


Coating Quality Control Report

REPORT NO:

Client :	Date :
Project :	Location :
Project Description :	
Contact :	 Celestin Mani
Contact No. :	
Email :	Certification : SSPC, CCI/ NACE CIP 3, #49929

SCOPE

EQUIPMENT NAME/NO.	
COATING DETAILS	
JOB SCOPE	
ATTENDEES COMPANY NAMES	

EQUIPMENT AND INSTRUMENTATION USED

INSTRUMENTATION DESCRIPTION	INSTRUMENTATION NUMBER	CALIBRATION EXPIRY
TEMPERATURE GUN		
DEW POINT METER		
POSITECTOR		
HOLIDAY TEST		

PRE-SURFACE PREPARATION CONDITIONS

SHARP EDGES, FILLETS, CORNER WELDS:

Rounded

Medium

Poor

SURFACE FREE FROM WELD FLUX, RESIDUE, SILVERS, OIL, GREASE: Yes No

SUBSTRATE CONDITION: Existing coating Bare Steel Pitted Steel

SURFACE PREPARATION

PREPARATION METHOD: _____

SPECIFICATION: _____

ABRASIVE MEDIA: _____

REQUIRED PROFILE: _____

AMBIENT CONDITIONS:

NOZZLE PRESSURE: _____

Air Temp: _____

COMPRESSOR SIZE: _____

Surface Temp: _____

NOZZLE SIZE: _____

Relative Humidity: _____

Dew Point: _____

SCAT TEST N/R

CHLORIDES PPM:

SULFIDES PPM:

LOT#

Expiry:

COATING APPLICATION

COATING MANUFACTURER: _____

BATCH#

PRODUCT NAME: _____

1st COAT BASE: _____

COATING SYSTEM: _____

CATALYST: _____

COLOURS:

2nd COAT BASE: _____

1st Coat: _____

CATALYST: _____

2nd Coat: _____

3rd COAT BASE: _____

3rd Coat: _____

CATALYST: _____

SPECIFIED DFT:

THINNER: YES NO

1st Coat: _____

PERCENTAGE: _____

2nd Coat: _____

TYPE: _____

3rd Coat: _____

TOTAL: _____

APPLICATION METHOD: SPRAY APPLIED

PUMP TYPE AND SIZE _____ BRUSH AND ROLLER

FIRST COAT APPLICATION

DATE: _____ TIME: _____

AMBIENT CONDITIONS

Air Temp: _____

Surface Temp: _____

Relative Humidity: _____

Dew Point: _____

FIRST COAT INSPECTION

Instrument Used: _____

Min DFT: _____ Max DFT: _____ Avg DFT: _____

Visual Appearance: Acceptable Unacceptable

Recommendation: _____

SECOND COAT APPLICATION

DATE: _____ TIME: _____

AMBIENT CONDITIONS

Air Temp: _____

Surface Temp: _____

Relative Humidity: _____

Dew Point: _____

SECOND COAT INSPECTION

Instrument Used: _____

Min DFT: _____ Max DFT: _____ Avg DFT: _____

Visual Appearance: Acceptable Unacceptable

Recommendation: _____

THIRD COAT APPLICATION

DATE: _____ TIME: _____

AMBIENT CONDITIONS

Air Temp: _____

Surface Temp: _____

Relative Humidity: _____

Dew Point: _____

THIRD COAT INSPECTION

Instrument Used: _____

Min DFT: _____ Max DFT: _____ Avg DFT: _____

Visual Appearance: Acceptable Unacceptable

Recommendation: _____

FINAL INSPECTION

HOLIDAY DETECTION:

DATE: _____ TIME: _____

INSTRUMENT TYPE: LOW VOLTAGE HIGH VOLTAGE

CALIBRATION DATE: _____

TOTAL NUMBER OF HOLIDAYS: _____

LOCATIONS:

Welds _____

Floor _____

Shell _____

Roof _____

Sharp Edges _____

Debris _____

Pinholes _____

Others _____

REPAIR METHOD: SANDING REQUIRED YES NO

BRUSH

ROLLER

REPAIRS INSPECTED: YES NO

If no, why: _____

POST CURE SCHEDULE

POST CURE REQUIRED: YES NO

DURATION: _____

TEMP: _____

TYPE OF HEAT USED: _____

PROJECT COMPLETED: YES NO DOCUMENT TURN OVER CUSTOMER
REP. SIGNATURE _____

INSPECTION DETAIL

SUMMARY REPORT