

Fireproofing Material Quality Control Checklist

Project Information

Project Name

Location

Date

Inspector

Contractor

Material Information

Material Type

Manufacturer

Batch/Lot Number

Delivery Date

Checklist

Item	Compliance	Remarks
Material Certification	<input type="checkbox"/>	<input type="text"/>
Material Storage Conditions	<input type="checkbox"/>	<input type="text"/>
Expiry Date Checked	<input type="checkbox"/>	<input type="text"/>

Mixing as per Manufacturer Instructions	<input type="checkbox"/>	<input type="text"/>
Substrate Preparation	<input type="checkbox"/>	<input type="text"/>
Application Thickness	<input type="checkbox"/>	<input type="text"/>
Cure Time Observed	<input type="checkbox"/>	<input type="text"/>
Visual Inspection for Damage	<input type="checkbox"/>	<input type="text"/>
Adhesion Test Passed	<input type="checkbox"/>	<input type="text"/>
Thickness Test Passed	<input type="checkbox"/>	<input type="text"/>

Comments

Inspector's Signature

Name

Date