

Paint Inspection DFT Measurement Worksheet

Date: / / Su M Tu W Th F Sa	Pg ____ of ____
Project #:	Copy to: <input type="checkbox"/> QC Super <input type="checkbox"/> Owner
Inspector:	<input type="checkbox"/> Contr <input type="checkbox"/> _____

Project/Client:	Spec #:
Location:	Revision #:
Description:	

Item:								Item:								
Location	Area	Spot Readings						Location	Area	Spot Readings						
		1	2	3	Total	% Min/Max	Avg			1	2	3	Total	% Min/Max	Avg	
	A								A							
	B								B							
	C								C							
	D								D							
	E								E							

Approx Sq Ft	Specified DFT	mils/μm	Total avg	mils/μm	Approx Sq Ft	Specified DFT	mils/μm	Total avg	mils/μm
--------------	---------------	---------	-----------	---------	--------------	---------------	---------	-----------	---------

Reference Inspection Report #	for application record	Reference Inspection Report #	for application record
-------------------------------	------------------------	-------------------------------	------------------------

Item:								Item:								
Location	Area	Spot Readings						Location	Area	Spot Readings						
		1	2	3	Total	% Min/Max	Avg			1	2	3	Total	% Min/Max	Avg	
	A								A							
	B								B							
	C								C							
	D								D							
	E								E							

Approx Sq Ft	Specified DFT	mils/μm	Total avg	mils/μm	Approx Sq Ft	Specified DFT	mils/μm	Total avg	mils/μm
--------------	---------------	---------	-----------	---------	--------------	---------------	---------	-----------	---------

Reference Inspection Report #	for application record	Reference Inspection Report #	for application record
-------------------------------	------------------------	-------------------------------	------------------------

Item:								Item:								
Location	Area	Spot Readings						Location	Area	Spot Readings						
		1	2	3	Total	% Min/Max	Avg			1	2	3	Total	% Min/Max	Avg	
	A								A							
	B								B							
	C								C							
	D								D							
	E								E							

Approx Sq Ft	Specified DFT	mils/μm	Total avg	mils/μm	Approx Sq Ft	Specified DFT	mils/μm	Total avg	mils/μm
--------------	---------------	---------	-----------	---------	--------------	---------------	---------	-----------	---------

Reference Inspection Report #	for application record	Reference Inspection Report #	for application record
-------------------------------	------------------------	-------------------------------	------------------------

DFT Gage Calibration Record								Comments:							
Gage Type/Model	Gage Serial #	Plate/Shim Milis/μm		Gage Adj +/-	Spec Avg DFT	DFT Last Coat	DFT This Coat								

Inspector Signature:	Date:
----------------------	-------