

VERIFICATION INSPECTION CHECKLIST



TRADE: PAINTING

Date: _____

PROJECT NAME: _____

Lot No.: _____

Item	✓ / X	Description
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Preparation: (Proline Site Manager to tick off items when checked)

- | | | |
|---|--------------------------|--|
| 1 | <input type="checkbox"/> | Check that the following are in accordance with the specification & finishing schedules and have been approved by the Architect / OR Client
* preparation type
* primer type
* undercoat: type & colour
* finishing coat (s) : type / colour / gloss level
* location of differences
* coat thickness, if required |
| 2 | <input type="checkbox"/> | Backing surface is in suitable condition for painting |
| 3 | <input type="checkbox"/> | Surface is compatible with proposed finish |
| 4 | <input type="checkbox"/> | Adequate protection/masking to adjacent surfaces |
| 5 | <input type="checkbox"/> | Environment is suitably dry, clean and dust free |
| 6 | <input type="checkbox"/> | Ensure area is clear of other trades |
| 7 | <input type="checkbox"/> | Reference standard has been established |
| 8 | <input type="checkbox"/> | Lighting adequate |
| 9 | <input type="checkbox"/> | Obtain manufacturer's instructions |

Section Complete	Name: _____	Proline sign: _____	Date: _____
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Installation: (Subcontractor & Proline Site Manager to tick off items when checked)

- | | | |
|----|--------------------------|---|
| 10 | <input type="checkbox"/> | All drawing requirements complied with |
| 11 | <input type="checkbox"/> | Application of stabilisers/ knotting/ fillers |
| 12 | <input type="checkbox"/> | Surface preparation and sanding between coats |
| 13 | <input type="checkbox"/> | Means of application – Circle means used - Brush Roller Spray |
| 14 | <input type="checkbox"/> | Manufacturer, type, colour, gloss level and application of each paint coat are as specified |
| 15 | <input type="checkbox"/> | Ensure WET PAINT signs available and displayed where required |
| 16 | <input type="checkbox"/> | Paint thickness & number of coats comply with the specification and manufacturers instruction |
| 17 | <input type="checkbox"/> | Completed work is protected, if required |

Fabrication: (Subcontractor & Proline Site Manager to tick off items when checked)

- | | | |
|----|--------------------------|---|
| 14 | <input type="checkbox"/> | Fabrication tolerances |
| 15 | <input type="checkbox"/> | Finish of welds, if applicable |
| 16 | <input type="checkbox"/> | Coating dry film thickness to specification (Evidence of specified coating complying to specification to be forwarded to Proline) |
| 17 | <input type="checkbox"/> | Test certificate for steel to be forwarded to Proline |
| 18 | <input type="checkbox"/> | Test results for welding to be forwarded to Proline |
| 19 | <input type="checkbox"/> | Delivery schedule & site bolt to be forwarded to Proline |
| 20 | <input type="checkbox"/> | Ensure that holding down bolts will arrive in advance of foundation work |

Work completed by (Subcontractor Name / Sign): _____	Date: _____
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Work Inspected by (Proline Name/ Sign):		Date:	
Work Inspected (if required) by (Client Name/ Sign):		Re-inspection Required Yes <input type="checkbox"/> No <input type="checkbox"/>	
Issues to be rectified before re-inspection:		Proposed Date:	
For Proline use only:		If appropriate, circle reason for quality deviation: or Other: _____	
Work sequence	Materials	Lack of care	Workmanship/ Skills
			Poor design detailing
			Inadequate supervision
			Poor Produ
			Other
Feedback: Items that became apparent during inspection that should be considered in future process:			