

Weekly schedule application



Project data

Week number : _____ Place : _____
 Project name / number : _____
 Contractor : _____ Applier : _____

Preparation

Used bonding system : TWEHA-PanelMate/StoneMate/MetalMate/GlassMate/SolarMate/i Batchno. : _____
 Type and brand of the panel : _____
 Type of supporting structure : non preserved wood / perserved wood / aluminium / other*: _____
 TWEHA Tape : _____ Batchnumber : _____
 Pretreatment supporting structure : TWEHA WoodProtect yes / no Batchnumber : _____
 Pretreatment panel : TWEHA Prefix X-tra yes / no Batchnumber : _____
 Instructions for use present : yes / no
 Support centre distance framework : acc. guidelines panel & adhesive supplier : yes / no
 Storage panels : acc. guidelines panel manufacturer : yes / no

Data per day

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Date	_____	_____	_____	_____	_____	_____	_____
Moisture percentage wood (max 18%)	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
Shortcoming façade panels	yes / no*	yes / no*	yes / no*	yes / no*	yes / no*	yes / no*	yes / no*
Supporting structure + panel cleaned	yes / no*	yes / no*	yes / no*	yes / no*	yes / no*	yes / no*	yes / no*
Outside temperature 10:00h (5°C***)	_____ °C	_____ °C	_____ °C	_____ °C	_____ °C	_____ °C	_____ °C
Relative humidity 10:00h (<90%***)	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
Inside temperature 15:00h (5°C***)	_____ °C	_____ °C	_____ °C	_____ °C	_____ °C	_____ °C	_____ °C
Relative humidity 15:00h (<90%***)	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
Has it rained this day?	yes / no*	yes / no*	yes / no*	yes / no*	yes / no*	yes / no*	yes / no*
Abnormalities	yes / no*	yes / no*	yes / no*	yes / no*	yes / no*	yes / no*	yes / no*
Start work	_____ h	_____ h	_____ h	_____ h	_____ h	_____ h	_____ h
Sample number acc. procedure	_____	_____	_____	_____	_____	_____	_____
Tensile value sample after 10 days	_____	_____	_____	_____	_____	_____	_____
Discontinued?*	____/____	____/____	____/____	____/____	____/____	____/____	____/____
Names appliers							
1. _____	_____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____

Checkpoints

Check detail d.d. : _____
 moisture on backsurface substrates? : yes / no
 Ventilation open. **Top** $\geq 100 \text{ cm}^2/\text{m}^1$: yes / no Air cavity $\geq 20 \text{ mm}$: yes / no
 Ventilation open. **Beneath** $\geq 100 \text{ cm}^2/\text{m}^1$: yes / no Air cavity interrupted : yes / no

Signature

Date : _____
 Name : _____
 Signature : _____

* = delete as applicable

** = use the backside for further details