

## PROJECT DETAILS

PROJECT ADDRESS:	REPORT DATE:	
	CLIENT NAME:	
	PROJECT NAME:	
	PROJECT CONTACT:	
	CLIENT ORDER NO:	
	DELIVERY NOTE NO:	
	CONTROLLING SPECIFICATION:	
	ITEM(S) INSPECTED:	

## CLEANING

### ABRASIVE BLAST CLEANING

BLASTING START DATE:		BLASTING START TIME:	
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### BLASTING RECORDS

ABRASIVE (CARBON STEEL):		ABRASIVE (STAINLESS / GALV ETC):	
SURFACE CLEANLINESS:		DUST LEVEL:	
SURFACE PROFILE:		CHLORIDE LEVEL:	

### MANUAL CLEANING

METHOD:	
TOOLS USED:	

### SURFACE CHECK

FREE OF DEFECTS (LAMINATIONS ETC):		FREE OF WELD DEFECTS:	
FREE OF CONTAMINANTS (OIL, GREASE, ETC):		EDGES ROUNDED:	

## VERIFICATION

INSPECTOR NAME:		INSPECTOR LEVEL:	
DATE:		SIGNATURE:	

PROTECTIVE COATINGS						
COATING MANUFACTURER:						
	BASE		CURING AGENT		FINISH COLOUR	DATE / HOUR START - END
	PRODUCT	BATCH NO	PRODUCT	BATCH NO		
COAT 1						
COAT 2						
COAT 3						
COAT 4						
CLIMATIC CONDITIONS DURING COATING						
COAT	REL HUMIDITY %	AIR TEMP (°C):	STEEL TEMP (°C):	DEW POINT (°C):		
START OF COAT 1						
START OF COAT 2						
START OF COAT 3						
START OF COAT 4						
DRY FILM THICKNESS RECORDS						
	NO OF READINGS	REQUIRED CUMULATIVE DFT (µm)	LOWEST VALUE (µm)	HIGHEST VALUE (µm)	AVERAGE (µm)	
COAT 1						
COAT 2						
COAT 3						
COAT 4						
VISUAL CHECK						
SURFACE VISUALLY ACCEPTABLE:				COLOUR AS SPECIFIED:		
COMMENTS:						
VERIFICATION						
INSPECTOR NAME:			INSPECTOR LEVEL:			
DATE:			SIGNATURE:			