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 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 ALL SPACES IN A SECTION ARE TO BE FILLED IN. IF NOT APPLICABLE, INSERT N/A. UNUSED SECTIONS SHALL BE CROSSED OUT AND MARKED N/A.

ACCEPT CRITERIA: **% RH:**__________ **SURFACE TEMP.:** MIN:__________ MAX:__________

Date	Time	Enter Activity, Surface Preparation, Prime, Stripe, Intermediate, Tack, Top Coat etc.	Measurement Location	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:☐ UNSAT:☐

Contractor (print):______________________ Govt. Insp. (Print):______________________

Contractor (Signature):______________________ Govt. Insp. (signature):______________________

Comments:____

Date	Time	Enter Activity, Surface Preparation, Prime, Stripe, Intermediate, Tack, Top Coat etc.	Measurement Location	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:☐ UNSAT:☐

Contractor (print):______________________ Govt. Insp. (Print):______________________

Contractor (Signature):______________________ Govt. Insp. (signature):______________________

Comments:____

Date	Time	Enter Activity, Surface Preparation, Prime, Stripe, Intermediate, Tack, Top Coat etc.	Measurement Location	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:☐ UNSAT:☐

Contractor (print):______________________ Govt. Insp. (Print):______________________

Contractor (Signature):______________________ Govt. Insp. (signature):______________________

Comments:____

Date	Time	Enter Activity, Surface Preparation, Prime, Stripe, Intermediate, Tack, Top Coat etc.	Measurement Location	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:☐ UNSAT:☐

Contractor (print):______________________ Govt. Insp. (Print):______________________

Contractor (Signature):______________________ Govt. Insp. (signature):______________________

Comments:____

Paint Storage

Date/Time Range	Enter Product, Prime, Stripe, Intermediate, Tack, Top Coat etc.	Min. Temp. during 24 hr period prior to use	Max Temp. during 24 hr period prior to use	Method of measurement

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:** _____ **SQFT OF AREA PRESERVED:** _____ **PARTIAL AREA:** _____ **/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: ☐	UNSAT: ☐
Accomplish degreasing/cleaning a maximum of 4 hrs. prior to surface preparation, ensuring the adequate removal of surface contaminants.	SAT: ☐	UNSAT: ☐
Accomplish degreasing/cleaning a maximum of 4 hrs. prior to surface preparation, ensuring the adequate removal of surface contaminants.	SAT: ☐	UNSAT: ☐
If evidence of contamination exists, accomplish degreasing/cleaning a maximum of 4 hrs. prior to the application of each coat of paint to ensure removal of surface contaminants.	SAT: ☐	UNSAT: ☐

COMMENTS: _____

Contractor (print): _____ Date: _____

Contractor (Signature): _____ Time: _____

Govt. Insp. (print): _____ Date: _____

Govt. Insp. (Signature): _____ 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:** _____ **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: 1 PROFILE READING REQUIRED FOR EVERY 200 SQFT (3 INDIVIDUAL TAPES) FOR THE FIRST 1000 SQFT AREA (15 INDIVIDUAL TAPES TOTAL); 2 PROFILE READINGS REQUIRED FOR EACH ADDITIONAL 1000 SQFT AREA (6 INDIVIDUAL TAPES).

NOTE #2 FOR NONSKID: 1 PROFILE READINGS REQUIRED EVERY 100 SQFT (3 INDIVIDUAL TAPES) FOR THE FIRST 500 SQFT AREA (15 INDIVIDUAL TAPES TOTAL); IF READINGS ARE SATISFACTORY, 1 PROFILE READING PER 1000 SQFT REMAINING (3 INDIVIDUAL TAPES).

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

ACCEPTANCE CRITERIA: PROFILE RANGE _____ **MILS TO** _____ **MILS**

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	
		TOTAL AVG:	

COMMENTS: _____

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

TYPE OF SURFACE PREPARATION: _____

GAGE # _____ GAGE CAL DUE DATE: _____	(Base Metal Reading) (Type 1 gage) BMR _____	SURFACE PROFILE INSP.: SAT: ☐ UNSAT: ☐	SURFACE PREP. INSP.: SAT: ☐ UNSAT: ☐	CLEANLINESS INSP.: SAT: ☐ UNSAT: ☐

Contractor (print): _____ Date: _____

Contractor (Signature): _____ Time: _____

Govt. Insp. (print): _____ Date: _____

Govt. Insp. (Signature): _____ Time: _____

APPENDIX 4
QA INSPECTION FORM - SURFACE CONDUCTIVITY 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:** _____ **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 CONDUCTIVITY (IMMERSED SURFACES) (30) µS/cm
MAXIMUM CONDUCTIVITY (NON-IMMERSED SURFACES) (70) µS/cm
(BASED ON 5 READINGS PER 1000 SQFT)

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

TEST LOCATIONS	CONDUCTIVITY (Microsiemens/Centimeter)	SAT	UNSAT

COMMENTS: _____

GAGE # _____

GAGE CAL DUE DATE: _____

CONDITION OF CHECKPOINT

SAT: ☐ UNSAT: ☐

Contractor (print): _____ Date: _____

Contractor (Signature): _____ Time: _____

Govt. Insp. (print): _____ Date: _____

Govt. Insp. (Signature): _____ 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 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: FOR EVERY SURFACE OF ONE (1) PARTICULAR TYPE AND ASPECT, CARRY OUT NOT LESS THAN 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

CONDITION OF CHECKPOINT

SAT: ☐ UNSAT: ☐

COMMENTS: ____

Contractor (print): ______________________ Date: ____________

Contractor (Signature): ______________________ Time: ____________

Govt. Insp. (print): ______________________ Date: ____________

Govt. Insp. (Signature): ______________________ Time: ____________

APPENDIX 6
QA INSPECTION FORM - 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: ☐ Variable: ☐							
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:** ________ **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: FOR ANY UNSAT CONDITION FOUND, PROVIDE THE TECHNICAL ADJUDICATION AND CORRECTIVE ACTION TAKEN IN COMMENTS BLOCK.

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** ________

☐ **INTERMEDIATE COAT DFT** ________ **TO** ________ **MILS** ☐ **TOTAL SYSTEM DFT** ________ **TO** ________

TOTAL SPOT MEASUREMENTS REQUIRED PER SQUARE FOOT OF AREA PRESERVED

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

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 ☐

CLEANLINESS INSP.: SAT ☐ UNSAT ☐ CHLORIDE/CONDUCTIVITY INSP.: SAT ☐ UNSAT ☐

COMMENTS: ______________________________

Contractor (print):______________________________ Date:______________

Contractor (Signature):______________________________ Time:______________

Govt. Insp. (print):______________________________ Date:______________

Govt. Insp. (Signature):______________________________ Time:______________

APPENDIX 7A
QA INSPECTION FORM - WET 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:** _____ **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: FOR ANY UNSAT CONDITION FOUND, PROVIDE THE TECHNICAL ADJUDICATION AND CORRECTIVE ACTION TAKEN IN THE COMMENTS BLOCK WHERE REQUIRED IN LIEU OF DFT.

Indicate Coating System Sequence

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

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 Number	Location of Readings	WFT Measurement IAW ASTM D 4414
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

COMMENTS: _____

Contractor (print): _____ Date: _____

Contractor (Signature): _____ Time: _____

Govt. Insp. (print): _____ Date: _____

Govt. Insp. (Signature): _____ Time: _____