

Document QC. 3

This sheet is to be completed by the Site Supervisor .This form is used in conjunction with the QC 1.sheet and QC 2. Site Checklist sheets. All forms are to be filed in the appropriate manner and are to be made available to Allnex as required.



Quality Control Sheet – Flooring Systems – Daily Mix Control

Project Name:	Site Address:	Location on site:	Contractor Name:	Installation Supervisor:	Flooring System:
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Start		Finish																									
AM / PM		AM / PM																									
Ambient Temp				* To be recorded minimum twice daily or when atmospheric conditions are observed																							
AM		PM																									
Relative Humidity				* To be recorded minimum twice daily or when atmospheric conditions are observed																							
AM		PM																									
Dew Point				* To be recorded minimum twice daily or when atmospheric conditions are observed																							
AM		PM																									
% Substrate Moisture				* To be recorded daily at random points every 50 m ²																							
AM		PM																									
Number of Mixes				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Material	Batch	Batch	Batch	Quantity																							
Resin				kg																							
Hardener				gms																							
Catalyst (Cobalt) per 20 litre pail				gms																							
Pig Paste / Oxide per 20 ltr or mix				gms																							
Agg 1				kg																							
Agg 2				kg																							
Agg 3				kg																							
Agg 4				kg																							
Agg 5				kg																							

Note * Changes in Product Batch numbers are to be recorded on the sheet at the point of change. Please mark “ / ” through the mix number

Signed..... (By the Installation Supervisor above) Date...../...../.....