



Picote Brush Coating™ System

Quality Control Form

Site Location:				Pipe Diameter:		
Installer Details:				Pipe Material:		
Picote Certified Installer: Y or N				Pipe Length:		
Site Supervisor:				Planned Number of Coats:		
Date:				Applied Coats:		
Cleaning Method: (Please Circle)	Original Chains	Cyclone Chains	Wire Brush	Cleaning Conditions: (Please circle)	Water Air	
	Grinding Panels	Other Method: _____				
Pipe Cleaned: Visual Checks okay?	Yes / No		Pipe Dry: Visual Checks okay?	Yes / No		
Machine Used:	Pump: Mini Maxi	Front Brush Diameter: (end of shaft)	Rear Brush Diameter: (closest to camera)			
Post Cleaning CCTV Survey	Date:	Time:	Record Number:			
	Coats Applied					
	1st	2nd	3rd	4th	5th	6th
Date:						
Time:						
Ambient Temp:						
Pipe Temp:						
Resin Temp:						
Colour:						
Batch Number:						
Start Time:						
Finish Time:						
CCTV Record Number:						
Heat Source Used: Picote Heater Y / N Other:	Y / N Temp:	Y / N Temp:	Y / N Temp:	Y / N Temp:	Y / N Temp:	Y / N Temp:

For Customer

For Installer

Signature	
Print Name	

Signature	
Print Name	