



Document QC.1

This sheet is to be completed by the Installation 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 Allnex as required

Quality Control Sheet – Flooring Systems

PROJECT		
Project Name	Site Address	Location on Site
Owner	Builder	Site Supervisor
ALLNEX CONTRACTOR		
Contractor Name	Is the contractor an Acfed member Yes / No	Installation Supervisor
Installation Team	Date Started	Date Completed
FLOOR CONSTRUCTION		
Substrate	Substrate – New Concrete Details	Falls in substrate correct
Concrete New Concrete Old Metal Timber Fibre Cement Other (Specify)	Date concrete poured Day / Month / /Year Date concrete protected from the external elements Day / Month / /Year	Yes No If no refer to Prefill section
SUBSTRATE PREPARATION		
Surface Preparation	Surface Preparation Contractor	Surface Prep: Contractor Acceptance
Captive Shot blasting Diamond Grinding Concrete Planer Concrete Scabble Other (Specify)	Name: Site Supervisor: Date Completed: Signed:	Installation Supervisor: Date of acceptance: Signed:
SUBSTRATE REPAIR		
Substrate Cracks / Joints	Prefill / Substrate repair required	Prefill – falls / levels required
Filled Slip Tape / Bandage Other (Specify)	Yes – spalling Yes - substrate deviation No	Yes - falls to drains Yes - fill falls to level No
Does client require elimination of ponding water?	Prefill – falls: Client Acceptance	
Yes total (falls 1:50 required) Yes client will remove excess by squeegee No	Name: Site Supervisor: Date Completed: Signed:	

WALL : COVE / UPSTAND DETAILS		
Wall Details	Coves / Upstands required	Cove Capping
Insitu Concrete /concrete Concrete block Insulated Panel Plywood Other (Specify)	Yes No (If yes: height required) mm (Cove radius required) mm	STZ Coving Strip 5.2 STZ Coving Strip 9.2 rebate Other (Specify)

Wall to floor junction detail – Fibreglass Reinforcement	Cove Sealant	Cove Installation: Contractor completed to specification
Yes No	Formwall Sealant Other (Specify)	Installation Supervisor: Date of acceptance: Signed:

DRAINS / SUMPS		
Drains / sumps; lining required	Falls in drains / sumps correct	Drains / sumps; System
Yes No	Yes No If no do these need rectification Yes No Client Site Supervisor: Date of acceptance: Signed:	Sureshield Sureshield ZV Surechem VE Supascreed Nuthane Fibreclene Situclad VE Supascreed EHD Other

PRODUCT INSTALLATION		
Floor / Cove System Being Used (Please tick appropriate box)	System Components (Please tick appropriate box)	Batch Numbers
<u>Toppings</u> Sureshield Sureshield ZV Surechem VE Supascreed Nuthane SB Nuthane MD Nuthane TC <u>Traxite Systems</u> Sureshield Traxite Sureshield Traxite ZV Surechem VE Traxite Nuthane Traxite Traxite VE <u>Coating Systems</u> Terratuff Surecote 200 Rapidcoat <u>Sealers</u> Crystal Seal Diamond Seal Revathane	STZ Primer: STZ Hardener STZ Topcoat Sureshield Resin Sureshield ZV Primer Sureshield ZV Resin Sureshield ZV Topcoat Surechem VE Resin Surechem VE Topcoat Surechem Hardener Supascreed Primer Supascreed Resin Supascreed Hardener\ Nuthane Resin Nuthane Hardener Nuthane SB Aggregate Nuthane TC Aggregate Traxite VE Resin Cobalt Terratuff Surecote 200 Rapidcoat STZ Flooring Sand STZ Coving Sand Walton Park 7/14 Walton Park 18/36 J61w Quartzite Aggregate Aggregate Other Pigment	

System Specified Thickness	Method of Application	Non -Slip Additive
< 1mm 1-2mm 2-3mm 3-4mm 4mm 6mm 8mm 9mm Other (Specify)	Roll Coat Slurry & Broadcast Trowel Glass Float Steel Trowel	J61w K20s Walton Park 18/36 Walton Park 7/14 Aluminum Oxide Quartzite Other
Number of Topcoats	Joint System Used	Floor Penetrations - Sealed
1 2 3 Other (Specify)	K130 Other (Specify)	Yes No Other (Specify)
PROTECTION OF FLOOR REQUIRED	Floor Installation: Contractor completed to specification	
Yes No	Installation Supervisor: Date of acceptance: Signed:	
SITE CONDITIONS		
Site Conditions – External	Site Conditions - Internal	Ambient Site Temperatures
Fine Wet Cold	Building Open Building Enclosed Natural Lighting Overhead Lighting Spotlights	AM PM AM PM AM PM AM PM AM PM AM PM
RECORDS		
PHOTO RECORDS DURING STAGES	ALLNEX SITE VISIT	ALLNEX PERSONEL
Yes No (If no please specify reason)	Yes No	Name: Date Signed
DAMAGE TO FLOORS BY OTHER TRADES	DAMAGE TO SITE BY CONTRACTOR	
FINAL JOB APPROVAL All stages are complete to the Specification Documents	FINAL JOB APPROVAL / ACCEPTANCE All stages are complete to the Specification Documents	
Contractor Principal Name: Signed: Date	Client or Clients Representative Name: Signed: Date:	

Document QC.2

This sheet is to be completed by the Installation Supervisor .This form is used in conjunction with the QC 1 sheet and the QC 3 mix control sheet. All forms are to be filed in the appropriate manner and are to be made available to Allnex as required.

Quality Control Site Checklist– Flooring Systems

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

Swept and / or vacuumed Yes No Comments	Moisture content correct. Yes No Comments	
MIXING		
Separate resin and aggregate scales Yes No Comments	Measuring by weight Yes No Comments	Clean and tidy Yes No Comments
Allnex QC mixing sheets filled in correctly Yes No Comments		
INSTALLATION & EQUIPMENT		
Correct floats Yes No Comments	All tools for product Yes No Comments	Fibre reinforcement to insulated panel Yes No Comments
Cove Capping installed correctly / sealant Yes No Comments	Prefill installation correct as specified Yes No Comments	Topping to correct thickness Yes No Comments
Visual aspect of installed topping ie trowel marks Yes No Comments	Non-slip aggregate distribution even Yes No Comments	Colour distribution even Yes No Comments
Cove radius and installation correct Yes No Comments	Top coat applied (if required) Yes No Comments	Construction joints carried and cut through Yes No Comments
Jointing detail good Yes No Comments		
6. COMPLETION		
Site clean up Yes No Comments	Floor protected Yes No Comments Yes / No	Client sign -off Yes No Comments

I/We agree that the above is correct.

Name _____ Signed _____ Date ____/____/____ **Disclaimer:**

Allnex Quality Checklists are an internal business tool for members of the Allnex 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 Allnex. Full site responsibility resides with the contractor.