



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:	C /	B /
	Masonry:	_____	_____
	Thickness:	_____	mm
Drilled hole	Cutting- \varnothing of drill bit:	_____	mm
	Depth of hole:	_____	mm
	certified drill bit:	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Hammer drilling:	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Depth stop:	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Drill hole wet:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Cleaning of drilled hole	Method + sequence:	_____	_____
	Brush- \varnothing :	_____	mm
	Checked with gauge:	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Brushed by:	<input type="checkbox"/> hand	<input type="checkbox"/> machine
	Blow-out pump:	<input type="checkbox"/> 500ml	<input type="checkbox"/> 750ml
	Compressed air:	_____	bar
Setting depth	Excess length above surface:	_____	mm
	Interlayer (plaster,screed...):	_____	mm
	Setting depth:	_____	mm
Fixed part	\varnothing of clearance hole:	_____	mm
	Thickness:	_____	mm
Setting tool	Trade name:	_____	_____
	Length of spike:	_____	mm
Torque wrench	Type:	_____	_____
	Last calibration:	_____	_____
	Installation torque:	_____	Nm
Dimension of the fixing	Edge distance given in drawing or by engineer:	<input type="checkbox"/> yes	<input type="checkbox"/> no
	kept on site:	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Spacing between anchors given in drawing or by engineer:	<input type="checkbox"/> yes	<input type="checkbox"/> no
	kept on site:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Chemical fixings	Date of expiry:	_____	_____
	Temperature of cartridge/capsule:	_____	°C
	Temperature of base material:	_____	°C
	Chemical Capsule installed with hammer drill:	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Excess mortar at surface:	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Time bevor application of installation torque:	_____	min

Date: _____

Signature assembler: _____

Signature supervisor: _____