

**APPENDIX 9
QUALITY ASSURANCE INSPECTION FORM - SUBMARINE TOUCH UP AREAS**

SHIP/REFIT: _____ AREA: _____

JCN: _____

Activity	Signature	Printed Name	Date / Time
SSPC-SP1 achieved prior to mechanical/abrasive prep			
SSPC-SP___ surface prep achieved			
Surface Conductivity/Chloride Check			

	Primer	Stripe Coat	Top Coat
Start Date and Time			
Paint Temperature Component A Component B			
Paint Batch Number Component A Component B			
Paint Manufacturer Formula Type			
Color			
Ambient Temperature			
Lowest Substrate Temperature			
Dew Point			
% RH			
DFT			
Completion Date and Time			
Cure Time (Required/Actual)			
Final Cure to Immersion	N/A	N/A	

Inspector Sign-off confirming Coating System Completed and meets all requirements _____
(NACE I OR EQUIVALENT)

Date _____