

Paint Inspection: Daily Coating Inspection Report

Date: / / M T W Th F S Su		Pg. Of						
Project #:		COPY To:						
Inspector:		<input type="checkbox"/> QC Mgr <input type="checkbox"/> Owner <input type="checkbox"/> Contr <input type="checkbox"/> _____						
Project/Client:		Attachments:						
Location:		<input type="checkbox"/> DFT Sheet <input type="checkbox"/> NCR/CAR <input type="checkbox"/> _____						
Description:		Revision #						
Requirements:		Spec #						
Contractor:		Revision #						
Description of Areas & Work Performed		Hold Point Inspections Performed						
		<input type="checkbox"/> 1 Pre Surface Prep/Condition & Cleanliness <input type="checkbox"/> 2 Surface Preparation Monitoring <input type="checkbox"/> 3 Post Surface Preparation/Cleanliness & Profile <input type="checkbox"/> 4 Pre Application Prep/Surface Cleanliness <input type="checkbox"/> 5 Application Monitoring/Wet Film Thickness (WFT) <input type="checkbox"/> 6 Post Application/Application Defects <input type="checkbox"/> 7 Post Cure/Dry Film Thickness (DFT) <input type="checkbox"/> 8 Nonconformance/Corrective Actions Follow-up <input type="checkbox"/> 9 Final Inspection Approved By: _____						
Surface Conditions		Ambient Conditions						
<input type="checkbox"/> New <input type="checkbox"/> Maint <input type="checkbox"/> Primer/Paint <input type="checkbox"/> Age/Dry/Cure _____ <input type="checkbox"/> Steel <input type="checkbox"/> Galvanize <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____ <input type="checkbox"/> Hazard _____ <input type="checkbox"/> Sample Report # _____ <input type="checkbox"/> Degree of contamination: _____ Test: <input type="checkbox"/> Cl _____ µg/cm ² / ppm <input type="checkbox"/> Fe _____ ppm <input type="checkbox"/> pH _____ <input type="checkbox"/> Degree of Corrosion: _____ <input type="checkbox"/> Scale <input type="checkbox"/> Pitting/Holes <input type="checkbox"/> Crevices <input type="checkbox"/> Sharp Edges <input type="checkbox"/> Weld _____ <input type="checkbox"/> Moisture <input type="checkbox"/> Oils <input type="checkbox"/> Other _____ <input type="checkbox"/> Painted Surface Condition: _____ Dry to: <input type="checkbox"/> Touch <input type="checkbox"/> Handle <input type="checkbox"/> Recoat <input type="checkbox"/> Dry/Over Spray <input type="checkbox"/> Runs/Sags <input type="checkbox"/> Pinholes <input type="checkbox"/> Holidays <input type="checkbox"/> Abrasion <input type="checkbox"/> Fall Out <input type="checkbox"/> Other _____		Time (Indicate AM or PM) : : : : Dry Bulb Temp ^o (C/F) : : : : Wet Bulb Temp ^o (C/F) : : : : % Relative Humidity % % % % Surface Temp ^o (C/F) Min/Max / / / / Dew Point Temp ^o (C/F) : : : : Wind Direction/Speed : : : : Weather Conditions: : : : :						
Surface Preparation		Application						
Start Time: Finish Time: Est Sq/ft: <input type="checkbox"/> Solvent Clean <input type="checkbox"/> Hand Tool <input type="checkbox"/> Power Tool <input type="checkbox"/> HP Wash PSI _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Abrasive Blast <input type="checkbox"/> Abrasive Type _____ <input type="checkbox"/> Sample <input type="checkbox"/> Blast Hose Size _____ <input type="checkbox"/> Nozzle Size / PSI _____ <input type="checkbox"/> Air Supply CFM _____ <input type="checkbox"/> Air Supply Cleanliness <input type="checkbox"/> Water/Oil Trap Check <input type="checkbox"/> Equipment Condition Check		Start Time : Finish Time : Est. Sq/ft. <input type="checkbox"/> Primer <input type="checkbox"/> Intermediate <input type="checkbox"/> Topcoat <input type="checkbox"/> Touch-up Generic Type: Qty Mixed: Manuf.: Mix Ratio: Prod Name: Mix Method: Prod #: Strain/Screen: Color: Material Temp: °F Kit Sz/Cond.: Sweat-in Time: Min/Hrs Shelf Life: Pot Life: Min/Hrs Reducer #:						
Surface Cleanliness & Profile Measurement		Batch #'s						
<input type="checkbox"/> Job Specification <input type="checkbox"/> SSPC/NACE - SP- _____ <input type="checkbox"/> SSPC/NACE Spec / Visual Stds <input type="checkbox"/> _____ Profile Check: _____ <input type="checkbox"/> Disc <input type="checkbox"/> Tape <input type="checkbox"/> Gauge <input type="checkbox"/> Specified _____ mils avg. / Achieved _____ mils <input type="checkbox"/> Surface effect on DFT Gauge/BMR _____ mils		(A) Qty Added: Pt/Qt/Gal (B) % by Vol: % (C) Specified WFT Avg: Mils Achieved WFT Avg: Mils <input type="checkbox"/> Airless/Conv. Spray <input type="checkbox"/> Brush <input type="checkbox"/> Roller <input type="checkbox"/> Other _____						
Dry Film Thickness		Pump Pot Hose Dia. Air Check Ratio/Size Hose Lng. SEP/Trap GPM/CFM Spray Gun Filter PSI Tip Sz. Agitator						
Gage Type / Model	Gage Serial #	Gage Calib. Verified	Spec Avg. DFT	Total Avg DFT	DFT Last Coat	DFT This Coat	Inspector's Signature	Date