 **allnex Document QC.3**

 This sheet is to be completed by the Site Supervisor. This form is used in conjunction with the QC1 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 Type:** |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| Start AM / PM | Finish AM / PM |
| Ambient Temp: AM AM PM PM  | *\* To be recorded minimum twice daily or when atmospheric conditions are observed* |
| Relative Humidity: AM AM PM PM  | *\* To be recorded minimum twice daily or when atmospheric conditions are observed* |
| Dew Point: AM AM PM PM  | *\* To be recorded minimum twice daily or when atmospheric conditions are observed* |
| % Substrate Moisture: AM PM |  |  |  |  |  |   | *\* To be recorded daily at random points every 50 m2*  |
| 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 per 20 kg or mix |  | gms |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cobalt per 20 kg or mix |  | gms |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pig Paste / Oxide per 20 kg or mix |  | gms |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Aggregate 1  |  |  |  | kg |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Aggregate 2 |  |  |  | kg |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Aggregate 3 |  |  |  | kg |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Aggregate 4 |  |  |  | kg |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Aggregate 5 |  |  |  | kg |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Number of Mixes: | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 |
| Material | Batch | Batch | Batch |  Quantity |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Resin |  |  |  | kg |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Hardener |  |  |  | gms |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Catalyst per 20 kg or mix |  | gms |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cobalt per 20 kg or mix |  | gms |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pig Paste / Oxide per 20 kg or mix |  | gms |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Aggregate 1 |  |  |  | kg |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Aggregate 2 |  |  |  | kg |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Aggregate 3 |  |  |  | kg |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Aggregate 4 |  |  |  | kg |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Aggregate 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..……/……/………….**