

APPENDIX 1
QA INSPECTION FORM - ENVIRONMENTAL READINGS & PAINT/NONSKID STORAGE

SHIP NAME & HULL #: _____ CONTRACT/TASK ORDER/CLIN/TWD: _____ 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 COATED 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 UNLESS OTHERWISE STATED IN SPECIFICATION, SURFACE TEMPERATURE MUST BE A MINIMUM OF 50 DEG F AND AT LEAST 5 DEG F ABOVE DEW POINT.
NOTE #3 IF SPACES ARE NOT APPLICABLE, INSERT N/A. UNUSED SECTIONS SHALL BE CROSSED OUT AND MARKED N/A.

ACCEPT CRITERIA: ENV: MAX %RH: _____ SURFACE TEMP: MIN: _____ MAX: _____ STORAGE TEMP: MIN: _____ MAX: _____

Check for Ventilation Running (PW, RFW, & FWDC Tanks): | Data Logger Used? (Yes/No)

Date	Time	Enter Activity/Process: Cleanliness Check, Surface Preparation, Prime Application, Prime Cure, Stripe Application, Stripe Cure, Intermediate Application, Intermediate Cure, Tack Application, Top Coat Application, Top Coat Cure, etc.	Substrate Surface Temp. (°F)	Dew Point (°F)	% RH	Dry Bulb (Ambient Temp) (°F)	Wet Bulb (°F)
Gage # _____		Gage Cal Due Date: _____		Condition of Reading		SAT: <input type="checkbox"/>	UNSAT: <input type="checkbox"/>
Gage # _____		Gage Cal Due Date: _____					
Contractor (Print): _____				Contractor (Signature): _____			
COMMENTS: _____							

Date	Time	Enter Activity/Process: Cleanliness Check, Surface Preparation, Prime Application, Prime Cure, Stripe Application, Stripe Cure, Intermediate Application, Intermediate Cure, Tack Application, Top Coat Application, Top Coat Cure, etc.	Substrate Surface Temp. (°F)	Dew Point (°F)	% RH	Dry Bulb (Ambient Temp) (°F)	Wet Bulb (°F)
Gage # _____		Gage Cal Due Date: _____		Condition of Reading		SAT: <input type="checkbox"/>	UNSAT: <input type="checkbox"/>
Gage # _____		Gage Cal Due Date: _____					
Contractor (Print): _____				Contractor (Signature): _____			
COMMENTS: _____							

Date	Time	Enter Activity/Process: Cleanliness Check, Surface Preparation, Prime Application, Prime Cure, Stripe Application, Stripe Cure, Intermediate Application, Intermediate Cure, Tack Application, Top Coat Application, Top Coat Cure, etc.	Substrate Surface Temp. (°F)	Dew Point (°F)	% RH	Dry Bulb (Ambient Temp) (°F)	Wet Bulb (°F)
Gage # _____		Gage Cal Due Date: _____		Condition of Reading		SAT: <input type="checkbox"/>	UNSAT: <input type="checkbox"/>
Gage # _____		Gage Cal Due Date: _____					
Contractor (Print): _____				Contractor (Signature): _____			
COMMENTS: _____							

Paint/Nonskid Storage						
Date	Time/Time Range	Enter Product/Component & Prime, Stripe, Intermediate, Tack, Top Coat	Min. & Max. Temp. for 24hr Period Prior to Initiation of Application	--OR-- Storage Temp. Manually Measured	--OR-- Core Temp. After Each Component Separately Mixed Part A / Part B	Method of Measurement
			Min.: _____ /Max.: _____			
Contractor (Print): _____				Contractor (Signature): _____		
COMMENTS: _____						

APPENDIX 2
QA INSPECTION FORM - SSPC-SP 1 CLEANLINESS CHECKPOINT

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

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

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

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

Accomplish SSPC-SP-1 degreasing/cleaning to ensure the removal of surface contaminants.	Date/Time: _____ 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.	Date/Time: _____ SAT: <input type="checkbox"/> UNSAT: <input type="checkbox"/>
Start of Surface Preparation Coating Removal:	Date/Time: _____
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.	Date/Time: _____ SAT: <input type="checkbox"/> UNSAT: <input type="checkbox"/>

COMMENTS: _____

Contractor (Print): _____	Contractor (Signature): _____	Date/Time: _____
Subcontractor (Print): _____	Subcontractor (Signature): _____	Date/Time: _____
Govt. Insp. (Print): _____	Govt. Insp. (Signature): _____	Date/Time: _____

APPENDIX 3
QA INSPECTION FORM - SURFACE PROFILE / PREPARATION & CLEANLINESS LOG

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

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

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

REQ'T DOCUMENT: _____ /FY: _____ SQFT OF AREA PRESERVED: _____ PARTIAL AREA: _____ /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 #1 FOR PAINTS & SUBMARINE NONSKID: 1 PROFILE MEASUREMENT REQUIRED FOR EVERY 200 SQFT (10 INDIVIDUAL READINGS FOR METHOD B; 2 INDIVIDUAL TAPE READINGS FOR METHOD C) FOR THE FIRST 1000 SQFT AREA (50/10 INDIVIDUAL READINGS TOTAL FOR METHOD B/C); 1 PROFILE MEASUREMENT REQUIRED FOR EACH ADDITIONAL 500 SQFT OR LESS AREA (10/2 INDIVIDUAL READINGS FOR METHOD B/C).

NOTE #2 FOR SURFACE SHIP NONSKID: 1 PROFILE MEASUREMENT REQUIRED EVERY 100 SQFT (10 INDIVIDUAL READINGS FOR METHOD B; 2 INDIVIDUAL TAPES FOR METHOD C) FOR THE FIRST 500 SQFT AREA (50 INDIVIDUAL READINGS TOTAL FOR METHOD B; 10 INDIVIDUAL TAPES TOTAL FOR METHOD C); 1 PROFILE MEASUREMENT PER 1000 SQFT REMAINING (10 INDIVIDUAL READINGS FOR METHOD B; 2 INDIVIDUAL TAPES FOR METHOD C).

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

NOTE #4 IF SPACES ARE NOT APPLICABLE, INSERT N/A. UNUSED SECTIONS SHALL BE CROSSED OUT AND MARKED N/A.

ACCEPTANCE CRITERIA: PROFILE RANGE _____ MILS TO _____ MILS

Method B: <input type="checkbox"/>	Method C: <input type="checkbox"/>	Profile Measurement (Average Mils)			Profile Measurement (Average 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		Reading: _____ mils	Reading: _____ mils	
Reading: _____ mils	Reading: _____ mils		Reading: _____ mils	Reading: _____ mils	

COMMENTS: _____

Abrasive Manufacturer: _____ Type: _____ Mesh Size: _____
 (If Applicable) (If Applicable) (If Applicable)

TYPE OF SURFACE PREPARATION: _____

GAGE # _____	(Base Metal Reading) (Type 1 gage)	SURFACE PROFILE INSP:	SURFACE PREP. INSP:	CLEANLINESS INSP:
GAGE CAL DUE DATE: _____	BMR _____	SAT: <input type="checkbox"/> UNSAT: <input type="checkbox"/>	SAT: <input type="checkbox"/> UNSAT: <input type="checkbox"/>	SAT: <input type="checkbox"/> UNSAT: <input type="checkbox"/>

Contractor (Print): _____	Contractor (Signature): _____	Date/Time: _____
Subcontractor (Print): _____	Subcontractor (Signature): _____	Date/Time: _____
Govt. Insp. (Print): _____	Govt. Insp. (Signature): _____	Date/Time: _____

APPENDIX 4 QA INSPECTION FORM - SURFACE CONDUCTIVITY / CHLORIDE LOG

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

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

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

REQ'T DOCUMENT: _____ /FY: _____ SQFT OF AREA PRESERVED: _____ PARTIAL AREA: _____ /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.

MAXIMUM READING (IMMERSED SURFACES): CONDUCTIVITY (30) $\mu\text{S/cm}$ CHLORIDE (3) $\mu\text{g/cm}^2$
 MAXIMUM READING (NON-IMMERSED SURFACES): CONDUCTIVITY (70) $\mu\text{S/cm}$ CHLORIDE (5) $\mu\text{g/cm}^2$

1 READING REQUIRED FOR EVERY 200 SQFT FOR FIRST 1000 SQFT, THEN 1 READING FOR EACH ADDITIONAL 500 SQFT OR LESS

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

NOTE #2 IF SPACES ARE NOT APPLICABLE, INSERT N/A. UNUSED SECTIONS SHALL BE CROSSED OUT AND MARKED N/A.

Test Kit Batch No.: _____ Expiration Date: _____

TEST LOCATIONS	CHLORIDE ($\mu\text{g/cm}^2$)	CONDUCTIVITY ($\mu\text{S/cm}$)	SAT	UNSAT

COMMENTS: _____

GAGE # _____ GAGE CAL DUE DATE: _____ CONDITION OF CHECKPOINT: SAT: UNSAT:

Contractor (Print): _____	Contractor (Signature): _____	Date/Time: _____
Subcontractor (Print): _____	Subcontractor (Signature): _____	Date/Time: _____
Govt. Insp. (Print): _____	Govt. Insp. (Signature): _____	Date/Time: _____

**APPENDIX 5
QA INSPECTION FORM - SURFACE CLEANLINESS (DUST) TAPE**

SHIP NAME & HULL #: _____ CONTRACT/TASK ORDER/CLIN/TWD: _____ 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 UNDERWATER HULL, 1 INDIVIDUAL READING REQUIRED FOR EVERY 200 SQFT FOR THE FIRST 1000 SQFT AREA; IF READINGS ARE SATISFACTORY, 1 INDIVIDUAL READING REQUIRED FOR EACH ADDITIONAL 500 SQFT OR LESS AREA.
- NOTE #2** FOR FLIGHT DECK NONSKID, 3 INDIVIDUAL READINGS REQUIRED EVERY 100 SQFT FOR THE FIRST 500 SQFT; IF READINGS ARE SATISFACTORY, 1 INDIVIDUAL READING PER 1000 SQFT REMAINING.
- NOTE #3** FOR ANY UNSAT CONDITION FOUND, PROVIDE THE TECHNICAL ADJUDICATION AND CORRECTIVE ACTION TAKEN IN THE COMMENTS BLOCK.
- NOTE #4** IF SPACES ARE NOT APPLICABLE, INSERT N/A. UNUSED SECTIONS SHALL BE CROSSED OUT AND MARKED N/A.

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 CHECKPOINT	
SAT: <input type="checkbox"/>	UNSAT: <input type="checkbox"/>

COMMENTS: _____

Contractor (Print): _____	Contractor (Signature): _____	Date/Time: _____
Subcontractor (Print): _____	Subcontractor (Signature): _____	Date/Time: _____
Govt. Insp. (Print): _____	Govt. Insp. (Signature): _____	Date/Time: _____

APPENDIX 6
QA INSPECTION FORM - PAINT/NONSKID APPLICATION AND CONSUMPTION LOG

SHIP NAME & HULL #: _____ CONTRACT/TASK ORDER/CLIN/TWD: _____ 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.

In first row, indicate which coat: e.g. Prime, Stripe, Intermediate, Tack, Top Coat, 1 st AF coat, 2 nd AF coat		_____ Coat	_____ Coat	_____ Coat	_____ Coat	_____ Coat	_____ Coat
Application Method: <i>Plural Airless, Conventional Airless, Brush, Roller, Conventional Spray</i>							
Airless Pump Ratio (if Plural Component): Fixed: <input type="checkbox"/> Variable: <input type="checkbox"/>							
If Using Inline Heater, Temp. in °F (Fahrenheit)	Temp. Setting At Heater						
	Temp. At Tip						
Product Applied							
Product Manufacturer							
Color Applied							
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 Coated							
Start (Date/Time)							
Stop (Date/Time)							

COMMENTS: _____

APPENDIX 7 QA INSPECTION FORM - DRY FILM THICKNESS MEASUREMENTS

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

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

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

REQ'T DOCUMENT: _____ /FY: _____ SQFT OF AREA PRESERVED: _____ PARTIAL AREA: _____ /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 #1 FOR ANY UNSAT CONDITION FOUND, PROVIDE THE TECHNICAL ADJUDICATION AND CORRECTIVE ACTION TAKEN IN COMMENTS BLOCK.
NOTE #2 IF SPACES ARE NOT APPLICABLE, INSERT N/A. UNUSED SECTIONS SHALL BE CROSSED OUT AND MARKED N/A.

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

ACCEPTANCE CRITERIA

PRIMER COAT DFT _____ TO _____ MILS TOPCOAT DFT _____ TO _____ MILS
 INTERMEDIATE COAT DFT _____ TO _____ MILS TOTAL SYSTEM DFT _____ TO _____ MILS
 STRIPE COAT (for Cleanliness & Holiday QA)

SPREAD RATE: _____

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

SPOT MEASUREMENT	DFT (Mils) AVG of 3 Gage Readings	Approximate Location
1		
2		
3		
4		
5		
Average:		

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

SPOT MEASUREMENT	DFT (Mils) AVG of 3 Gage Readings	Approximate Location
1		
2		
3		
4		
5		
Average:		

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

SPOT MEASUREMENT	DFT (Mils) AVG of 3 Gage Readings	Approximate Location
1		
2		
3		
4		
5		
Average:		

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

SPOT MEASUREMENT	DFT (Mils) AVG of 3 Gage Readings	Approximate Location
1		
2		
3		
4		
5		
Average:		

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

SPOT MEASUREMENT	DFT (Mils) AVG of 3 Gage Readings	Approximate Location
1		
2		
3		
4		
5		
Average:		

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

SPOT MEASUREMENT	DFT (Mils) AVG of 3 Gage Readings	Approximate Location
1		
2		
3		
4		
5		
Average:		

HOLIDAY INSP.: SAT UNSAT DFT INSP.: SAT UNSAT N/A (for stripe coat)
CLEANLINESS INSP.: SAT UNSAT CHLORIDE/CONDUCTIVITY INSP.: SAT UNSAT

COMMENTS: _____

Contractor (Print): _____	Contractor (Signature): _____	Date/Time: _____
Subcontractor (Print): _____	Subcontractor (Signature): _____	Date/Time: _____
Govt. Insp. (Print): _____	Govt. Insp. (Signature): _____	Date/Time: _____

APPENDIX 7A
QA INSPECTION FORM - WET FILM THICKNESS MEASUREMENTS

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

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

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

REQ'T DOCUMENT: _____ /FY: _____ SQFT OF AREA PRESERVED: _____ PARTIAL AREA: _____ / 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 #1 FOR ANY UNSAT CONDITION FOUND, PROVIDE THE TECHNICAL ADJUDICATION AND CORRECTIVE ACTION TAKEN IN THE COMMENTS BLOCK WHERE REQUIRED IN LIEU OF DFT.

NOTE #2 IF SPACES ARE NOT APPLICABLE, INSERT N/A. UNUSED SECTIONS SHALL BE CROSSED OUT AND MARKED N/A.

Indicate Coating System Sequence

_____ Prime Coat _____ Intermediate Coat (if applicable) _____ Topcoat
 _____ Stripe Coat (if applicable) _____ Stripe Coat (if applicable) _____ Other Coat (specify) (_____)

METALLIC SURFACES

2 SPOT READINGS PER 1000 SQFT:
 0 - 1000 SQFT = 2 SPOTS REQUIRED
 1001 - 2000 SQFT = 4 SPOTS REQUIRED

NON - METALLIC SURFACES

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

WFT Measurement #	Location of Readings	WFT Measurement Reading
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

COMMENTS: _____

Contractor (Print): _____	Contractor (Signature): _____	Date/Time: _____
Subcontractor (Print): _____	Subcontractor (Signature): _____	Date/Time: _____
Govt. Insp. (Print): _____	Govt. Insp. (Signature): _____	Date/Time: _____