



Report of installation

Project:	_____	Supervisor:	_____
Company:	_____	Assembler:	_____
Construction stage:	_____	Date:	_____
Type of anchor	Trade name: (e.g. BZ 10-10/90 A4 or VMU-A 10-10/110 + VMU-SH 16x100 + VMU 345) Number of Approval:	_____ _____ _____	_____ _____ _____
Batch Number:	Anchor / Stud Cartridge / Glass Capsule	_____ _____	_____ _____
Base material	Concrete: Masonry: Thickness:	C / B / _____ _____ mm	_____ _____
Drilled hole	Cutting- ϕ of drill bit: Depth of hole: certified drill bit: Hammer drilling: Depth stop: Drill hole wet:	_____ _____ <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no	_____ _____ _____ _____ _____ _____ mm _____ mm
Cleaning of drilled hole	Method + sequence: Brush- ϕ : Checked with gauge: Brushed by: Blow-out pump: Compressed air:	_____ _____ <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> hand <input type="checkbox"/> machine <input type="checkbox"/> 500ml <input type="checkbox"/> 750ml _____ bar	_____ _____ _____ _____ _____ _____ mm _____ mm _____ mm
Setting depth	Excess length above surface: Interlayer (plaster, screed...): Setting depth:	_____ _____ _____	_____ _____ _____ mm _____ mm _____ mm
Fixed part	ϕ of clearance hole: Thickness:	_____ _____	_____ _____ mm _____ mm
Setting tool	Trade name: Length of spike:	_____ _____	_____ _____ mm
Torque wrench	Type: Last calibration: Installation torque:	_____ _____ _____ Nm	_____ _____ _____ Nm
Dimension of the fixing	Edge distance given in drawing or by engineer: kept on site: Spacing between anchors given in drawing or by engineer: kept on site:	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
Chemical fixings	Date of expiry: Temperature of cartridge/capsule: Temperature of base material: Chemical Capsule installed with hammer drill: Excess mortar at surface: Time before application of installation torque:	_____ _____ _____ <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no _____ min	_____ _____ _____ _____ _____ _____ °C _____ °C _____ _____ _____ min

Date: _____

Signature assembler: _____

Signature supervisor: _____