

APPENDIX 1
QA INSPECTION FORM - ENVIRONMENTAL READINGS

SHIP NAME & HULL #: _____ CONTRACT/TASK ORDER/CLIN: _____ DATE/TIME: _____
 LOCATION: _____ WORK ITEM: _____ PARA. NO.: _____
 (I) _____ (V) _____ (G) _____ PRODUCT BEING APPLIED: _____
 REQ'T DOCUMENT: _____ / FY: _____ TABLE: _____ LINE: _____ COLUMN: _____
 (NSTM 631, 634, PPI, NSI 009-32 FY)

MAINTAIN SEPARATE LOG FOR EACH AREA/LOCATION, PREPARED OR PAINTED SURFACE. WHEN AN AREA IS DIVIDED INTO SEPARATE SECTIONS, MAINTAIN A SEPARATE LOG FOR EACH SECTION.

NOTE #1 FOR ANY UNSAT CONDITION FOUND, PROVIDE THE TECHNICAL ADJUDICATION AND CORRECTIVE ACTION TAKEN IN THE COMMENTS BLOCK.

NOTE #2 SURFACE TEMPERATURE MUST BE A MINIMUM OF 50 DEG F AND AT LEAST 5 DEG F ABOVE DEW POINT.

NOTE #3 ALL THE SPACES TO BE FILLED IN. IF NOT APPLICABLE INSERT N/A.

ACCEPT CRITERIA: _____ % RH _____ SURFACE TEMP. _____

Date	Time	Enter Activity , Surface Preparation, Prime, Stripe, Intermediate, Tack, Top Coat etc.	Measurement Location	Substrate Surface Temp. (°F)	Wet Bulb (°F)	Dry Bulb (Ambient Temp) (°F)	% RH	Dew Point (°F)	Each Entry Shall be Signed by Trade Monitor, Foreman, or Certified Paint Inspector
Gage # _____ Gage Cal Due Date: _____ Condition of Reading SAT: <input type="checkbox"/> UNSAT: <input type="checkbox"/> Gage # _____ Gage Cal Due Date: _____ Contractor (print): _____ Govt. Insp. (Print): _____ Contractor (Signature): _____ Govt. Insp. (signature): _____ Comments: _____									
Gage # _____ Gage Cal Due Date: _____ Condition of Reading SAT: <input type="checkbox"/> UNSAT: <input type="checkbox"/> Gage # _____ Gage Cal Due Date: _____ Contractor (print): _____ Govt. Insp. (Print): _____ Contractor (Signature): _____ Govt. Insp. (signature): _____ Comments: _____									
Gage # _____ Gage Cal Due Date: _____ Condition of Reading SAT: <input type="checkbox"/> UNSAT: <input type="checkbox"/> Gage # _____ Gage Cal Due Date: _____ Contractor (print): _____ Govt. Insp. (Print): _____ Contractor (Signature): _____ Govt. Insp. (signature): _____ Comments: _____									
Gage # _____ Gage Cal Due Date: _____ Condition of Reading SAT: <input type="checkbox"/> UNSAT: <input type="checkbox"/> Gage # _____ Gage Cal Due Date: _____ Contractor (print): _____ Govt. Insp. (Print): _____ Contractor (Signature): _____ Govt. Insp. (signature): _____ Comments: _____									
Gage # _____ Gage Cal Due Date: _____ Condition of Reading SAT: <input type="checkbox"/> UNSAT: <input type="checkbox"/> Gage # _____ Gage Cal Due Date: _____ Contractor (print): _____ Govt. Insp. (Print): _____ Contractor (Signature): _____ Govt. Insp. (signature): _____ Comments: _____									
Gage # _____ Gage Cal Due Date: _____ Condition of Reading SAT: <input type="checkbox"/> UNSAT: <input type="checkbox"/> Gage # _____ Gage Cal Due Date: _____ Contractor (print): _____ Govt. Insp. (Print): _____ Contractor (Signature): _____ Govt. Insp. (signature): _____ Comments: _____									
Gage # _____ Gage Cal Due Date: _____ Condition of Reading SAT: <input type="checkbox"/> UNSAT: <input type="checkbox"/> Gage # _____ Gage Cal Due Date: _____ Contractor (print): _____ Govt. Insp. (Print): _____ Contractor (Signature): _____ Govt. Insp. (signature): _____ Comments: _____									

APPENDIX 2
QA INSPECTION FORM - CLEANLINESS CHECKPOINT

SHIP NAME & HULL #: _____ CONTRACT/TASK ORDER/CLIN: _____ DATE/TIME: _____
 LOCATION: _____ WORK ITEM: _____ PARA. NO.: _____
 (I) _____ (V) _____ (G) _____ PRODUCT BEING APPLIED: _____
 REQ'T DOCUMENT: _____ / FY: _____ TOTAL SQFT OF AREA PRESERVED: _____ PARTIAL: _____ FINAL: _____
 (NSTM 631, 634, PPI, NSI 009-32 FY)

Accomplish degreasing/cleaning to ensure the removal of surface contaminants, such as sea salts, loose rust, mud, marine growth, grease, oil, and or other petroleum products	SAT <input type="checkbox"/> UNSAT <input type="checkbox"/>
Accomplish degreasing/cleaning a maximum of 4 hours prior to surface preparation, ensuring the adequate removal of surface contaminants.	SAT <input type="checkbox"/> UNSAT <input type="checkbox"/>
If evidence of contamination exists, accomplish degreasing/cleaning a maximum of 4 hours prior to the application of each coat of paint to ensure removal of surface contaminants.	SAT <input type="checkbox"/> UNSAT <input type="checkbox"/> N/A <input type="checkbox"/>
COMMENTS: _____ _____ _____ _____ _____	
Contractor (Print): _____	Date: _____
Contractor (Sign): _____	Time: _____
Govt. Insp. (Print): _____	Date: _____
Govt. Insp. (Sign): _____	Time: _____

APPENDIX 3

QA INSPECTION FORM - SURFACE PROFILE / PREPARATION & CLEANLINESS LOG

SHIP NAME & HULL #: _____ CONTRACT/TASK ORDER/CLIN: _____ DATE/TIME: _____

LOCATION: _____ WORK ITEM: _____ PARA. NO.: _____

(I) _____ (V) _____ (G) _____ PRODUCT BEING APPLIED: _____

REQ'T DOCUMENT: _____ / FY: _____ TOTAL SQFT OF AREA PRESERVED: _____ PARTIAL: _____ FINAL: _____
(NSTM 631, 634, PPI, NSI 009-32 FY)

ACCEPT CRITERIA: PROFILE RANGE _____ MILS TO _____ MILS

NOTE #1 FOR PAINTS: 5 PROFILE READINGS REQUIRED FOR THE FIRST 1000 SQFT AREA (15 INDIVIDUAL TAPES) , 2 PROFILE READINGS REQUIRED FOR EACH ADDITIONAL 1000 SQFT AREA (6 INDIVIDUAL TAPES) .

NOTE #2 FOR NONSKID: 3 PROFILE READINGS REQUIRED EVERY 100 SQ. FT. FOR THE FIRST 500 SQ FT; IF READINGS ARE SATISFACTORY, 1 PROFILE READING PER 1000 SQ FT REMAINING.

NOTE #3 FOR ANY UNSAT CONDITION FOUND, PROVIDE THE TECHNICAL ADJUDICATION AND CORRECTIVE ACTION TAKEN IN THE COMMENTS BLOCK.

**MAINTAIN SEPARATE LOG FOR EACH AREA/LOCATION, PREPARED OR PAINTED SURFACE.
 WHEN AN AREA IS DIVIDED INTO SEPARATE SECTIONS, MAINTAIN A SEPARATE LOG FOR EACH SECTION.**

Place TESTEX PRESS-O-FILM In Spaces Below, Retain As Permanent QA Record			Mils (Average of 3 tapes)
Reading: _____ mils	Reading: _____ mils	Reading: _____ mils	
Reading: _____ mils	Reading: _____ mils	Reading: _____ mils	
Reading: _____ mils	Reading: _____ mils	Reading: _____ mils	
Reading: _____ mils	Reading: _____ mils	Reading: _____ mils	
Reading: _____ mils	Reading: _____ mils	Reading: _____ mils	

TOTAL AVG: _____

COMMENTS: _____

Abrasive Manufacturer: (If Applicable) _____

Type: (If Applicable) _____

Mesh Size (If Applicable) _____

TYPE OF SURFACE PREPARATION: _____

GAGE # _____	(Base Metal Reading)	SURFACE PREPARATION INSP:		CLEANLINESS INSP:	
GAGE CAL DUE DATE: _____	BMR _____	SAT: <input type="checkbox"/>	UNSAT: <input type="checkbox"/>	SAT: <input type="checkbox"/>	UNSAT: <input type="checkbox"/>

Contractor (Print): _____ **Date:** _____

Contractor (Sign): _____ **Time:** _____

Govt. Insp. (Print): _____ **Date:** _____

Govt. Insp. (Sign): _____ **Time:** _____

APPENDIX 5
QA INSPECTION FORM - PRESSURE SENSITIVE TAPE SAMPLES

SHIP NAME & HULL #: _____ CONTRACT/TASK ORDER/CLIN: _____ DATE/TIME: _____
 LOCATION: _____ WORK ITEM: _____ PARA. NO.: _____
 (I) _____ (V) _____ (G) _____ PRODUCT BEING APPLIED: _____

REQ'T DOCUMENT: _____ / FY: _____ SPECIFIC FEATURES OF AREA TO BE TESTED: _____
 (NSTM 631, 634, PPI, NSI 009-32 FY)

ADHESIVE TAPE TYPE(S) FOR DUST MEASUREMENT: _____

MAINTAIN SEPARATE LOG FOR EACH AREA/LOCATION, PREPARED OR PAINTED SURFACE. WHEN AN AREA IS DIVIDED INTO SEPARATE SECTIONS, MAINTAIN A SEPARATE LOG FOR EACH SECTION.

- NOTE #1** FOR THE UNDERWATER HULL, 5 INDIVIDUAL READINGS REQUIRED FOR THE FIRST 1000 SQFT AREA , 2 INDIVIDUAL READINGS REQUIRED FOR EACH ADDITIONAL 1000 SQFT AREA.
NOTE #2 FOR FLIGHT DECK NONSKID, 3 INDIVIDUAL READINGS REQUIRED EVERY 100 SQ. FT. FOR THE FIRST 500 SQ FT; IF READINGS ARE SATISFACTORY, 1 INDIVIDUAL READING PER 1000 SQ FT REMAINING.
NOTE #3 FOR ANY UNSAT CONDITION FOUND, PROVIDE THE TECHNICAL ADJUDICATION AND CORRECTIVE ACTION TAKEN IN THE COMMENTS BLOCK.

INDICATE COATING SYSTEM SEQUENCE

_____ Prior To Prime Coat
 _____ Prior To Stripe Coat (if applicable)
 _____ Prior To Intermediate Coat (if applicable)
 _____ Prior To Stripe Coat (if applicable)
 _____ Prior To Topcoat
 _____ Other

NOTE: FOR EVERY SURFACE OF ONE (1) PARTICULAR TYPE AND ASPECT, CARRY OUT NOT LESS THAN THREE (3) SEPARATE TESTS.

Spot Measurement	Dust Quantity Rating	Dust Size Class	Approximate Location

Spot Measurement	Dust Quantity Rating	Dust Size Class	Approximate Location

Spot Measurement	Dust Quantity Rating	Dust Size Class	Approximate Location

Spot Measurement	Dust Quantity Rating	Dust Size Class	Approximate Location

Spot Measurement	Dust Quantity Rating	Dust Size Class	Approximate Location

Spot Measurement	Dust Quantity Rating	Dust Size Class	Approximate Location

CONDITION OF INSPECTION:	
SAT <input type="checkbox"/>	UNSAT <input type="checkbox"/>

COMMENTS: _____

Contractor (Print): _____	Date: _____
Contractor (Sign): _____	Time: _____
Govt. Insp. (Print): _____	Date: _____
Govt. Insp. (Sign): _____	Time: _____

**APPENDIX 6
PAINT APPLICATION EQUIPMENT AND PAINT CONSUMPTION LOG**

SHIP NAME & HULL #: _____ CONTRACT/TASK ORDER/CLIN: _____ DATE/TIME: _____
 LOCATION: _____ WORK ITEM: _____ PARA. NO.: _____
 (I) _____ (V) _____ (G) _____ PRODUCT BEING APPLIED: _____
 REQ'T DOCUMENT: _____ / FY: _____ TABLE: _____ LINE: _____ COLUMN: _____
 (NSTM 631, 634, PPI, NSI 009-32 FY)

MAINTAIN SEPARATE LOG FOR EACH AREA/LOCATION, PREPARED OR PAINTED SURFACE. WHEN AN AREA IS DIVIDED INTO SEPARATE SECTIONS, MAINTAIN A SEPARATE LOG FOR EACH SECTION.

	Prime Coat	Stripe Coat (if applicable)	Intermediate Coat (if applicable)	Stripe Coat (if applicable)	Topcoat	Other
Airless Paint Hose Size						
Airless Paint Hose Length						
Airless Tip Orifice Diameter / Fan Width						
Airless Pump Used & Model	Plural Airless					
	Conventional Airless					
Airless Pump Ratio If Plural Component: Fixed: <input type="checkbox"/> Variable: <input type="checkbox"/>						
If Using Inline Heater Temperature in °F (Fahrenheit)	Temperature Setting At Heater					
	Temperature At Tip					
Product Applied						
Product Manufacturer						
Color Applied						
Product VOC						
Base Portion Batch No # (Part A)						
Expiration Date (Part A)						
Hardener Portion Batch No # (Part B)						
Expiration Date (Part B)						
Gallons Used Per Coat						
Square Feet Painted						
Start (Date/Time)						
Stop (Date/Time)						

APPENDIX 7
QA INSPECTION FORM - DRY FILM THICKNESS MEASUREMENTS

SHIP NAME & HULL #: _____ CONTRACT/TASK ORDER/CLIN: _____ DATE/TIME: _____

LOCATION: _____ WORK ITEM: _____ PARA. NO.: _____

(I) _____ (V) _____ (G) _____ PRODUCT BEING APPLIED: _____

REQ'T DOCUMENT: _____ / FY: _____ TOTAL SQFT OF AREA PRESERVED: _____ PARTIAL: _____ FINAL: _____
(NSTM 631, 634, PPI, NSI 009-32 FY)

MAINTAIN SEPARATE LOG FOR EACH AREA/LOCATION, PREPARED OR PAINTED SURFACE. WHEN AN AREA IS DIVIDED INTO SEPARATE SECTIONS, MAINTAIN A SEPARATE LOG FOR EACH SECTION.

NOTE: FOR ANY UNSAT CONDITION FOUND, PROVIDE THE TECHNICAL ADJUDICATION AND CORRECTIVE ACTION TAKEN IN THE COMMENTS BLOCK.

Select Type of Gage being used: Type 1 Type 2 Base Metal Reading (Type 1 gage): _____
 Accuracy Adjustment (Type 1 gage): _____
 Gage # _____ Current Calibration Due Date _____

ACCEPT CRITERIA

<input type="checkbox"/> PRIMER DFT _____ TO _____ MILS	<input type="checkbox"/> STRIPE COAT DFT _____ TO _____ MILS
<input type="checkbox"/> # 1 INTERMEDIATE DFT _____ TO _____ MILS	<input type="checkbox"/> TOPCOAT DFT _____ TO _____ MILS
<input type="checkbox"/> # 2 INTERMEDIATE DFT _____ TO _____ MILS	<input type="checkbox"/> TOTAL SYSTEM DFT _____ TO _____ MILS

TOTAL SPOT MEASUREMENTS REQUIRED PER SQUARE FOOT OF AREA PRESERVED

0 - 100 SQFT = 5 SPOTS REQUIRED 201 - 1000 SQFT = 15 SPOTS REQUIRED
 101 - 200 SQFT = 10 SPOTS REQUIRED > 1000 SQFT = 5 ADDITIONAL SPOTS REQUIRED PER 1000 SQFT AREA

Note: Each Spot Measurement = The AVG of Three Gage Readings.

SPOT	DFT (Mils) AVG	Approximate Location
1		
2		
3		
4		
5		
Average:	0.00	

Note: Each Spot Measurement = The AVG of Three Gage Readings.

SPOT	DFT (Mils) AVG	Approximate Location
1		
2		
3		
4		
5		
Average:	0.00	

Note: Each Spot Measurement = The AVG of Three Gage Readings.

SPOT	DFT (Mils) AVG	Approximate Location
1		
2		
3		
4		
5		
Average:	0.00	

Note: Each Spot Measurement = The AVG of Three Gage Readings.

SPOT	DFT (Mils) AVG	Approximate Location
1		
2		
3		
4		
5		
Average:	0.00	

Note: Each Spot Measurement = The AVG of Three Gage Readings.

SPOT	DFT (Mils) AVG	Approximate Location
1		
2		
3		
4		
5		
Average:	0.00	

Note: Each Spot Measurement = The AVG of Three Gage Readings.

SPOT	DFT (Mils) AVG	Approximate Location
1		
2		
3		
4		
5		
Average:	0.00	

HOLIDAY INSPECTION: SAT UNSAT DFT INSPECTION: SAT UNSAT
 CLEANLINESS INSPECTION: SAT UNSAT CHLORIDE INSPECTION: SAT UNSAT

COMMENTS: _____

Contractor (Print): _____	Date: _____
Contractor (Sign): _____	Time: _____
Govt. Insp. (Print): _____	Date: _____
Govt. Insp. (Sign): _____	Time: _____

