p>
<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>Comments</p>	<p><input type="checkbox"/> Weight <input type="checkbox"/> Volume <input type="checkbox"/> Not Applicable</p> <p>Comments</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments</p>
<p>Bondlast QC mixing sheets filled in correctly:</p>	<p>Mix area clean and tidy:</p>	<p>Mix area isolated from other trades:</p>
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments</p>

INSTALLATION

<p>Correct tools available for installation:</p>	<p>Prefill installation correct as specified:</p>	<p>Fibre reinforcement to required areas:</p>
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>Comments</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments</p>
<p>Termination details installed correctly / sealant:</p>	<p>Material installed to correct thickness:</p>	<p>Construction joints carried and cut through:</p>
<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>Comments</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>Comments</p>

Jointing detail good:	Visual aspect of installed material to required standard:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments

COMPLETION

Site clean-up:	Floor protected:	Client sign -off:
<input type="checkbox"/> Yes <input type="checkbox"/> No Comment	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments

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.WP.3 - Quality Control Sheet – Ultratuff

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 WP.1 Site Sheet and the QC WP.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.

Project:																	
Location On Site:		L1:				L2:				L3:				L4:			
AMBIENT TEMPERATURE																	
* To be recorded minimum twice daily or when atmospheric conditions are observed Installation range +10°C - +35°C																	
		AM				PM				AM				PM			
D1					D2					D3							
D4					D5					D6							
D7					D8					D9							
D10					D11					D12							
D13					D14					D15							
D16					D17					D18							
D19					D20					D21							
RELATIVE HUMIDITY																	
* To be recorded minimum twice daily or when atmospheric conditions are observed Installation should not take place above 85% RH																	
D1					D2					D3							
D4					D5					D6							
D7					D8					D9							
D10					D11					D12							
D13					D14					D15							
D16					D17					D18							
D19					D20					D21							
DEW POINT																	
* 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					D5					D6							
D7					D8					D9							
D10					D11					D12							
D13					D14					D15							
D16					D17					D18							
D19					D20					D21							
% SUBSTRATE MOISTURE																	
* To be recorded daily at random points every 50 m ² of area to be installed Moisture content to be <75% RH																	
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	"
Aquakem Part A	"
Aquakem Part B	5663589

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

Standard Primer– Also used as bonding agent over Aquakem prior to the application of Ultratuff

Product	BATCH NUMBER	Notes
Universal Primer	Pail 1	
	Pail 2	
	Pail 3	
	Pail 4	
	Pail 5	
	Pail 6	
	Pail 7	
	Pail 8	
	Pail 9	
	Pail 10	

Primer | First Coat – Wet Concrete Primer

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:										

Primer | Second Coat – Wet Concrete Primer

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:										

