

Field Adhesion Test Log
(Submit one form per test condition)

Date: _____

Test Performed By: _____

Project: _____

Applicator: _____

Application Type: _____

Elevation: _____ Floor: _____

Joint Width: _____ Joint Depth: _____

Pecora Sealant: _____ Primer (if used): _____

Product Lot #/s _____

Substrates Tested: _____

Type Backer Material: _____

Results:

Check all that apply

Destructive Method #1 _____ Type Failure: Cohesive _____ Adhesive _____

Destructive Method #2 _____ Elongation: Pass _____ Fail _____

Non-Destructive Method _____ Pass _____ Fail _____

Test Frequency: _____

Notes: _____

REV 10/2011

