

# Complaint form



## Project data

Project name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Zip code and place : \_\_\_\_\_  
Project description : \_\_\_\_\_  
Contactperson project : \_\_\_\_\_  
Telephone project : \_\_\_\_\_  
Project size : new building / renovation\*  
Date of start with bonding : \_\_\_\_\_ Completion date : \_\_\_\_\_

## Project specification

Applied bonding system : TWEHA-PanelMate/ StoneMate / MetalMate / GlassMate / SolarMate / iTec  
Type of supporting wall structure : \_\_\_\_\_  
Type of supporting structure : non preserved wood / preserved wood / aluminium / other\*: \_\_\_\_\_  
Type and brand of the panel : \_\_\_\_\_  
Maximum panel dimensions : \_\_\_\_\_ x \_\_\_\_\_ mm Panel thickness : \_\_\_\_\_ mm  
Weight of panel according to manufacturer : \_\_\_\_\_ N/m<sup>3</sup> Panel application : \_\_\_\_\_ horizontal / vertical\*  
Façade- / wall- / ceiling surface\* : \_\_\_\_\_ m<sup>2</sup> Insulation thickness : \_\_\_\_\_ mm  
Depth of the cavity : \_\_\_\_\_ mm Location of bonding : \_\_\_\_\_ interior / exterior\*  
Building length : \_\_\_\_\_ m<sup>1</sup> Wind load : \_\_\_\_\_ kN/m<sup>2</sup> = kPa  
Building width : \_\_\_\_\_ m<sup>1</sup> Cavity closer : \_\_\_\_\_ yes / no\*  
Building height : \_\_\_\_\_ m<sup>1</sup>  
Pitch : \_\_\_\_\_ m<sup>1</sup>  
(CAD) drawings supplied :  Overview  Façade elevations  Vertical diameter  
 Details  Ceiling details

## Architect

Project name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Zip code and place : \_\_\_\_\_  
Contactperson : \_\_\_\_\_  
Telephone : \_\_\_\_\_

## Chief Engineer

Project name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Zip code and place : \_\_\_\_\_  
Contactperson : \_\_\_\_\_  
Telephone : \_\_\_\_\_

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## Application company

Project name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Zip code and place : \_\_\_\_\_  
Contactperson : \_\_\_\_\_  
Telephone : \_\_\_\_\_

## Supplier Tweha's bonding system

Project name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Zip code and place : \_\_\_\_\_  
Contactperson : \_\_\_\_\_  
Telephone : \_\_\_\_\_

## Points of control

Used TWEHA WoodProtect	: _____yes / no*	Algae / mould	: _____ yes / no*
RV frontside panel	: _____%	RV backside panel	: _____%
Ventilation opening <b>Above</b>	: _____ 50 / 100 cm <sup>2</sup> /m <sup>1</sup> *	Blocked	: _____ yes / no*
Ventilation opening <b>Under</b>	: _____ 50 / 100 cm <sup>2</sup> /m <sup>1</sup> *	Blocked	: _____ yes / no*
Air space (cavity)	: _____ ≥ 20 mm / < 20 mm*		
Air space (cavity) interrupted?	: _____yes / no*	Loose corners	: _____ yes / no*
Wood moisture percentage	: _____%	Moisture behind the panel	: _____ yes / no*

## Description of the problem

Is the application performed in accordance with the instructions for use  
of the concerning adhesive product? : \_\_\_\_\_ yes / no\*

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## Probable cause

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## Signature

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\* = delete as applicable