

**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): _____			
<b>COMMENTS:</b> _____							

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): _____			
<b>COMMENTS:</b> _____							

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): _____			
<b>COMMENTS:</b> _____							

<b>Paint/Nonskid Storage</b>						
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): _____		
<b>COMMENTS:</b> _____						

**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 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

<b>CONDITION OF CHECKPOINT</b>	
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 <sup>st</sup> AF coat, 2 <sup>nd</sup> AF coat		_____ Coat	_____ Coat	_____ Coat	_____ Coat	_____ Coat	_____ Coat
<b>Application Method:</b> <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: _____