

**Document QC.1**

This sheet is to be completed by the Site Supervisor and a copy provided to the client at the completion of the Contract. This form is used in conjunction with the QC 2 site checklist and the QC 3 mix control sheet. All forms are to be filed in the appropriate manner and are to be made available to Nuplex as required



**Quality Control Sheet – Flooring Systems**

PROJECT		
Project Name:	Site Address:	Location on Site:
Owner:	Builder:	Building Site Supervisor:
NUPLEX CONTRACTOR		
Contractor Name:	Is the contractor a Nufed member: Yes / No	Contractor Site Supervisor:
Installation Team:	Date Started:	Date Completed:
FLOOR CONSTRUCTION		
Substrate	Substrate – New Concrete Details	Falls in substrate correct
<input type="checkbox"/> Concrete New <input type="checkbox"/> Concrete Old <input type="checkbox"/> Metal <input type="checkbox"/> Timber <input type="checkbox"/> Fibre Cement <input type="checkbox"/> Other (Specify)	Date concrete poured: Day / Month / /Year  Date concrete protected from the external elements: Day / Month / /Year	<input type="checkbox"/> Yes <input type="checkbox"/> No If no refer to Prefill section
SUBSTRATE PREPARATION		
Surface Preparation	Surface Preparation Contractor	Surface Prep: Contractor Acceptance
<input type="checkbox"/> Captive Shotblasting <input type="checkbox"/> Diamond Grinding <input type="checkbox"/> Concrete Planer <input type="checkbox"/> Concrete Scabbler <input type="checkbox"/> Other (Specify)	Name: Site Supervisor: Date Completed: Signed:	Contractor Site Supervisor: Name: Date of acceptance: Signed:
SUBSTRATE REPAIR		
Substrate Cracks / Joints	Prefill / Substrate repair required	Prefill – falls / levels required
<input type="checkbox"/> Filled <input type="checkbox"/> Slip Tape / bandage <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Yes – spalling <input type="checkbox"/> Yes - substrate deviation <input type="checkbox"/> No	<input type="checkbox"/> Yes - falls to drains <input type="checkbox"/> Yes - fill falls to level <input type="checkbox"/> No
Does client require elimination of ponding water?	Prefill – falls: Client Acceptance	
<input type="checkbox"/> Yes – total (falls 1:50 required) <input type="checkbox"/> Yes - partial, client will remove excess by squeegee etc <input type="checkbox"/> No	Building Site Supervisor: Name: Date Completed: Signed:	
WALL : COVE / UPSTAND DETAILS		
Wall Details	Coves / Upstands required	Cove Capping
<input type="checkbox"/> Insitu Concrete /concrete <input type="checkbox"/> Concrete Block <input type="checkbox"/> Insulated Panel <input type="checkbox"/> Plywood <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No ( If yes: height required )      mm ( Cove radius required )      mm	<input type="checkbox"/> STZ Coveing Strip 5.2 <input type="checkbox"/> STZ Coveing Strip 9.2 rebate <input type="checkbox"/> Other (Specify)

Wall to floor junction detail – Fibreglass Reinforcement	Cove Sealant	Cove Installation: Contractor completed to specification
<input type="checkbox"/> Yes <input type="checkbox"/> No (If no please specify reason)	<input type="checkbox"/> Formwall Sealant <input type="checkbox"/> Other (Specify)	Building Site Supervisor: Name: Date of acceptance: Signed:
<b>DRAINS / SUMPS</b>		
Drains / sumps; lining required	Falls in drains / sumps correct	Drains / sumps; System
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If no; do these need rectification: <input type="checkbox"/> Yes <input type="checkbox"/> No Building Site Supervisor: Name: Date of acceptance: Signed:	<input type="checkbox"/> Sureshield <input type="checkbox"/> Sureshield ZV <input type="checkbox"/> Surechem VE <input type="checkbox"/> Supascreed <input type="checkbox"/> Nuthane <input type="checkbox"/> Fibreclene <input type="checkbox"/> Situclad VE <input type="checkbox"/> Supascreed EHD <input type="checkbox"/> Other
<b>PRODUCT INSTALLATION</b>		
Floor / Cove System Being Used ( Please tick appropriate boxes )	System Specified Thickness	Method of Application
<u>Toppings</u> <input type="checkbox"/> Sureshield <input type="checkbox"/> Sureshield ZV <input type="checkbox"/> Surechem VE <input type="checkbox"/> Supascreed <input type="checkbox"/> Nuthane SB <input type="checkbox"/> Nuthane MD <input type="checkbox"/> Nuthane TC <u>Traxite Systems</u> <input type="checkbox"/> Sureshield Traxite <input type="checkbox"/> Sureshield Traxite ZV <input type="checkbox"/> Surechem VE Traxite <input type="checkbox"/> Nuthane Traxite <input type="checkbox"/> Traxite VE	<input type="checkbox"/> 2-3mm <input type="checkbox"/> 3-4mm <input type="checkbox"/> 4mm <input type="checkbox"/> 6mm <input type="checkbox"/> 8mm <input type="checkbox"/> 9mm <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Roll Coat <input type="checkbox"/> Slurry & Broadcast <input type="checkbox"/> Trowel <input type="checkbox"/> - Glass Float <input type="checkbox"/> - Steel Trowel
Non -Slip Additive	Number of Topcoats	Joint System Used
<input type="checkbox"/> J61w <input type="checkbox"/> K20s <input type="checkbox"/> Walton Park 18/36 <input type="checkbox"/> Walton Park 7/14 <input type="checkbox"/> Aluminum Oxide <input type="checkbox"/> Quartzite <input type="checkbox"/> Other	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> K130 <input type="checkbox"/> Sonolastic <input type="checkbox"/> Other (Specify)
Floor Penetrations - Sealed		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other (Specify)		
<b>PROTECTION OF FLOOR</b>		
Protection of floor required	Type of Protection	Contractor Installed protection as per specification
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Plastic <input type="checkbox"/> Cardboard <input type="checkbox"/> Plywood <input type="checkbox"/> Customwood <input type="checkbox"/> Other	Building Site Supervisor: Name: Date of acceptance: Signed:

SITE CONDITIONS		
Site Conditions – External	Site Conditions - Internal	Ambient Site Temperatures (from QC3)
<input type="checkbox"/> Fine <input type="checkbox"/> Warm <input type="checkbox"/> Wet <input type="checkbox"/> Cold	<input type="checkbox"/> Building Open <input type="checkbox"/> Building Enclosed <input type="checkbox"/> Natural Lighting <input type="checkbox"/> Overhead Lighting <input type="checkbox"/> Spotlights	AM            PM AM            PM AM            PM AM            PM AM            PM AM            PM
RECORDS		
PHOTO RECORDS DURING STAGES	NUPLEX SITE VISIT	NUPLEX PERSONEL
<input type="checkbox"/> Yes <input type="checkbox"/> No (If no please specify reason)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Date: Signed: Number of Visits:
DAMAGE TO FLOORS BY OTHER TRADES	DAMAGE TO SITE BY CONTRACTOR	
FLOOR INSTALLATION	BUILDING SITE SUPEVISORS	
Contractor completed to specification	Contractor completed to specification	
<input type="checkbox"/> Yes <input type="checkbox"/> No (If no please specify reason)	Name: Date of acceptance: Signed:	
FINAL JOB APPROVAL	FINAL JOB APPROVAL / ACCEPTANCE	
All stages are complete to the Specification Documents	All stages are complete to the Specification Documents	
Contractor Principal Name: Signed: Date:	Client or Clients Representative Name: Signed: Date:	

**Document QC.2**

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**Quality Control Site Checklist– Flooring Systems**

PRE START		
Work instructions available <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Work instructions clear & concise <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Surface preparation method specified <input type="checkbox"/> Yes <input type="checkbox"/> No Comments
Prefill requirements specified <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	System specified <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Thickness specified <input type="checkbox"/> Yes <input type="checkbox"/> No Comments
Colour specified <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Texture / non-slip specified <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Topcoat / number of coats specified <input type="checkbox"/> Yes <input type="checkbox"/> No Comments
Cove Height specified <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Cove Radius specified <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Cove Capping specified <input type="checkbox"/> Yes <input type="checkbox"/> No Comments
Nuplex Flooring QC sheets on site <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Nuplex technical literature / formulations on site <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Client sample approved <input type="checkbox"/> Yes <input type="checkbox"/> No Comments
HEALTH SAFETY & ENVIRONMENT		
Trained staff identified <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	SDS on site <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	DG site signs on site <input type="checkbox"/> Yes <input type="checkbox"/> No Comments
PPE (Goggles / masks / gloves / overalls) <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Electrical equipment tagged & current <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Fire Extinguishers <input type="checkbox"/> Yes <input type="checkbox"/> No Comments
“Danger” tape <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Spill Kits <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Waste disposal <input type="checkbox"/> Yes <input type="checkbox"/> No Comments
SURFACE PREPARATION		
Preparation acceptable ( including upstands and panel ) <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Floor clean and dry <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Joints cut out clean <input type="checkbox"/> Yes <input type="checkbox"/> No Comments
Swept and / or vacuumed <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Moisture content correct. <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	

<b>MIXING &amp; EQUIPMENT</b>		
Separate resin and aggregate scales <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Measuring by weight <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Mixing equipment correct <input type="checkbox"/> Yes <input type="checkbox"/> No Comments
Nuplex QC mixing sheets filled in correctly <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Mix area clean and tidy <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	
<b>INSTALLATION &amp; EQUIPMENT</b>		
Correct trowels & floats <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	All tools for product <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Fibre reinforcement to insulated panel <input type="checkbox"/> Yes <input type="checkbox"/> No Comments
Cove Capping installed correctly / sealant <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Prefill installation correct as specified <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Topping to correct thickness <input type="checkbox"/> Yes <input type="checkbox"/> No Comments
Visual aspect of installed topping acceptable: ie trowel marks <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Non-slip aggregate distribution even <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Colour distribution even <input type="checkbox"/> Yes <input type="checkbox"/> No Comments
Cove radius and installation correct <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Top coat applied (if required) <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Construction joints carried and cut through <input type="checkbox"/> Yes <input type="checkbox"/> No Comments
Jointing detail good <input type="checkbox"/> Yes <input type="checkbox"/> No Comments		
<b>6. COMPLETION</b>		
Site clean-up <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Floor protected <input type="checkbox"/> Yes <input type="checkbox"/> No Comments	Client sign -off <input type="checkbox"/> Yes <input type="checkbox"/> No Comments

I/We agree that the above is correct.

Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Disclaimer:**

Nuplex Quality Checklists are an internal business tool for members of the Nuplex Contractors Federation Inc. They are a snapshot of contractor activity and do not necessarily indicate continuous business performance or on-site skills. It in no way implies any site responsibility by Nuplex. Full site responsibility resides with the contractor.