

(Duplicate this sheet as necessary)

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**Coating System ID: CS-\_\_\_\_\_ of \_\_\_\_\_ Coating Systems**

Copy \_\_\_\_\_ of \_\_\_\_\_

☐ Safety (Cite Regulations): \_\_\_\_\_ ☐ Other: \_\_\_\_\_

**D2-2. Part(s)/Product(s) Coated (Grouping of like products is encouraged)**

		Critical Coating Requirements (Check all that apply)													
Part/Product Name	Substrate Type	Physical/Cosmetic					Resistance to:								
		Appearance	Ability to Expand/Contract	Flexibility	Proper Adhesion	Easy Application	Water	Chemicals	Radiation	Extreme Temperatures	Friction	Abrasion	Dirt Pick-up	Soil Stress	Bacteria/Fungi
	<div><div><input type="checkbox"/> aluminum</div><div><input type="checkbox"/> copper</div><div><input type="checkbox"/> zinc</div><div><input type="checkbox"/> other: _____</div></div> <div><div><input type="checkbox"/> brass</div><div><input type="checkbox"/> lead</div><div><input type="checkbox"/> metal/plastic</div></div> <div><div><input type="checkbox"/> cast iron</div><div><input type="checkbox"/> steel</div></div>														
	<div><div><input type="checkbox"/> aluminum</div><div><input type="checkbox"/> copper</div><div><input type="checkbox"/> zinc</div><div><input type="checkbox"/> other: _____</div></div> <div><div><input type="checkbox"/> brass</div><div><input type="checkbox"/> lead</div><div><input type="checkbox"/> metal/plastic</div></div> <div><div><input type="checkbox"/> cast iron</div><div><input type="checkbox"/> steel</div></div>														
	<div><div><input type="checkbox"/> aluminum</div><div><input type="checkbox"/> copper</div><div><input type="checkbox"/> zinc</div><div><input type="checkbox"/> other: _____</div></div> <div><div><input type="checkbox"/> brass</div><div><input type="checkbox"/> lead</div><div><input type="checkbox"/> metal/plastic</div></div> <div><div><input type="checkbox"/> cast iron</div><div><input type="checkbox"/> steel</div></div>														
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**FORM D2**  
**COATING SYSTEMS/PARTS COATED**  
(Duplicate this sheet as necessary)

Revised 10/21/98

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**Facility Tracking Number:** MMPP-

**Coating System ID:** CS- of                      Coating Systems

Copy        of       

**D2-3. Coatings Systems Applied (Include Adhesives, Sealants and Caulks as coatings)**

Coating Type	Material(s) ID (Use the material number (MN-____) from Form B, and list each component of a multi- component system within one block.)	Annual Usage (indicate measurement units, and list amounts for multi-component mixtures respectively.)
<input type="checkbox"/> Primer <input type="checkbox"/> Base Coat <input type="checkbox"/> Color Coat <input type="checkbox"/> Top Coat <input type="checkbox"/> Clear Coat <input type="checkbox"/> Adhesive <input type="checkbox"/> Caulk/Sealant <input type="checkbox"/> Other (describe): _____		
<input type="checkbox"/> Primer <input type="checkbox"/> Base Coat <input type="checkbox"/> Color Coat <input type="checkbox"/> Top Coat <input type="checkbox"/> Clear Coat <input type="checkbox"/> Adhesive <input type="checkbox"/> Caulk/Sealant <input type="checkbox"/> Other (describe): _____		
<input type="checkbox"/> Primer <input type="checkbox"/> Base Coat <input type="checkbox"/> Color Coat <input type="checkbox"/> Top Coat <input type="checkbox"/> Clear Coat <input type="checkbox"/> Adhesive <input type="checkbox"/> Caulk/Sealant <input type="checkbox"/> Other (describe): _____		
<input type="checkbox"/> Primer <input type="checkbox"/> Base Coat <input type="checkbox"/> Color Coat <input type="checkbox"/> Top Coat <input type="checkbox"/> Clear Coat <input type="checkbox"/> Adhesive <input type="checkbox"/> Caulk/Sealant <input type="checkbox"/> Other (describe): _____		
<input type="checkbox"/> Primer <input type="checkbox"/> Base Coat <input type="checkbox"/> Color Coat <input type="checkbox"/> Top Coat <input type="checkbox"/> Clear Coat <input type="checkbox"/> Adhesive <input type="checkbox"/> Caulk/Sealant <input type="checkbox"/> Other (describe): _____		
<input type="checkbox"/> Primer <input type="checkbox"/> Base Coat <input type="checkbox"/> Color Coat <input type="checkbox"/> Top Coat <input type="checkbox"/> Clear Coat <input type="checkbox"/> Adhesive <input type="checkbox"/> Caulk/Sealant <input type="checkbox"/> Other (describe): _____		
<input type="checkbox"/> Primer <input type="checkbox"/> Base Coat <input type="checkbox"/> Color Coat <input type="checkbox"/> Top Coat <input type="checkbox"/> Clear Coat <input type="checkbox"/> Adhesive <input type="checkbox"/> Caulk/Sealant <input type="checkbox"/> Other (describe): _____		

**CBI Status:** Is any information on this "Form D2" Confidential Business Information (CBI)?    ☐ Yes                      ☐ No

Which items (place a comma between items): \_\_\_\_\_