



Quality Control Documentation

System Type
Waterproofing

Product
Terraflex - Exposed Deck
Terraflex - Plant Room Application

Bondlast | Document QC.DC.1 - Quality Control Sheet – Terraflex

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 DC.2 site checklist, and the QC DC.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:												
Location of Installation on Site:	Owners Contact Details:	Builders Contact Details:												
Area 1: Area 2: Area 3: Area 4:	Phone: Mobile: Email:	Phone: Mobile: Email:												
BONDLAST CONSTRUCTION PRODUCTS CONTRACTOR														
Contracting Company:	The contractor is on the list of approved Bondlast Applicators for this installation:	Contractor Site Supervisor(s)												
Name: Address: Suburb: City:	<input type="checkbox"/> Yes <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Contractor Licence #</td> <td style="width: 50%;"></td> </tr> <tr> <td>Date of Expiry</td> <td></td> </tr> </table> <input type="checkbox"/> No	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;">Day</td> <td style="width: 33%; text-align: center;">Month</td> <td style="width: 33%; text-align: center;">Year</td> </tr> <tr> <td> </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> </td> <td> </td> <td> </td> </tr> </table>	Day	Month	Year			
Day	Month	Year												
Day	Month	Year												
PRODUCT														
System Installation Type:	System Specified Finished Thickness:	System Application Process:												
<input type="checkbox"/> Terraflex – Exposed Deck Application <input type="checkbox"/> Terraflex – Plant Room Application <div style="background-color: #cccccc; padding: 2px;">Colour</div> <input style="width: 100%;" type="text"/>	<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%;">mm</td> </tr> <tr> <td>Actual</td> <td></td> <td>mm</td> </tr> </table>	Minimum	1.00	mm	Actual		mm	<input type="checkbox"/> Surface Preparation <input type="checkbox"/> Primer <input type="checkbox"/> Terraflex Bodycoats <input type="checkbox"/> Fibreglass Reinforcements <input type="checkbox"/> Aquaglaze UV Topcoats						
Minimum	1.00	mm												
Actual		mm												
Surface Finish Type:	Number of Topcoats:	Floor Joint & Penetration Systems Used:												
<input type="checkbox"/> Standard Fibreglass Texture Finish <input type="checkbox"/> Gloop Loop Roller Texture Finish <input type="checkbox"/> Non- Slip (Aggregate) <div style="background-color: #cccccc; padding: 2px;">Please specify non-slip media used</div> <div style="border: 1px solid black; padding: 5px; min-height: 40px;"> </div>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other (Please Specify)	<div style="background-color: #cccccc; padding: 2px; text-align: center;">Floor Joint Sealant</div> <input type="checkbox"/> Sabrebond SMP 60 <input type="checkbox"/> K130 <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/> Not Applicable <div style="background-color: #cccccc; padding: 2px; text-align: center;">Cove Strip and Penetration Sealant</div> <input type="checkbox"/> Sabre Seal CR <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/> Not Applicable												

FLOOR CONSTRUCTION

Substrate:	Substrate – Installation Date:	Falls levels in substrate correct:						
<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;">Day</td> <td style="width: 33%; text-align: center;">Month</td> <td style="width: 33%; text-align: center;">Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <input type="checkbox"/> Information unobtainable	Day	Month	Year				<input type="checkbox"/> Yes <input type="checkbox"/> No If no refer to Prefill section
Day	Month	Year						

WALL CONSTRUCTION

Wall Details:	Substrate – Installation Date:	Coves / Upstands required:										
<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;">Day</td> <td style="width: 33%; text-align: center;">Month</td> <td style="width: 33%; text-align: center;">Year</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <input type="checkbox"/> Information unobtainable	Day	Month	Year				<input type="checkbox"/> Yes- Full Cove Upstand <input type="checkbox"/> Pencil Cove only as part of the system If yes: height required <table border="1" style="display: inline-table;"><tr><td> </td><td>mm</td></tr></table> Cove radius required <table border="1" style="display: inline-table;"><tr><td> </td><td>mm</td></tr></table>		mm		mm
Day	Month	Year										
	mm											
	mm											

Cove Matrix Type:	Cove Capping:	Cove Installation:
<input type="checkbox"/> Supascreed <input type="checkbox"/> Rapidpatch 40 <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/> Not Applicable	<input type="checkbox"/> STZ Coving Strip 5.2mm <input type="checkbox"/> STZ Coving Strip 9.2mm - rebate <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/> Not Applicable	Building Site Supervisor: Name: Date of acceptance: Signed:

SUBSTRATE PREPARATION

Surface Preparation: Floor	Surface Preparation: Walls	Acceptance of Surface Preparation
<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)	Installation Contractor, Site Supervisor: Name: Date of acceptance: Signed:

SUBSTRATE REPAIR

Substrate repair required: Floors	Substrate repair required: Walls	Substrate Repair - Client Acceptance:
<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	Building Site Supervisor: Name:..... Date Completed:..... Signed:.....

Floors: Does client require elimination of ponding water:?	Prefill Matrix Type:	Prefill – falls/levels: Client Acceptance:
<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	Building Site Supervisor: Name: Date Completed: Signed:

DRAINS / SUMPS

Drains / sumps; lining required:	Falls in drains / sumps correct:	Drains / sumps; System:
<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 Building Site Supervisor: Name: Date of acceptance: Signed:	<input type="checkbox"/> Terraflex <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/> Not Applicable

PRODUCT INSTALLATION

Surface Texture Finished to Specification:	All Details Installed and Finished as Specified:	Penetrations – Sealed:
<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"/> Yes <input type="checkbox"/> No (Please specify reason) <input type="checkbox"/> No Penetrations

PROTECTION OF LINING SYSTEM

Protection of Terraflex System required:	Type of Protection:	Contractor Installed Protection as per Specification:
<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	Building Site Supervisor: Name: Date of acceptance: Signed: Comments

SITE CONDITIONS

Site Conditions – External:	Site Conditions – Internal:	Ambient Site Temperatures:
<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

Photo records taken during stages:	Bondlast Construction Products - Site Visit(s):	Bondlast Construction Products Personnel:
<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"/> 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">Damage to Laminate by Other Trades:</p>	<p align="center">Damage to Laminate or Site by Contractor:</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">PROTECTIVE LINING INSTALLER <i>Contract completed to specification</i></p>	<p align="center">BUILDING SITE SUPERVISOR <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">FINAL JOB APPROVAL <i>All stages are complete to the Specification Documents</i></p>	<p align="center">JOB APPROVAL / CLIENT <i>All stages are complete to the Specification Documents</i></p>
<p>Contractor Principal</p> <p>Name:</p> <p>Signed:</p> <p>Date:</p>	<p>Client or Clients Representative</p> <p>Name:</p> <p>Signed:</p> <p>Date:</p>

Bondlast | Document QC.DC.2 - Quality Control Sheet – Terraflex

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 DC.1 site checklist, and the QC DC.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		
Work instructions available: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Work instructions clear & concise: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Surface preparation method specified: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments
Prefill requirements specified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable Comments	Prefill system falls specified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable Comments	System thickness specified: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments
Colour as specified: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Texture / non-slip specified: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Topcoat / number of coats specified: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments
Upstand height specified: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Cove radius specified: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Upstand top edge finish detail specified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Comments
Bondlast Waterproofing QC sheets on site: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Bondlast technical literature / formulations on site: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Client sample approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments
HEALTH SAFETY & ENVIRONMENT		
Trained staff identified: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	SDS on site: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	DG site signs on site: <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable Comments

All PPE available for installation:	Electrical equipment tagged & current:	Fire Extinguishers:
<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

Installation areas isolated with Danger Tape:	Identified Spill Kits:	Waste disposal available:
<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

SURFACE PREPARATION

Preparation acceptable (all areas):	Areas clean and dry:	Joints cut out clean:
<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

Swept and vacuumed:	Moisture content correct:
<input type="checkbox"/> Yes <input type="checkbox"/> No Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments

MIXING & EQUIPMENT

Scales:	Measuring by weight /volume	Mixing equipment correct:
<input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable Comments	<input type="checkbox"/> Weight <input type="checkbox"/> Volume Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments

Bondlast QC WP.3 mixing sheets filled in correctly:	Mix area clean and tidy:	Mix area isolated from other Trades:
<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

INSTALLATION

Correct tools available for installation:	Prefill installation correct as specified:	Cove installation and radius correct:
<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

<p>Fibre reinforcement: correct grade:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments</p>	<p>Prefill installation correct as specified:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>Upstand termination installed correctly / sealant:</p> <p>Comments</p>	<p>Laminate to correct thickness:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments</p>
<p>Textures Surface correct and even</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments</p>	<p>Topcoats applied correctly:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments</p>	<p>Colour even:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments</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>Jointing detail good:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments</p>	<p>Visual aspect of installed laminate to required standard:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments</p>
COMPLETION		
<p>Site clean-up:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comment</p>	<p>Area protected:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments</p>	<p>Client sign -off:</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.DC.3 - Quality Control Sheet – Terraflex

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 DC.1 Site Sheet and the QC DC.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	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
	√

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: √	√	√	√	√	√	L3: √	√

PREFILL – Options

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

COVES | UPSTANDS

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:									

Coves - Option

Product		Mix Ratio			Notes				
Rapidpatch 40		Rapidpatch		kg				
		Water		Litres					
BATCH NUMBERS		Mix 1	Mix 2	Mix 3	Mix 4	Mix 5	Mix 6	Mix 7	Mix 8
Rapidpatch 40:									
		Mix 9	Mix 10	Mix 11	Mix 12	Mix 13	Mix 14	Mix 15	Mix 16
Rapidpatch 40:									
		Mix 17	Mix 18	Mix 19	Mix 20	Mix 21	Mix 22	Mix 23	Mix 24
Rapidpatch 40:									
		Mix 25	Mix 26	Mix 27	Mix 28	Mix 29	Mix 30	Mix 31	Mix 32
Rapidpatch 40:									
		Mix 33	Mix 34	Mix 35	Mix 36	Mix 37	Mix 38	Mix 39	Mix 40
Rapidpatch 40:									
		Mix 41	Mix 42	Mix 43	Mix 44	Mix 45	Mix 46	Mix 47	Mix 48
Rapidpatch 40:									
		Mix 49	Mix 50	Mix 51	Mix 52	Mix 53	Mix 54	Mix 55	Mix 56
Rapidpatch 40:									
		Mix 57	Mix 58	Mix 59	Mix 60	Mix 61	Mix 62	Mix 63	Mix 64
Rapidpatch 40:									
		Mix 65	Mix 66	Mix 67	Mix 68	Mix 69	Mix 70	Mix 71	Mix 72
Rapidpatch 40:									

PRIMER COAT

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:									

TERRAFLEX BODY-COATS

Product	BATCH NUMBER		Notes
Terraflex	Pail 1	
	Pail 2		
	Pail 3		
	Pail 4		
	Pail 5		
	Pail 6		
	Pail 7		
	Pail 8		
	Pail 9		
	Pail 10		
	Pail 11		
	Pail 12		
	Pail 13		
	Pail 14		
	Pail 15		

NON-SLIP

Product	AREAS	Notes
Media Type	
<input type="checkbox"/> Microcells	<input type="checkbox"/> All	
<input type="checkbox"/> Revtred	<input type="checkbox"/> Specific Areas	
<input type="checkbox"/> Gloop Loop Texture	
<input type="checkbox"/> Other (Please Specify)	
.....	

