

# Quality documentation

## For seamless flooring

This quality documentation includes user guidance, object description, material consumption, and daily work implementation protocol.

Only parts that are relevant to the project in question must be completed.

<b>Authorized coating contractor</b>	
<b>Object</b>	
<b>Object Description</b>	
<b>Object address</b>	<b>Object no:</b>
	<b>Annex/paper</b>
<b>Building part and floor area</b>	<b>Order no</b>
<b>Client</b>	
Company:	Telephone:
Address:	E-mail:
<b>Client's reference/Contact person/representative</b>	
Company:	Telephone:
Name:	E-mail:
<b>Contractor's reference/Contact person</b>	
Company:	Telephone:
Name:	E-mail:
<b>Terms and conditions</b>	
<input type="checkbox"/> AB __ <input type="checkbox"/> AB-U __ <input type="checkbox"/> UE __ <input type="checkbox"/> .....	
<b>Duration time</b>	
<b>Warranty</b>	
<b>Material supplier/Type of coating</b>	<b>Attachments</b>
<b>Material supplier</b>	<input type="checkbox"/> System sheet
<b>Fabric/type</b>	<input type="checkbox"/> Product sheet
<b>Thickness</b>	<input type="checkbox"/> Declaration of performance
<b>Colour</b>	<input type="checkbox"/> Safety data sheet
	<input type="checkbox"/> Building declaration

Reference Guide	
Developer/Property owners/Users	
Company:	Telephone:
Address:	E-mail:
Product description	
Special risk of damage to the coating	
Preventive measures/Maintenance	
Cleaning/care	
Other	

The terminology in this document is in accordance with SS EN 13318

#### Member companies/Material supplier



DAILY PROTOCOL ON THE PERFORMANCE OF WORK				
Object			Object no/Order no	
Building part			Product system	
Operation	Performed	Not relevant	OK/Value	Appendix
<b>0. Preparatory work</b>				
0.1 Workplace Information	<input type="checkbox"/>	<input type="checkbox"/>		
0.2 Barrier/Demarcation	<input type="checkbox"/>	<input type="checkbox"/>		
0.3 Has the client performed moisture measurement?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>1 Substrate</b>				
1.1 Has the customer checked the moisture in the substrate?	<input type="checkbox"/>	<input type="checkbox"/>		
1.2 Humidity control in the locale	<input type="checkbox"/>	<input type="checkbox"/>		
1.3 control of temperature in the locale	<input type="checkbox"/>	<input type="checkbox"/>		
1.5 Has the client made an assessment of surface flatness and tolerances?	<input type="checkbox"/>	<input type="checkbox"/>		
1.6 Has the client made checks on inclines/slopes?	<input type="checkbox"/>	<input type="checkbox"/>		
1.7 Assessment of contaminants in substrates, grease etc.	<input type="checkbox"/>	<input type="checkbox"/>		
1.8 Control order pre-work according to Handling	<input type="checkbox"/>	<input type="checkbox"/>		
1.9 Tensile strength test substrate	<input type="checkbox"/>	<input type="checkbox"/>		
1.10 Control of air vents/fans in the locale	<input type="checkbox"/>	<input type="checkbox"/>		
1.11 Control of detail connections	<input type="checkbox"/>	<input type="checkbox"/>		
1.12 Preparation Method	<input type="checkbox"/>	<input type="checkbox"/>		
<b>2 Applying primer</b>				
<b>3 Elastic Mass (like membrane)</b>				
4.1 Laying of floormass	<input type="checkbox"/>	<input type="checkbox"/>		
4.2 Control of proper mixture	<input type="checkbox"/>	<input type="checkbox"/>		
<b>5 Coving</b>				
5.1 Coved skirting performed	<input type="checkbox"/>	<input type="checkbox"/>		
5.2 Skirting performed	<input type="checkbox"/>	<input type="checkbox"/>		
5.3 Phases performed	<input type="checkbox"/>	<input type="checkbox"/>		
<b>6 Lacquering</b>				
6.1 Ordered surface structure performed	<input type="checkbox"/>	<input type="checkbox"/>		
6.2 Varying surface structure	<input type="checkbox"/>	<input type="checkbox"/>		
6.3 Surface with special resistance requirements	<input type="checkbox"/>	<input type="checkbox"/>		
<b>7 Painting</b>				
<b>8 Dust binding</b>				
<b>9 Extra work</b>				
9.1 Reference to documentation	<input type="checkbox"/>	<input type="checkbox"/>		
9.2 Written order	<input type="checkbox"/>	<input type="checkbox"/>		
9.3 Written work order	<input type="checkbox"/>	<input type="checkbox"/>		
<b>10 Specifics</b>				
10.1 Control of mixing	<input type="checkbox"/>	<input type="checkbox"/>		
<b>11 Own control</b>				
<b>12 Minutes</b>				
12.1 Client / signature / date	<input type="checkbox"/>	<input type="checkbox"/>		
12.2 Minutes protocoll written by:	<input type="checkbox"/>	<input type="checkbox"/>		

<b>13 Other</b>	<input type="checkbox"/>	<input type="checkbox"/>		
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Coating contractor		Work order
Date:	Contractor:	Work management
Signature		

MATERIAL CONSUMPTION						
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Object				Object no/order no		
Building part				Product system		
Product	Consumption l/kg	Surface/length Km <sup>2</sup> /m	Coating thickness Mm/ l/m <sup>2</sup> kg/m <sup>2</sup>	Batch no Charge no	Remarks (ex colour, pigment, etc.)	
<b>A</b> Primer						
<b>B</b> Coating of plastic compound Filling / adjustment / leveling ..... Binder .....						
Filler .....						
<b>C</b> Membrane binder .....						
Filler .....						
<b>D</b> Coating of plastic mass > 1 mm Binder .....						
Filler .....						
<b>E</b> Thin Film Coating 0.3 – 1 mm Binder .....						
Filler .....						
<b>F</b> lacquer/seal .....						
<b>G</b> Pain/seal .....						
<b>H</b> dustbinding .....						
<b>I</b> Coved skirting, skirting, phasing Binder						
Filler .....						
<b>J</b> Other Binder .....						
Filler .....						

Coating contractor		Work order
Date:	Contractor:	Work management
Signatures		

**Quality documentation For seamless flooring**  
**ANOMALY REPORT**

Object:	Object no:
Address:	
Date:	
Issuer:	
For treatment:	
Anomaly regarding:	
Description of anomaly:	
Proposed action:	
Quality manager:	Date:
Measure:	<input type="checkbox"/> Approved without measure
	<input type="checkbox"/> Approved with proposal for measure above
	<input type="checkbox"/> The anomaly is corrected as below
Revised measure:	
<input type="checkbox"/> Measure verified and approved	
<input type="checkbox"/> The anomaly has not been corrected. A new measure should be proposed	
Client:	Date: