



AB-POLYMERCHEMIE GmbH
Quality and Competence

Checklist

Coatings / waterproofing with resins

Employee: _____

Date: _____

1.) Object description:

Company / name: _____

Street: _____

Postal code: _____ City: _____

Phone: _____ Fax: _____

Contact person: _____ E-Mail: _____

Project: _____

Constructor / main contractor: _____

- | | | |
|--|--|---|
| <input type="checkbox"/> overground | <input type="checkbox"/> underground | <input type="checkbox"/> civil engineering |
| <input type="checkbox"/> new building | <input type="checkbox"/> old building | <input type="checkbox"/> planned engineering |
| <input type="checkbox"/> indoor | <input type="checkbox"/> outdoor | <input type="checkbox"/> cover over: <input type="checkbox"/> yes <input type="checkbox"/> no |
| <input type="checkbox"/> residential house | <input type="checkbox"/> commercial building | <input type="checkbox"/> factory / industry |
| <input type="checkbox"/> other: _____ | | |

Year of construction: _____

Last renovation / maintenance: _____

- | | | | |
|---------------------------------------|---------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> floor | <input type="checkbox"/> board | <input type="checkbox"/> top | <input type="checkbox"/> roof |
| <input type="checkbox"/> roadway | <input type="checkbox"/> bridge | <input type="checkbox"/> parking area | <input type="checkbox"/> ramp |
| <input type="checkbox"/> tank | <input type="checkbox"/> basin | <input type="checkbox"/> shaft | <input type="checkbox"/> balcony |
| <input type="checkbox"/> photo | | | |
| <input type="checkbox"/> other: _____ | | | |

2.) Sealing / isolation existing (in case of contact to earth) ?:

resistant to moisture / damp yes no

resistant to not rising moisture / damp yes no

resistant to rising moisture / damp (groundwater) yes no

existing vapour diffusion barrier yes no

3.) Substrate:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> steel fibre concrete | <input type="checkbox"/> vacuum concrete | <input type="checkbox"/> concrete > B25 | <input type="checkbox"/> cement screed |
| <input type="checkbox"/> hard aggregate screed | <input type="checkbox"/> anhydrite | <input type="checkbox"/> magnesia | <input type="checkbox"/> asphalt |
| <input type="checkbox"/> synthetic coating | <input type="checkbox"/> metal (St / Al) | <input type="checkbox"/> tiles | <input type="checkbox"/> PCC - screed |
| <input type="checkbox"/> synthetic resin screed | <input type="checkbox"/> surface: floor m ² _____ | <input type="checkbox"/> surface: wall m ² _____ | |
| <input type="checkbox"/> photo | | | |
| <input type="checkbox"/> other: _____ | | | |



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10.) Expected loading:

Mechanical stress:

- truck - traffic
- car - traffic
- fork lift truck - traffic (3-wheel?)
- manual lift truck
- pedestrian / foot traffic
- rolling stress
- abrasive stress
- impact stress

high	low	total weight	tyres
		kg	
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

Chemical stress:

- water
- acids
- alkalis
- solvents
- cleaner
- pH - value
- other:

high	low	concentration %	temperature °C	influence hours
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

notes: _____

- UV - radiation
- frost / de-icing salt change
- wetness
- thermal stress
- bacterial stress by _____
- radiation exposure by _____
- yes no constant temporary
- yes no constant changing
- temperature from _____ °C up to _____ °C

other: _____

notes: _____

11.) Optical characteristics / requirements:

- standard system antistatic system ESD - system
- unicolour multicolour colour _____
- glossy silk gloss matt UV - resistant
- smooth structured interference with: _____
- quartz sand _____ mm granite _____ mm coloured quartz _____ mm
- Mandurax _____ mm Durop _____ mm SIC _____ mm
- flakes _____ mm other: _____
- layer thickness: _____ mm

notes: _____



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System proposal

15.) Surface preparation:

- | | | |
|--|---|---|
| <input type="checkbox"/> vacuum shot blasting | <input type="checkbox"/> milling | <input type="checkbox"/> diamond grinding |
| <input type="checkbox"/> high pressure water jetting (> 800 bar) | <input type="checkbox"/> de-oil / Oilbuster | <input type="checkbox"/> flame descaling |
| <input type="checkbox"/> cleaning / free from dust | <input type="checkbox"/> other: _____ | |

16.) Surface check:

- | | | | |
|-------------------------------------|---|---|--|
| residual moisture | <input type="checkbox"/> < 0,5 % (weight) | <input type="checkbox"/> < 4 % (weight) | <input type="checkbox"/> < 6 % (weight) |
| pull off strength | <input type="checkbox"/> < 1,5 N/mm ² ; value: _____ N/mm ² | | <input type="checkbox"/> > 1,5 N/mm ² |
| chloride content < 0,25 % (weight) | <input type="checkbox"/> yes | <input type="checkbox"/> no | |
| free of alkali sensitive aggregates | <input type="checkbox"/> yes | <input type="checkbox"/> no | |

notes: _____

17.) System:

Measure:

- crack injection
- reconstruction
- green concrete protection
- bonding primer
- primer
- levelling coat / key coat
- concave moulding
- adhesion primer
- conductive layer
- self-levelling layer
- waterproofing / membrane
- spray elastomer / membrane
- intermediate / connection coat
- wearing coat
- sealer / top coat
- joint(s)

Product	with sanding		Consumption g/m ²
	yes	no	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	never sanding		
	<input type="checkbox"/>	<input type="checkbox"/>	
	never sanding		
	never sanding		
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	never sanding		

Collection of data:

Prepared by: _____

Consultant / Company: _____

Contact person: _____

Consultant / Signature: _____