Document QC. 3
This sheet is to be completed by the Site Supervisor .This form is used in conjunction with the QC 1.sheet and
QC 2. Site Checklist sheets. All forms are to be filed in the appropriate manner and are to be made available to Nuplex as
 required.

nuplex®
construction products

Quality Control Sheet – Flooring Systems – Daily Mix Control

Project Name:	Site Address:	Location on site:	Contractor Name:	Installation Supervisor:	Flooring System:

Start	AM / PM	Finish	AM / PM						
Ambient Temp		AM	PM	AM	PM	* To be recorded minimum twice daily or when atmospheric conditions are observed
Relative Humidity		AM	PM	AM	PM	* To be recorded minimum twice daily or when atmospheric conditions are observed
Dew Point		AM	PM	AM	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 m^2

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 (Cobalt) per 20 litre pail				gms																								
Pig Paste / Oxide per 20 ltr or mix				gms																								
Agg 1				kg																								
Agg 2				kg																								
Agg 3				kg																								
Agg 4				kg																								
Agg 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 (Cobalt) per 20 ltr or mix				gms																								
Pig Paste / Oxide per 20 ltr 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.……/……/………….