



**QUALITY CONTROL REPORT:  
SafeCoat® Latex, Clear, and Steel**

The following information is to be recorded to maintain proper quality control of installed fire retardant products, ensuring they are applied in accordance with the testing criteria as stated in the product technical data for the specified application. The undersigned certify that the following coatings were purchased and applied as indicated. If customers fail to complete this form, Quantum Chemical is unable to validate its use and correct application. Should issues arise in the future, without a QC on file, we will assume our product was not used. Upon project completion: retain 1 copy of the QC for the site inspector; submit 1 copy to the distributor; submit 1 copy to: **Quantum Chemical: 15 Riel Drive, St. Albert, AB T8N 3Z2 Ph: 780.458.3355, Fax: 780.458.2852, [info@quantumchemical.com](mailto:info@quantumchemical.com) or [vbeier@quantumchemical.com](mailto:vbeier@quantumchemical.com).**

Project Start Date: \_\_\_\_\_ Project Completion Date: \_\_\_\_\_

Customer: \_\_\_\_\_ Project Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Project Description: (square footage, sizes and types of steel members for Steel). Please include photos if possible.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Substrate: (wood, steel, etc.) \_\_\_\_\_

Substrate condition: (old, new, primed [what primer]) \_\_\_\_\_

Temperature and humidity conditions (from application to full cure) (All SafeCoat® products are INTERIOR use only.)  
\_\_\_\_\_

Product(s) used: \_\_\_\_\_ Quantity Purchased: \_\_\_\_\_

Batch numbers: \_\_\_\_\_

Coverage Required: \_\_\_\_\_ ft<sup>2</sup> = \_\_\_\_\_ gallon x 3.785 = \_\_\_\_\_ liters  
\_\_\_\_\_ ft<sup>2</sup>/gal

Coverage Tested By: \_\_\_\_\_ Method: \_\_\_\_\_

Issues or concerns during or following installation: \_\_\_\_\_

How were the concerns addressed: \_\_\_\_\_

Post-installation touch-ups completed: \_\_\_\_\_

Product purchased from: \_\_\_\_\_ Date: \_\_\_\_\_

Include copies of receipts

Applicator: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Print Name

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this document, I am certifying that the above coatings have been applied according to good trade practices and at the required coverage and procedures recommended by the manufacturer according to the product technical data and additional specifications for TFI to achieve the required flame spread/fire resistance ratings specified.