



Standard Practice for Quality Assurance for Protective Coatings Applied to Nuclear Facilities¹

This standard is issued under the fixed designation D3843; the number immediately following the designation indicates the year of original adoption or, in the case of revision, the year of last revision. A number in parentheses indicates the year of last reappraisal. A superscript epsilon (ϵ) indicates an editorial change since the last revision or reappraisal.

1. Scope

1.1 This standard replaces ANSI N101.4 and provides a common basis for, and specifically comprises quality assurance requirements applicable to, safety-related protective coating work in Coating Service Level I areas of nuclear facilities as defined in Guide [D5144](#).

1.2 This standard meets the requirements of ANSI N101.4 while also recognizing advancements in technology and industry practices since transfer to ASTM responsibility for updating, rewriting, and issuing replacement standards to ANSI N101.4.

1.3 *This standard does not purport to address all of the safety concerns, if any, associated with its use. It is the responsibility of the user of this standard to establish appropriate safety and health practices and determine the applicability of regulatory limitations prior to use.*

2. Referenced Documents

2.1 ASTM Standards:²

[D4227 Practice for Qualification of Coating Applicators for Application of Coatings to Concrete Surfaces](#)

[D4228 Practice for Qualification of Coating Applicators for Application of Coatings to Steel Surfaces](#)

[D4537 Guide for Establishing Procedures to Qualify and Certify Personnel Performing Coating and Lining Work Inspection in Nuclear Facilities](#)

[D4538 Terminology Relating to Protective Coating and Lining Work for Power Generation Facilities](#)

[D5144 Guide for Use of Protective Coating Standards in Nuclear Power Plants](#)

2.2 ANSI Standard:³

[N45.2 Quality Assurance Program Requirements for Nuclear Power Plants](#)

2.3 ASME Standard:⁴

[NQA-1 \(89\) Quality Assurance Program Requirements for Nuclear Facilities](#)

2.4 Code of Federal Regulations:⁵

[10 CFR 50 Appendix B: Title 10, Chapter 1, Energy, Part 50, Domestic Licensing of Production and Utilization Facilities, Appendix B, Quality Assurance Criteria for Nuclear Power Plants and Fuel Reprocessing Plants](#)
[10 CFR 21 Reporting of Defects and Noncompliances](#)

2.5 Other Document:

[EPRI 1019157 Plant Support Engineering: Guideline on Nuclear Safety-Related Coatings, Revision 2 \(formerly TR-109937 and 1003102\)⁶](#)

3. Terminology

3.1 *Definitions*—Definitions for use with this standard are shown in Terminology [D4538](#) or other applicable standards.

3.2 Definitions of Terms Specific to This Standard:

3.2.1 *project specification, n*—a written document designed to ensure execution of the coating work for a project in accordance with the licensee's requirements. It is usually comprised of the general, legal, and technical specifications governing the work.

4. Significance and Use

4.1 Quality assurance, as covered by this practice, comprises all those planned and systematic actions necessary to provide adequate confidence that safety-related coating work in nuclear facilities as defined in Guide [D5144](#), will perform satisfactorily in service.

¹ This practice is under the jurisdiction of ASTM Committee [D33](#) on Protective Coating and Lining Work for Power Generation Facilities and is the direct responsibility of [D33.04](#) on Quality Systems and Inspection.

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² For referenced ASTM standards, visit the ASTM website, www.astm.org, or contact ASTM Customer Service at service@astm.org. For *Annual Book of ASTM Standards* volume information, refer to the standard's Document Summary page on the ASTM website.

³ Available from American National Standards Institute (ANSI), 25 W. 43rd St., 4th Floor, New York, NY 10036, <http://www.ansi.org>.

⁴ Available from American Society of Mechanical Engineers (ASME), ASME International Headquarters, Two Park Ave., New York, NY 10016-5990, <http://www.asme.org>.

⁵ Available from U.S. Government Printing Office Superintendent of Documents, 732 N. Capitol St., NW, Mail Stop: SDE, Washington, DC 20401, <http://www.access.gpo.gov>.

⁶ Available from EPRI, 3420 Hillview Ave., Palo Alto, CA 94304, askepri@epri.com, <http://www.epri.com>.

4.2 It is not practical to impose all the requirements of this practice on certain specific items that require only a small quantity of coating material. The licensee, consistent with his formal Quality Assurance Program, may accept affidavits of compliance or certification attesting to the quality of a shop or field coating for such items. If required by licensing commitment; safety-related coatings that are not qualified or for which the quantification basis is indeterminate as defined in Guide **D5144**, shall be identified, quantified, and documented.

4.3 This practice may be incorporated in a project specification by direct reference or may be used to provide guidelines for the quality assurance program for coatings, on the basis of the licensee's requirements. Effective use of this practice may also require the incorporation of applicable sections in project specifications for coatings on concrete, steel, equipment, and other related items.

5. General Quality Assurance Requirements

5.1 This section defines the general quality assurance requirements necessary for compliance with this practice. These requirements shall apply to all other sections of this practice.

5.2 The licensee or the licensee's designee shall be responsible for determining whether source inspection or a certificate of compliance attesting to the quality of coating work activity is required.

5.3 The general quality assurance requirements necessary to meet the purpose of this practice provide an acceptable basis for establishing a protective coating quality assurance program. All deviations from or exceptions to these requirements shall be reviewed by and shall be subject to approval by the licensee or the licensee's designee before implementation. If unapproved deviations are discovered during any phase of the coating work activity, a nonconformance report shall be completed either by the licensee, vendor, or licensee's designee. The licensee or the licensee's designee shall approve the disposition of the nonconformance report in accordance with the licensee's quality assurance program.

NOTE 1—Notification of the Nuclear Regulatory Commission (NRC) is required by 10 CFR 21 for certain types of defects and noncompliance.

5.4 Safety-related coating work shall be governed by programmatic and procedural quality provisions that ensure the requirements of 10 CFR 50, Appendix B as defined are satisfied. Guidance in this regard is available in ANSI N45.2 and ASME NQA-1. Refer, also, to EPRI 1019157.

5.5 Safety-Related coating work shall meet the quality assurance requirements of 10 CFR 50, Appendix B and ANSI N101.4/D3843 when required by the plant license. Both a 10 CFR 50, Appendix B program and Practice D3843 (replacement for ANSI N101.4) may be required to satisfy plant licensing requirements regarding safety related coatings installed in these plants.

5.6 The approved procedures governing surface preparation and coating application shall address periodic reporting of surface preparation and coating application activities and their documentation.

5.7 Periodic reports of surface preparation and coating application shall be verified by the licensee or the licensee's designee.

6. Control of Selection and Qualification of Coating Materials

6.1 All qualifications of coating materials shall meet the applicable standards referenced in Guide **D5144** to the extent defined by the licensee or the licensee's designee in design criteria, safety analysis reports, quality assurance program, or other controlling documents.

6.2 The manufacturer/supplier shall maintain a quality assurance program and shall provide adequate documentation to show that the quality of a given coating system as supplied is reasonably identical to the coating system previously qualified.

6.3 The coating manufacturer shall certify that the product identities being supplied meet the requirements of the project specification.

6.4 No coating manufacturer shall be released for application until acceptance tests have been reported and accepted by the licensee or the licensee's designee.

6.5 The coating manufacturer shall furnish recommended surface preparation and application procedures for each coating system on each substrate as covered by the project specification including previously coated surfaces as applicable. The coating manufacturer shall also furnish recommended storage conditions for each coating material specified.

7. Control of Coating Manufacturing

7.1 The coating manufacturer shall provide adequate documentation to show that a given coating system as supplied is essentially the same composition as (within licensee approved manufacturing tolerances) the coating system previously tested for qualification. The coating system shall be requalified if there are significant changes in formulation or end-product properties. The manufacturer shall provide the licensee or the licensee's designee documentation based on the criteria stated in **7.1.1 – 7.1.5**.

7.1.1 The coating manufacturer shall provide the purchaser with a product identity certification record for each batch of coating material shipped. As a minimum, the product identity certification record shall contain the following information:

7.1.1.1 Established acceptance criteria ranges and batch characteristics for weight per gallon and viscosity,

7.1.1.2 Batch number,

7.1.1.3 Date manufactured,

7.1.1.4 Shelf life expiration date,

7.1.1.5 Certification (signed by a responsible technical manager) that the product shipped is the same composition (within licensee-approved manufacturing tolerances) as the product tested for qualification.

7.1.2 Separate acceptance criteria may be established for evaluation at time of manufacture and for evaluation during the shelf life period, but these shall be separately identified.

7.1.3 Data which is generic to the product and not batch specific (for example, nonvolatile, cure time, pot life, etc.) shall

be furnished to the licensee as requested, but need not be duplicated on each product identity certification record.

7.1.4 Material which has exceeded shelf life may be re-evaluated by testing and the shelf life extended in writing by the manufacturer's technical department. Testing for extension of shelf life shall be performed on an unopened container removed from the job site storage area, and not from a retained laboratory sample.

7.1.5 The licensee may elect to perform verification testing of products received to ensure compliance with this practice.

7.2 Each container shall be labeled with the product designation. The label or container shall bear a batch number or other factory marking, permanently affixed, showing the individual lot or batch designation. The date of manufacture, and the shelf life expiration date shall appear separately on the label or container.

7.3 Retained batch samples from products furnished for the project shall be kept by the manufacturer for the stated shelf life.

7.4 The coating manufacturer shall provide application requirements for each coating system on each substrate for each method of application. These requirements shall include the maximum and minimum ambient conditions at which the application can be properly applied.

8. Control of Substrate Surface Preparations

8.1 This section defines the quality assurance requirements for the surface preparation of bare substrates or of previously coated surfaces.

8.2 The surface preparation of bare substrates or of previously coated surfaces shall conform to the requirements of the project specification. Treatment of non-qualified or non-compatible concrete primers/sealers and concrete form-release agents shall be addressed.

8.3 Final surface preparation, that is, those surface preparation actions that produce a surface suitable for coating application, shall be performed in accordance with written licensee approved procedures. Alternatively, final surface preparation may be included within the approved coating application procedures addressed in 9.2.

8.4 The project specification shall include inspection methods to ensure the requirements of the specification for all substrates, including previously coated surfaces, are met. These inspection methods shall include, as applicable, determination of:

8.4.1 Moisture.

8.4.2 Contaminants (for example, form-release agents, membrane curing compounds, pickling residues, dirt, oil, grease, soluble salts, or other deleterious matter).

8.4.3 Compatibility of treatments.

8.4.4 Cleanliness.

8.4.5 Anchor pattern and profile height.

8.4.6 Surface temperature.

8.5 The project specification shall stipulate limits for temperature and humidity levels, as well as provide for control of contaminants. These limits shall be maintained and controlled

as necessary from the time the required surface conditions are established through final cure.

8.6 To avoid contamination of substrates, the project specification shall address, as applicable, the control or removal of:

8.6.1 Blasting abrasives, grit, and dust.

8.6.2 Welding fumes.

8.6.3 Welding scale, slag, and spatter.

8.6.4 Pickling residues.

8.6.5 Moisture.

8.6.6 Cement spatter, laitance, and mortar.

8.6.7 Incompatible form-release agents and membrane curing compounds.

8.6.8 Mill scale.

8.6.9 Dirt, grease, oil, soluble salts, or other deleterious matter.

9. Control of Application of Coating Systems

9.1 This section defines the quality-assurance requirements necessary for compliance with this practice in a manner to meet the design-performance requirements of the project specification.

9.2 The coating applicator shall follow written licensee approved application procedures for applying each coating system on each substrate and on each substrate and on each previously coated surface. The application procedures may include final surface preparation in lieu of written licensee approved surface preparation procedures addressed in 8.3.

9.3 These application procedures shall provide information on the following:

9.3.1 Qualification of application personnel.

9.3.2 Receiving, storing, handling, and dispensing of coating materials.

9.3.3 Application equipment.

9.3.4 Application parameters, such as environmental conditions (see 8.4 for duration of maintaining environmental conditions), regulation of equipment, ventilation, cleanliness, viscosity, viscosity control, film thickness control, number of coats, intercoat requirements such as curing time, and other pertinent factors.

9.3.5 Field preparation of coating materials, such as mixing, thinning, activating, and other pertinent factors.

9.3.6 Health, safety, fire, and all other applicable protection requirements.

9.3.7 Instruments, and their proper use, for measuring relative humidity, temperature, viscosity, and wet and dry film thickness, detecting holidays, etc.

9.3.8 The application procedure may include forms for documenting all information required to be reported by this practice.

9.4 All application personnel shall be qualified and their qualification documented in accordance with the applicable quality assurance program. Practices D4227 or D4228 provide guidelines.

9.5 Receiving, storing, and dispensing of coating materials shall be appropriately documented as per established requirements.

10. Control of Coating Inspection

10.1 It is the responsibility of the licensee as identified in 5.3 to specify and verify control measures to assure that the inspection of the coating work is adequate to achieve the required quality. Inspection hold points shall be established to ensure in-process inspection results are adequate. The licensee or the licensee's designee shall be responsible for the inspection activity. In all cases the inspection function shall be properly documented as required for record purposes by Appendix B of 10 CFR 50 and ANSI N45.2 and shall, when required, meet the intent of NQA-1.

10.2 All inspection personnel shall be qualified and certified in accordance with applicable quality assurance programs. Guide D4537 provides guidelines.

10.3 Inspection shall conform to all the applicable requirements of the project specification and all other applicable requirements of this document.

10.3.1 Stringent inspection of the entire coating work is mandatory to achieve the required quality for the completed coating work.

10.3.2 Inspection shall be performed by inspection agencies that shall be responsible for the inspection of all shop and/or field coating work to ensure the completed coating work conforms to the requirements of the project specification.

10.3.3 Inspection agencies shall provide the services of one or more qualified inspectors devoted solely to coating inspection whenever coating work is being performed.

10.3.4 The accepted method of determining film thickness for magnetic substrates shall be the DFT measurements; the WFT measurements shall be used for guide purposes only. The setting of the gages for the DFT measurement shall be performed over the blast-cleaned and/or coated surface of the area where the coating work and inspection will be performed.

10.3.5 The dry film thickness shall be within the limits specified in the project specification.

10.3.6 The coating applicator shall provide a sufficient number of WFT gages for periodically checking the thickness of coatings being applied. The coating inspection agency shall furnish inspection personnel with similar WFT gages.

10.3.7 The coating applicator shall provide a sufficient number of properly calibrated magnetic gages or other licensee approved devices for checking DFT. The coating inspection agency shall provide inspection personnel with equivalent

properly calibrated gages. Properly calibrated gages shall be maintained throughout the course of the coating work.

10.3.8 The coating inspection agency shall also furnish holiday testers, scratch gages, and other special inspection equipment according to the agreement reached between the licensee or licensee's representative and the inspection agency.

10.4 Coating inspection record shall be maintained by the licensee.

10.5 The report forms, included in this standard, are example forms that comprise just one piece of the documentation required for quality assurance. Alternative documents may be used provided they address the documentation requirements of the project specification and approved procedures.

10.6 In the case of any deviation or defective work, the corrective action shall be documented in accordance with 5.3.

10.7 Final acceptance of completed work shall be documented.

11. Documentation

11.1 Sufficient quality-assurance records and documents shall be maintained to furnish objective evidence of compliance with the specifications and the specified quality assurance procedures. Figs. 1-14 provide sample report forms as examples for documenting coating application to steel and concrete substrates, respectively.

11.2 Copies of all documentation shall be maintained by the licensee or the licensee's designee as an integral part of the quality assurance program, as defined in the project specification.

11.3 Each of the other parties to the coating work shall also maintain copies of that portion of the documentation applicable to their respective part of the work. These additional copies shall be maintained for a minimum of five years after completion of the coating work unless otherwise specified in the project specification.

11.4 Distribution of documentation shall be as defined in the quality assurance procedures.

12. Keywords

12.1 inspection; nuclear; protective coatings; quality assurance

Coating Surface Preparation & Application Report (Steel)

-SAMPLE-

Customer:	Project Number(s):	Work Order:					
Part Number(s):	Part(s) Description:	Purchase Order:					
Applicator:	Facility Location:	Contacts:					
Section 1 - Surface Preparation (Steel)							
WORK/PART DESCRIPTION:							
CLEANING METHOD - <input type="checkbox"/> Solvent Cleaning per SSPC SP-1, <input type="checkbox"/> Abrasive Blast per SSPC SP- <input type="checkbox"/> Hand Tool Cleaning SSPC SP-2 <input type="checkbox"/> Power Tool Cleaning SSPC SP- <input type="checkbox"/> Other: (Describe)							
AMBIENT CONDITIONS – Specified Values Required							
Dry Bulb Temp	Wet Bulb Temp	Relative Humidity					
°F Min. to °F Max.	NA °F	% Min. to % Max.					
		Dew Point					
		NA					
		Surface Temp					
		°F Min. to °F Max.					
		ST minus DP Minimum					
		Surface Temp 5 °F > Dew Point					
AMBIENT CONDITIONS – Measured Values							
Location	Time	DB					
		°F					
		WB					
		°F					
		RH					
		%					
		DP					
		°F					
		ST					
		°F					
		ST - DP					
		°F					
		Sat					
		<input type="checkbox"/> Y <input type="checkbox"/> N					
		<input type="checkbox"/> Y <input type="checkbox"/> N					
		<input type="checkbox"/> Y <input type="checkbox"/> N					
M&TE – Record Instrument Data							
Gage Name/Type or Model		Serial Number					
/		Calibration Due					
/		Cal Current					
		<input type="checkbox"/> Y <input type="checkbox"/> N					
		<input type="checkbox"/> Y <input type="checkbox"/> N					
PRE-SURFACE PREPARATION CONDITIONS (revise conditions as required)							
Condition	Result			Repair Required	Describe Repair Method	Repair Status	
	Sat	UnSat	N/A			Sat	UnSat
Sharp edges, burrs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/>	<input type="checkbox"/>
Weld slag/flux/spatter/arc strikes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/>	<input type="checkbox"/>
Moisture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/>	<input type="checkbox"/>
No grease, oil, waxy contaminates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/>	<input type="checkbox"/>
Protective covers / Masking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/>	<input type="checkbox"/>
Abrasive clean and dry / New? Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/>	<input type="checkbox"/>
Abrasive / dust removal provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/>	<input type="checkbox"/>
If recycled abrasive, water soluble contaminate test per AB2-5.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/>	<input type="checkbox"/>
If recycled abrasive, oil test per AB2-5.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/>	<input type="checkbox"/>
COMPRESSED AIR QUALITY - Test prior to start and every 4 hrs. per ASTM D4285							
Location	Time	Result		If Unsatisfactory, Describe Corrective Action (CA)	Result after CA		
		Sat	UnSat		Sat	UnSat	
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
BLAST ABRASIVE / POWER TOOL – Manufacturer Name, Type, Product Name, and Size Used							
Manufacturer:	Type:	Name / Size:					
<input type="checkbox"/> See Comment Page (Section 7) Comment No.							
APPLICATOR / INSPECTOR INFORMATION							
Applicator's Name:							
Inspector's Name:	Signature:		Date(s):				

FIG. 1 Sample Report Form for Steel Substrates

Section 2 - Surface Profile Record (Steel)					
How many square feet of prepared surface are being evaluated: _____					
<input type="checkbox"/> The part is 100 ft ² or less. <input type="checkbox"/> The part is over 100 ft ² .					
Measure the profile at a sufficient number of locations to characterize the surface, as specified or agreed upon between the interested parties. At each location make three readings and determine the mean. Then determine the mean for all the locations. Tape Used: <input type="checkbox"/> Coarse <input type="checkbox"/> X-Coarse <input type="checkbox"/> X-Coarse Plus <input type="checkbox"/> N/A					
If Testex Press-O-Film is used, place the film in the spaces below. (ASTM D4417 Method C)				Average Mils	
Place Press-O-Film Here Reading: mils	Place Press-O-Film Here Reading: mils	Place Press-O-Film Here Reading: mils	The average of the three readings in this row is: Mils		
Place Press-O-Film Here Reading: mils	Place Press-O-Film Here Reading: mils	Place Press-O-Film Here Reading: mils	The average of the three readings in this row is: Mils		
Place Press-O-Film Here Reading: mils	Place Press-O-Film Here Reading: mils	Place Press-O-Film Here Reading: mils	The average of the three readings in this row is: Mils		
Total Average of the Above Readings:				Mils	
SURFACE PROFILE – Record Average Surface Profile in Mils					
Location	Surface Profile		Acceptable	If Unacceptable, Describe Repair Method Used	Repair in Spec
	Specified	Achieved			
			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
SURFACE CLEANLINESS – Record Degree of Cleanliness (SSPC-SP10, SP11 ...)					
Location	Cleaning Method		Acceptable	If Unacceptable, Describe Repair Method Used	Repair in Spec
	Specified	Achieved			
			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
SURFACE PROFILE – Instrument / Gage Information – Record Data for Instruments / Gages Used					
Name / Type			Serial Number	Calibration Due	Cal Current
/					<input type="checkbox"/> Y <input type="checkbox"/> N
/					<input type="checkbox"/> Y <input type="checkbox"/> N
/					<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> See Comment Page (Section 7) Comment No.					
INSPECTOR INFORMATION – Name, Date, Signature					
Inspector's Name:			Signature:	Date:	

FIG. 2 Sample Report Form for Steel Substrates

Section 3 - Coating Materials Identification & Storage Records							
STORAGE CONDITIONS – Specified and Actual							
Coat	Date	Time	Temperature		Relative Humidity		Storage OK
			Min	Max	Min	Max	
Primer Spec.							
Primer Actual							<input type="checkbox"/> Y <input type="checkbox"/> N
Intercoat Spec.							
Intercoat Actual							<input type="checkbox"/> Y <input type="checkbox"/> N
Topcoat Spec.							
Topcoat Actual							<input type="checkbox"/> Y <input type="checkbox"/> N
If storage conditions are unacceptable, complete the next table to identify the material in storage at the time, confirm that the material has been segregated and tagged to prevent use, and identify the corrective action taken.							
DISPOSITION OF MATERIAL STORED UNDER UNACCEPTABLE CONDITIONS -							
Coating Name	Part	Lot No.	Segregated?	Corrective Action taken	Date of Action		
			<input type="checkbox"/> Y <input type="checkbox"/> N				
			<input type="checkbox"/> Y <input type="checkbox"/> N				
			<input type="checkbox"/> Y <input type="checkbox"/> N				
COATING DATA – Record Actual Coating Information							
Coat:	Product Name					Color	
Specified							
Actual							
Name	Part or Thinner	Lot #	Exp. Date	Container Sat	Label Intact	Color Sat	COC attached
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Coat:	Product Name					Color	
Specified							
Actual							
Name	Part or Thinner	Lot #	Exp. Date	Container OK	Label Intact	Color OK	COC attached
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
INSTRUMENT / GAGE INFORMATION – Record Instrument / Gage Data							
Name / Type			Serial Number		Calibration Due	Cal Current	
/						<input type="checkbox"/> Y <input type="checkbox"/> N	
/						<input type="checkbox"/> Y <input type="checkbox"/> N	
ALL COATING MATERIAL INFORMATION ACCEPTABLE ? <input type="checkbox"/> Y <input type="checkbox"/> N If No, summarize the problem and corrective action: <input type="checkbox"/> See Comment Page (Section 7) Comment No.							
INSPECTOR INFORMATION – Name, Date, Signature							
Inspector's Name:			Signature:			Date:	

FIG. 3 Sample Report Form for Steel Substrates

Section 4 - Coating Environmental Conditions & Application								
WORK PIECE DESCRIPTION – Parts (or portions thereof) coated this shift:								
COAT: <input type="checkbox"/> Stripe <input type="checkbox"/> Prime <input type="checkbox"/> Intermediate <input type="checkbox"/> Top <input type="checkbox"/> Touch-Up (also check coat being touched up.)								
AMBIENT CONDITIONS – Specified Values Required								
Dry Bulb Temp	Wet Bulb Temp	Relative Humidity		Dew Point	Surface Temp	ST minus DP Minimum		
°F Min. to °F Max.	NA °F	% Min. to % Max		NA °F	°F Min. °F Max.	ST 5 °F>DP		
AMBIENT CONDITIONS – Measured Values								
Location	Time	Dry Bulb	Wet Bulb	Rel. Hum	Dew Point	Surf Temp	ST minus DP	Sat
		°F	°F	%	°F	°F	°F	<input type="checkbox"/> Y <input type="checkbox"/> N
		°F	°F	%	°F	°F	°F	<input type="checkbox"/> Y <input type="checkbox"/> N
		°F	°F	%	°F	°F	°F	<input type="checkbox"/> Y <input type="checkbox"/> N
INSTRUMENT / GAGE INFORMATION – Record Instrument / Gage Data (for conditions and application)								
Name / Type			Serial Number		Calibration Due	Cal Current		
/						<input type="checkbox"/> Y <input type="checkbox"/> N		
/						<input type="checkbox"/> Y <input type="checkbox"/> N		
COMPRESSED AIR QUALITY - Compressed Air Check (every 4 hrs.) per ASTM D4285 – (Hold the air nozzle within 24" of a clean white paper and allow it to discharge for at least 1 minute.)								
Location	Time	Result		If Unsatisfactory, Describe Corrective Action (CA)	Result after CA			
		Sat	UnSat		Sat	UnSat		
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
COATING APPLICATION – Record Coating Application Data (Note: See Form 5 for DFT Readings and Film Continuity.)								
Inspection Operation	Specified	Actual	Sat	If no, Describe Corrective Action		Complaint after CA		
Time from Previous Operation			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N		
Surface Cleanliness			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N		
Protective Covers/masking in Place			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N		
Equipment	NA	NA	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N		
Spray Thinner – Name			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N		
Spray Thinner – Percent			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N		
Brush/Roller Thinner – Name			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N		
Brush/Roller Thinner – Percent			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N		
Material Temperature			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N		
Mix per Specification	NA	NA	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N		
Pot Life (PL)			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N		
Coating used Within Pot Life	NA	NA	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N		
Applicator properly certified			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N		
Applicator's qualification attached	NA	NA	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N		
Part(s) identification maintained	NA	NA	<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N		
COATING APPLICATION – Record General Application Data								
Record the Applicator's name(s)								
Time and date the coating application was started				<input type="checkbox"/> AM or <input type="checkbox"/> PM	Date:			
Time and date the coating was finished.				<input type="checkbox"/> AM or <input type="checkbox"/> PM	Date:			
<input type="checkbox"/> See Comment Page (Section 7) Comment No.								
INSPECTOR INFORMATION – Name, Date, Signature								
Inspector's Name:			Signature:			Date:		

FIG. 4 Sample Report Form for Steel Substrates

Section 5 - Coating Dry Film Thickness (DFT) and Film Continuity Records (Steel)						
WORK PIECE DESCRIPTION – Parts (or portions thereof) coated this shift:						
COAT: <input type="checkbox"/> Stripe <input type="checkbox"/> Prime <input type="checkbox"/> Intermediate <input type="checkbox"/> Top <input type="checkbox"/> Touch-Up (also check coat being touched up.)						
DRY FILM THICKNESS SUMMARY- Raw Data below (and on next page if over 100 square feet was coated)						
Inspection Area (Average of 15 ea.)	Specified DFT (mils) ¹	Actual DFT (mils) ¹	Acceptable	If Unacceptable, Describe Repair Method Used	Repair in Spec	
Area #1 Average			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Area #2 Average			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Area #3 Average			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Area #4 Average			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Area #5 Average			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
The SSPC PA-2 80% of min. and 120% of max. spot reading allowances (Section 4.3) <input type="checkbox"/> Apply <input type="checkbox"/> Do not apply						
REQUIRED NUMBER OF COATING THICKNESS MEASUREMENTS IS PER SSPC PA-2: <input type="checkbox"/> Y <input type="checkbox"/> N						
Base Metal Readings (BMR): Total Measurements: _____ Average BMR Subtracted from Gage Values: _____ mils						
AREA #1 DFT SPOT READINGS – Record for first 100 square foot area, then average 15 readings						
Spot Reading	Location of DFT Spot Reading	Record the DFT Gage Readings In Mils (each row of 3 readings shall be taken within a 1.5" diameter circle)			Spot Total (Add 3 gage Readings)	Spot Average (Divide total by 3)
		1	2	3		
1						
2						
3						
4						
5						
Total of 5 Spot Averages (Add 5 averages together)						
Area #1 Average DFT (Divide total by 5)						
FILM CONTINUITY – Document quality of applied coating						
Inspection Operation			Acceptable	If Unacceptable, Describe Repair Method Used	Repair in Spec	
Free of dry spray, overspray, orange peel			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Free of pinholes, craters, fisheyes, bubbles			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Runs and sags, if present, do not affect film quality			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Free of bleed-through, skips, misses			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Free of embedded abrasive, dirt, dust			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Other:			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
INSTRUMENT / GAGE INFORMATION – Record Instrument / Gage Data (for DFT Readings)						
Name/Type	S/N	Gage Accuracy Verification (Per SSPC PA-2)			Cal. Due	
/		Ref. Std. Value (mils)	Gage Value (mils)	Adjust. ±		
/		Pre DFT Meas. / /	/ /			
/		Post DFT Meas. / /	/ /			
Comments: <input type="checkbox"/> See Comment Page Form 6						
<input type="checkbox"/> See Comment Page (Section 7) Comment No. _____						
INSPECTOR INFORMATION – Name, Date, Signature						
Inspector's Name:			Signature:		Date:	

FIG. 5 Sample Report Form for Steel Substrates

Section 5 - Coating Dry Film Thickness and Film Continuity Records (Continued)						
AREA #2 DFT SPOT READINGS – Record for second 100 square foot, then average 15 readings						
Spot Reading	Location of DFT Spot Reading	Record the DFT Gage Readings In Mills <small>(each row of 3 readings shall be taken within a 1.5" diameter circle)</small>			Spot Total <small>(Add 3 Gage Readings)</small>	Spot Average <small>(Divide total by 3)</small>
		1	2	3		
1						
2						
3						
4						
5						
Total of 5 Spot Averages (Add 5 averages together)						
Area #2 Average DFT (Divide total by 5)						
AREA #3 DFT SPOT READINGS – Record for Third 100 square foot, then average 15 readings						
Spot Reading	Location of DFT Spot Reading	Record the DFT Gage Readings In Mills <small>(each row of 3 readings shall be taken within a 1.5" diameter circle)</small>			Spot Total <small>(Add 3 Gage Readings)</small>	Spot Average <small>(Divide total by 3)</small>
		1	2	3		
1						
2						
3						
4						
5						
Total of 5 Spot Averages (Add 5 averages together)						
Area #3 Average DFT (Divide total by 5)						
AREA #4 DFT SPOT READINGS – Record for fourth 100 square foot, then average 15 readings						
Spot Reading	Location of DFT Spot Reading	Record the DFT Gage Readings In Mills <small>(each row of 3 readings shall be taken within a 1.5" diameter circle)</small>			Spot Total <small>(Add 3 Gage Readings)</small>	Spot Average <small>(Divide total by 3)</small>
		1	2	3		
1						
2						
3						
4						
5						
Total of 5 Spot Averages (Add 5 averages together)						
Area #4 Average DFT (Divide total by 5)						
AREA #5 DFT SPOT READINGS – Record for fifth 100 square foot, then average 15 readings						
Spot Reading	Location of DFT Spot Reading	Record the DFT Gage Readings In Mills <small>(each row of 3 readings shall be taken within a 1.5" diameter circle)</small>			Spot Total <small>(Add 3 Gage Readings)</small>	Spot Average <small>(Divide total by 3)</small>
		1	2	3		
1						
2						
3						
4						
5						
Total of 5 Spot Averages (Add 5 averages together)						
Area #5 Average DFT (Divide total by 5)						
<input type="checkbox"/> See Comment Page (Section 7) Comment No.						
INSPECTOR INFORMATION – Name, Date, Signature						
Inspector's Name:		Signature:		Date:		

FIG. 6 Sample Report Form for Steel Substrates

Section 6 - Coating Adhesion Strength Test Record					
Check the Coat Evaluated: <input type="checkbox"/> Stripe <input type="checkbox"/> Prime <input type="checkbox"/> Intermediate <input type="checkbox"/> Top <input type="checkbox"/> Touch-Up/Repair					
Record the Coating Name: Note: Unless otherwise specified, the minimum coating adhesion strength shall be 200 psi for the primer to the substrate or of any coat to another coat. Reference ANSI N5. 12-1974 "Protective Coatings for the Nuclear Industry" Paragraph 6.4 "Adhesion."					
COATING ADHESION TESTS RESULTS - Records the Results					<input type="checkbox"/> N/A
Adhesive Coating Test Panel or Location	Required Adhesion Strength	Measured Adhesion Strength	Adhesion Tests Acceptable?	If Unacceptable, describe corrective action (CA).	Corrective Action Acceptable?
	psi	psi	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
	psi	psi	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
	psi	psi	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
	psi	psi	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
	psi	psi	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
Notes: Record any non-conformances or other necessary details here: 					
INSTRUMENT / GAGE INFORMATION – Record Instrument / Gage Data (for Adhesion Testing)					
Name / Type	Serial Number	Gage Number	Calibration Due	Cal Current?	Cert Attached
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
INSPECTOR INFORMATION					
Inspector's Name:			Signature:		Date:

FIG. 7 Sample Report Form for Steel Substrates

Section 7 – Comments: Provide comment numbering to support those identified in various sections		
Work Orders:		
1. Enter comment here.		
INSPECTOR INFORMATION – Name, Date, Signature		
Inspector's Name:	Signature:	Date:

Section 8 - Photographic Section	
Photograph 1: Provide a detailed description in this column	Insert Photograph in Column 2
Photograph 2:	
Photograph 3:	
Photograph 4:	
Photograph 5:	
INSPECTOR INFORMATION – Name, Date, Signature	
Inspector's Name:	Signature:
	Date:

Section 9 - Coating Report Review/Approval/Acceptance		
Coating Service Provider's Review & Approval:		
Level III Inspector's Name:	Signature:	Date:
QA Manager's Name:	Signature:	Date:
Licensee's Review & Acceptance		
Licensee's Representative:	Signature:	Date:

FIG. 8 Sample Report Form for Steel Substrates

Coating Surface Preparation & Application Report (Concrete)
-SAMPLE-

Customer:		Project Number(s):		Work Order:				
Part Number(s):		Part(s) Description:		Purchase Order:				
Applicator:		Facility Location:		Contacts:				
Section 1 - Surface Preparation (Concrete)								
WORK/PART DESCRIPTION:								
CLEANING METHOD: <input type="checkbox"/> Solvent Cleaning per SSPC SP-1, <input type="checkbox"/> Abrasive Blast per SSPC SP- <input type="checkbox"/> Hand Tool Cleaning SSPC SP-2 <input type="checkbox"/> Power Tool Cleaning SSPC SP- <input type="checkbox"/> Other: (Describe)								
AMBIENT CONDITIONS – Specified Values Required								
Dry Bulb Temp	Wet Bulb Temp	Relative Humidity	Dew Point	Surface Temp	ST minus DP Minimum			
°F Min. to °F Max.	NA °F	% Min. to % Max.	NA	°F Min. to °F Max.	Surface Temp 5 °F > Dew Point			
AMBIENT CONDITIONS – Measured Values								
Location	Time	DB	WB	RH	DP	ST	ST - DP	Sat
		°F	°F	%	°F	°F	°F	<input type="checkbox"/> Y <input type="checkbox"/> N
		°F	°F	%	°F	°F	°F	<input type="checkbox"/> Y <input type="checkbox"/> N
		°F	°F	%	°F	°F	°F	<input type="checkbox"/> Y <input type="checkbox"/> N
M&TE – Record Instrument Data								
Gage Name / Type or Model			Serial Number		Calibration Due	Cal Current		
/						<input type="checkbox"/> Y <input type="checkbox"/> N		
/						<input type="checkbox"/> Y <input type="checkbox"/> N		
PRE-SURFACE PREPARATION CONDITIONS (revise conditions as required)								
Condition	Result			Repair Required	Describe Repair Method	Repair Status		
	Sat	UnSat	N/A			Sat	UnSat	
Sharp fins and protrusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/>	<input type="checkbox"/>	
Laitance and efflorescence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/>	<input type="checkbox"/>	
Cracking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/>	<input type="checkbox"/>	
Moisture / Test method?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/>	<input type="checkbox"/>	
No grease, oil, waxy contaminants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/>	<input type="checkbox"/>	
Protective covers / Masking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/>	<input type="checkbox"/>	
Abrasive clean and dry / New? Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/>	<input type="checkbox"/>	
Abrasive / dust removal provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/>	<input type="checkbox"/>	
If recycled abrasive, water soluble contaminate test per AB2-5.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/>	<input type="checkbox"/>	
If recycled abrasive, oil test per AB2-5.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/>	<input type="checkbox"/>	
COMPRESSED AIR QUALITY - Test prior to start and every 4 hrs. per ASTM D4285								
Location	Time	Result		If Unsatisfactory, Describe Corrective Action (CA)	Result after CA			
		Sat	UnSat		Sat	UnSat		
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
BLAST ABRASIVE / POWER TOOL								
Manufacturer:		Type:		Name / Size:				
<input type="checkbox"/> See Comment Page (Section 6) Comment No.								
APPLICATOR / INSPECTOR INFORMATION								
Applicator's Name:								
Inspector's Name:			Signature:		Date(s):			

FIG. 9 Sample Report Form for Concrete Substrates

Section 2 - Coating Materials Identification & Storage Records							
STORAGE CONDITIONS – Specified and Actual							
Coat	Date	Time	Temperature		Relative Humidity		Storage OK
			Min	Max	Min	Max	
Prime/Surfacer							
Intercoat							<input type="checkbox"/> Y <input type="checkbox"/> N
Topcoat							<input type="checkbox"/> Y <input type="checkbox"/> N
If storage conditions are unacceptable, complete the next table to identify the material in storage at the time, confirm that the material has been segregated and tagged to prevent use, and identify the corrective action taken.							
DISPOSITION OF MATERIAL STORED UNDER UNACCEPTABLE CONDITIONS – Delete Section if N/A							
Coating Name		Part	Lot No.	Segregated?	Corrective Action taken	Date of Action	
				<input type="checkbox"/> Y <input type="checkbox"/> N			
				<input type="checkbox"/> Y <input type="checkbox"/> N			
				<input type="checkbox"/> Y <input type="checkbox"/> N			
COATING DATA – Record Actual Coating Information							
Coat:		Product Name				Color	
Specified							
Actual							
Name	Part or Thinner	Lot #	Exp. Date	Container Sat	Label Intact	Color Sat	COC attached
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Coat:		Product Name				Color	
Specified							
Actual							
Name	Part or Thinner	Lot #	Exp. Date	Container OK	Label Intact	Color OK	COC attached
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
INSTRUMENT / GAGE INFORMATION – Record Instrument / Gage Data							
Name / Type			Serial Number		Calibration Due	Cal Current	
/						<input type="checkbox"/> Y <input type="checkbox"/> N	
/						<input type="checkbox"/> Y <input type="checkbox"/> N	
ALL COATING MATERIAL INFORMATION ACCEPTABLE? <input type="checkbox"/> Y <input type="checkbox"/> N							
If No, summarize the problem and corrective action:							
<input type="checkbox"/> See Comment Page (Section 6) Comment No.							
INSPECTOR INFORMATION							
Inspector's Name:			Signature:			Date(S):	

FIG. 10 Sample Report Form for Concrete Substrates

Section 3 - Coating Environmental Conditions & Application								
WORK PIECE DESCRIPTION – Parts (or portions thereof) coated this shift:								
COAT: <input type="checkbox"/> Prime <input type="checkbox"/> Surfacer <input type="checkbox"/> Intermediate <input type="checkbox"/> Top <input type="checkbox"/> Touch-Up (also check coat being touched up.)								
AMBIENT CONDITIONS – Specified Values Required								
Dry Bulb Temp	Wet Bulb Temp	Relative Humidity	Dew Point	Surface Temp	ST minus DP Minimum			
°F Min. to °F Max.	NA °F	% Min. to % Max.	NA °F	°F Min. °F Max.	ST 5 °F > DP			
AMBIENT CONDITIONS – Measured Values								
Location	Time	Dry Bulb	Wet Bulb	Rel. Hum	Dew Point	Surf Temp	ST minus DP	Sat
		°F	°F	%	°F	°F	°F	<input type="checkbox"/> Y <input type="checkbox"/> N
		°F	°F	%	°F	°F	°F	<input type="checkbox"/> Y <input type="checkbox"/> N
		°F	°F	%	°F	°F	°F	<input type="checkbox"/> Y <input type="checkbox"/> N
INSTRUMENT / GAGE INFORMATION – Record Instrument / Gage Data (for conditions and application)								
Name / Type			Serial Number		Calibration Due	Cal Current		
/						<input type="checkbox"/> Y <input type="checkbox"/> N		
/						<input type="checkbox"/> Y <input type="checkbox"/> N		
COMPRESSED AIR QUALITY - Compressed Air Check (every 4 hrs.) per ASTM D4285 – (Hold the air nozzle within 24" of a clean white paper and allow it to discharge for at least 1 minute.)								
Location	Time	Result		If Unsatisfactory, Describe Corrective Action (CA)	Result after CA			
		Sat	UnSat		Sat	UnSat		
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
COATING APPLICATION – Record Coating Application Data (Note: See Form 5 for DFT Readings and Film Continuity.)								
Inspection Operation	Specified	Actual	Sat	If no, Describe Corrective Action			Compliant after CA	
Time from Previous Operation			<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N	
Surface Cleanliness			<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N	
Protective Covers/masking in Place			<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N	
Equipment			<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N	
Thinner – Name			<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N	
Thinner - Percent			<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N	
Material Temperature			<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N	
Mix per Specification			<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N	
Pot Life (PL)			<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N	
Coating used Within Pot Life			<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N	
Applicator properly certified			<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N	
Applicator's qualification attached			<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N	
Part(s) identification maintained			<input type="checkbox"/> Y <input type="checkbox"/> N				<input type="checkbox"/> Y <input type="checkbox"/> N	
COATING APPLICATION – Record General Application Data								
Record the Applicator's name(s)								
Time and date the coating application was started				<input type="checkbox"/> AM or <input type="checkbox"/> PM	Date:			
Time and date the coating was finished.				<input type="checkbox"/> AM or <input type="checkbox"/> PM	Date:			
<input type="checkbox"/> See Comment Page Form 6 Comment Nos.								
INSPECTOR INFORMATION								
Inspector's Name:			Signature:			Date:		

FIG. 11 Sample Report Form for Concrete Substrates

Section 4- Coating Film Thickness and Film Continuity Record (Concrete)				
WORK PIECE DESCRIPTION – Parts (or portions thereof) coated this shift:				
Coat Applied: <input type="checkbox"/> Prime <input type="checkbox"/> Surfacer <input type="checkbox"/> Intermediate <input type="checkbox"/> Top <input type="checkbox"/> Touch-Up / Repair				
Coating Name	% Solids	% Thinner Added	Adjusted % Solids	WFT = $\frac{\text{DFT / mils}}{\left(\frac{\% \text{ Solids by vol.}}{1 + \% \text{ Thinner}}\right)}$
Measures Wet Film Thickness (mils) Specified DFT is: _____ mils				
Measured WFT Values	Calculated DFT Values	Acceptable	If Unacceptable, Describe Repair Method	Repair Sat.
		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
FILM CONTINUITY: Document quality of applied coating				
Inspection Operation	Acceptable	If Unacceptable, Repair Method Used	Repair in Spec	
Free of dry spray, overspray, orange peel	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Free of pinholes, craters, fisheyes, bubbles	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Runs and sags, if present, do not affect film quality	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Free of bleed-through, skip, misses	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Free of embedded abrasive, dirt, dust	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
Other:	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N	
WFT GAGE INFORMATION:		Comments:		
Name / Type	S/N	Cal. Due		
/				
/				
/				
<input type="checkbox"/> See Comment Page (Section 6) Comment No.				
INSPECTOR INFORMATION:				
Inspector's Name:	Signature:		Date:	

FIG. 12 Sample Report Form for Concrete Substrates

Section 5 - Coating Adhesion Strength Test Record					
Check the Coat Evaluated: <input type="checkbox"/> Prime <input type="checkbox"/> Surfacer <input type="checkbox"/> Intermediate <input type="checkbox"/> Top <input type="checkbox"/> Touch-Up/Repair					
Record the Coating Name: Note: Unless otherwise specified, the minimum coating adhesion strength shall be 200 psi for the primer to the substrate or of any coat to another coat. Reference ANSI N5.12-1974 "Protective Coatings for the Nuclear Industry" Paragraph 6.4 "Adhesion."					
COATING ADHESION TESTS RESULTS - Records the Results					<input type="checkbox"/> N/A
Adhesive Coating Test Panel or Location	Required Adhesion Strength	Measured Adhesion strength	Adhesion Tests Acceptable?	If Unacceptable, describe corrective action (CA).	Corrective Action Acceptable?
	psi	psi	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
	psi	psi	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
	psi	psi	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
	psi	psi	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
	psi	psi	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Y <input type="checkbox"/> N
Notes: Record any non-conformances or other necessary details here: 					
INSTRUMENT / GAGE INFORMATION – Record Instrument / Gage Data (for Adhesion Testing)					
Name / Type	Serial Number	Gage Number	Calibration Due	Cal Current?	Cert Attached
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
INSPECTOR INFORMATION					
Inspector's Name:			Signature:		Date:

FIG. 13 Sample Report Form for Concrete Substrates

Form 6 - Comments: Provide comment numbering to support those identified in various sections		
Additional Work Orders:		
1.		
INSPECTOR INFORMATION – Name, Date, Signature		
Inspector's Name:	Signature:	Date:

Section 7 - Photographic Section		
Photograph 1: Provide a detailed description in Column 1	Insert Photograph in Column 2	
Photograph 2:		
Photograph 3:		
Photograph 4:		
Photograph 5:		
INSPECTOR INFORMATION – Name, Date, Signature		
Inspector's Name:	Signature:	Date:

Section 8 - Coating Report Review/Approval/Acceptance		
Coating Service Provider's Review & Approval:		
Level III Inspector's Name:	Signature:	Date:
QA Manager's Name:	Signature:	Date:
Licensee's Review & Acceptance		
Licensee's Representative:	Signature:	Date:

FIG. 14 Sample Report Form for Concrete Substrates

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