

Anchor report installation

Date		Project/Job site	
Supervisor (name and surname)		Installer (name and surname)	
Company (business name)		Company (business name)	

Type of anchor	<input type="checkbox"/> Mechanical anchor <input type="checkbox"/> Chemical anchor	Trade name of anchor	
Description			

Type of base material	<input type="checkbox"/> Concrete	<input type="checkbox"/> Solid Masonry	<input type="checkbox"/> Hollow/Perforated Masonry	<input type="checkbox"/> Other: _____
Base material dimensions	Width [mm]		Base material condition	<input type="checkbox"/> Dry condition <input type="checkbox"/> Wet condition <input type="checkbox"/> Flooded hole
	Length [mm]			
	Thickness [mm]			

Hole diameter [mm]		Hole depth [mm]	
Type of drilling	<input type="checkbox"/> Hammer drilling	<input type="checkbox"/> Rotary	<input type="checkbox"/> Diamond: Dry / Wet

Hole clearing	<input type="checkbox"/> Blowing x n° _____	<input type="checkbox"/> Brushing x n° _____	<input type="checkbox"/> Blowing x n° _____
Blower	<input type="checkbox"/> Manual pump <input type="checkbox"/> Compressed air at _____ bar	Ø steel brush [mm]	

Material of fixture		Fixture dimensions [mm]	
Fixture thickness [mm]		Ø of clearance hole in the fixture [mm]	

Embedment depth of anchor [mm]		Stand-off anchor length [mm]	
Anchor insertion method			
Presence of additional layer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Layer thickness [mm]	
Type of layer	<input type="checkbox"/> Insulation	<input type="checkbox"/> Mortar	<input type="checkbox"/> Plastering <input type="checkbox"/> Other

Setting torque [Nm]		Setting tool for drop in anchor	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of dynamometric key		Trade name of setting tool (code)	
Last calibration date		Dowel pin length [mm]	

Complete this part only for chemical anchor

Expired date		Batch number	
Storage condition of the cartridge			
Base material temperature and weather condition			
Curing time [h, min]			
Discharge of the first part of the product		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Flux of the product trough the mixer is a mix of part white and part black		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mixer extension used for injection		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Injection plug used for injection		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Rods without rubbish, oil, dust ecc...		<input type="checkbox"/> Yes <input type="checkbox"/> No	
The excess of resin is visible on the surface after the rod installation		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Fixing drawings with the indication of centre space and edge distance

Date: _____

Installer signature: _____

Supervisor signature: _____