

Applicators Signature:

QUALITY CONTROL REPORT

Hall's Work Order No. Date: Client: Location: Client P.O. No. Tank Size: Tank No. **SURFACE PREPARATION** Pre-Cleaning: Blast Specification: Abrasive Media: Surface Profile Req'd: Nozzle Size: Nozzle Pressure: Air Dryer etc.: Compressor Size: Surface Temp: Air Temp: R.H.: Dew Pt.: **TESTEX TAPE** Surface Profile Surface Profile Test #1: Test #2: **COATING APPLICATION** Supplier: Product: Specified DFT: # of Coats: Base Batch #: Colour: Catalyst Batch #: Thinner: Thinner Batch #: % Thinner Used: Tip Size: Applied With: Surface Dew Air 1st Coat Application Time: R.H.: Temp. Temp. DFT DFT DE 1st Coat Inspection Instrument Used: Min · Max: Average: Surface Air 2nd Coat Application R.H.: Temp. Temp. DFT DFT DFT 2nd Coat Inspection Instrument Used: Min.: Max Average: Surface Air Dew 3rd Coat Application R.H.: Temp. Temp. DFT DFT 3rd Coat Inspection Instrument Used: Min.: Max: **FINAL INSPECTION** Holiday Inspected: Inspection Instrument: Wet Sponge: Dry Spark: No. of Discontinuities: Location: Method of Repair: Repairs Inspected: Yes ___ No **POST CURE SCHEDULE** Post Cure Required: Heat Type Used: Cure Temp.: Cure Duration: Project Complete: Comments:

Date: