



# Master Inspection Report

(Powder Manufacturer)

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## COMPANY

Name

Phone

E-mail

Contact person

Address Production Sites

## INSPECTION POWDER MANUFACTURER PLANT

Date of Inspection

Type of Inspection

Granting

☐

Renewal

☐

Repetition

☐

Date of last Inspection

Issues during last inspection

Testing Laboratory

Name of inspector

1.

2.

**LABORATORY EQUIPMENT (QCT Specifications Vol. 3, Ch. 3)**

**1 APPARATUS FOR MEASURING THICKNESS AND GLOSS**

**1.1 Instruments for measuring coating thickness (ISO 2360)**

Verify the calibration of the instrument using two suitable standards according to the thickness to be measured

	Instrument A		Instrument B	
	MAKE		MAKE	
	MODEL		MODEL	
	No.		No.	
Deviation from the standard value	REQUIRED	MEASURED	REQUIRED	MEASURED
- Set-up I : $0 \pm 0.5$				
- Set-up II: $< 60 \pm 1$				
- Set-up III: $\geq 60 \pm 2$				
Function	<input type="checkbox"/> correct	<input type="checkbox"/> incorrect	<input type="checkbox"/> correct	<input type="checkbox"/> incorrect
Remarks				

**1.2 Specular glossmeter (ISO 2813)**

Verify the calibration of the instrument

Make		Model		No	
Function	<input type="checkbox"/> correct	<input type="checkbox"/> incorrect	( $\pm 2$ units)		
Remarks					

## 2 APPARATUS FOR MECHANICAL TESTS

When verifying that the apparatus is functioning properly, it is necessary to check the visual appearance of the apparatus.

### 2.1 Apparatus for bend test (ISO 1519)

Make	<input type="text"/>	Model	<input type="text"/>	No	<input type="text"/>
Visual assessment	<input type="checkbox"/> good	<input type="checkbox"/> not good			
Function	<input type="checkbox"/> correct	<input type="checkbox"/> incorrect			
Remarks	<input type="text"/>				

### 2.2 Cutting tool (for cross-cut adhesion test ISO 2409)

Make	<input type="text"/>	Model	<input type="text"/>	No	<input type="text"/>
Visual assessment	<input type="checkbox"/> good	<input type="checkbox"/> not good			
Function	<input type="checkbox"/> correct	<input type="checkbox"/> incorrect			
Adhesive tape available	YES	NO			
	<input type="checkbox"/>	<input type="checkbox"/>			
Distances between cuts	<input type="text"/>	mm			
Remarks	<input type="text"/>				

### 2.3 Indenter (ISO 2815)

Make	<input type="text"/>	Model	<input type="text"/>	No	<input type="text"/>
Visual assessment	<input type="checkbox"/> good	<input type="checkbox"/> not good			
Function	<input type="checkbox"/> correct	<input type="checkbox"/> incorrect			
Remarks	<input type="text"/>				

**2.4 Cupping tester (ISO 1520)**

Make

Model

No

Visual  
assessment☐

good

☐

not good

Function

☐

correct

☐

incorrect

Remarks

**2.5 Impact tester (ISO 6272-1, ISO 6272-2 and ASTM D 2794)**

Make

Model

No

Visual  
assessment☐

good

☐

not good

Function

☐

correct

☐

incorrect

Remarks

**2.6 Apparatus for T bend test (EN 13523-7) only for postforming**

Make

Model

No

Visual  
assessment☐

good

☐

not good

Function

☐

correct

☐

incorrect

Remarks

### 3 OTHER APPARATUS

#### 3.1 Recorder for stoving temperature

Make

Model

No

Function

☐

correct

☐

incorrect

Last service /  
calibration dates

Remarks

#### 3.2 Apparatus for the accelerated weathering test with Xenon-arc lamps (ISO 16474-2)

*This test can be outsourced to another production site or to a QUALICOAT accredited and approved laboratory that has the apparatus.*

Make

Model

No

Function

☐

correct

☐

incorrect

Calibration of  
radiometer

Remarks

#### 3.3 Spectrophotometer (ISO 11664-4)

Make

Model

No

Function

☐

correct

☐

incorrect

Calibration date

Remarks

#### 3.4 Light cabinet

Make

Model

No

Light type

(D65/A/F2)

Function

☐

correct

☐

incorrect

Remarks

**3.5 RAL Cards**

GL (mandatory) ☐ Yes ☐ No

HR ☐ Yes ☐ No

Expiration dates (of 5 randomly chosen samples)


Remarks

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**3.6 Apparatus for Measuring the Particle Size**

Make

--

Model

--

No

--

ISO norm used

--

Function

☐

correct

☐

incorrect

Remarks

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## PRODUCTS

### 4 TESTING OF PRODUCTS DURING PRODUCTION

At least once per pre-mix (can be done before or after the milling, depending on the test)

Tests	QCT Specifications	Yes	No
Gloss	Vol. 3, Ch. 4 (3.B)	<input type="checkbox"/>	<input type="checkbox"/>
Coating thickness	Vol. 3, Ch. 4 (3.C)	<input type="checkbox"/>	<input type="checkbox"/>
Bend test	Vol. 3, Ch. 4 (3.G)	<input type="checkbox"/>	<input type="checkbox"/>
T Bend test (for postforming)	Vol. 3, Ch. 4 (3.H)	<input type="checkbox"/>	<input type="checkbox"/>
Impact test	Vol. 3, Ch. 4 (3.I)	<input type="checkbox"/>	<input type="checkbox"/>
Colour	Vol. 3, Ch. 4 (3.A)	<input type="checkbox"/>	<input type="checkbox"/>
Particle size		<input type="checkbox"/>	<input type="checkbox"/>

Remarks

## TECHNICAL (QCT Specifications Vol. 3 Ch. 6)

### 5 TECHNICAL INFORMATION

#### 5.1 Technical data sheet (TDS)

If the powder manufacturer has more than 5 approved systems, the inspector shall select **5 TDS** from different P-No's or PF-No's.

Does the TDS contain the following information?

P-No. / PF-No										
Issue Date TDS										
Requirement	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
The P-No. or PF-No. in combination with the word <b>QUALICOAT</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Product description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curing conditions ( <i>min. two different temperatures with min. and max. curing time for each temperature</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelf life and maximum storage temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T Bend value and max. impact value ( <i>only for postforming</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks



**5.2 Powder box label**

If the powder manufacturer has more than 5 approved systems, the inspector shall select **5 labels** from different P-No's or PF-No's.

Does the label contain the following information?

P-No. / PF-No										
Requirement	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
The P-No. or PF-No. in combination with the word QUALICOAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colour description and product code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curing conditions ( <i>min. two different temperatures with min. and max. curing time for each temperature</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expiry date / Best before date at <YY°C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloss value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Batch number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks

**5.3 Use of the logo on labels and TDS**

Does the powder manufacturer use the QUALICOAT logo in accordance with QUALICOAT Specifications, Vol. 3, Ch. 7?

☐ yes      ☐ no

## SUMMARY

### 6 Summarizing sheet

Form to be completed at the end of an inspection

SUMMARY OF INSPECTION	ISSUES AND/OR NON-CONFORMITIES	POWDER MANUFACTURER'S REMARKS
LABORATORY EQUIPMENT  (MIR-Powd Section 1-3)		
PRODUCTS  (MIR-Powd Section 4)		
TECHNICAL  (MIR-Powd Section 5)		

Date

Signature of the powder manufacturer's representative (e-signature or original signature)

Date

Inspector's signature (e-signature or original signature)

**General licensee's recommendation to QUALICOAT**

☐ Result satisfactory      ☐ Result unsatisfactory

Reason for unsatisfactory result

Date

General Licensee (e-signature or original signature)