

Date: _____

Rep Name:
Company Name:
Address:
Attention:
Phone:

Area Contact:
Area #: _____ Of _____
Area Name:
Size: _____ sq. ft.
Area is: <input type="radio"/> New Construction
<input type="radio"/> Addition
<input type="radio"/> Renovation

CUSTOMER'S OPERATIONS

Describe the operations in this area:

Floor is: Dry Wet Oily Greasy Other:

Operating temperature of area: _____ °F	Of surface: _____ °F
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Can temperature be raised/lowered to meet installation requirements? Yes No N/A

Is floor affected by source of: <input type="radio"/> Heat <input type="radio"/> Cold <input type="radio"/> N/A	Describe source:
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Size of area affected: _____ sq. ft.	Temperature of floor: _____ °F
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SPILLAGES/CLEANING PROCEDURES

List spilled chemicals:	Describe how spills occur (overflow, leaky pipe, etc.) and how often:
	_____ % of floor
	Normal cleaning procedures (scrubber, mop, hose, etc.):

How often is area cleaned?

What type of cleaning solution?

Temperature: _____ °F

TRAFFIC CONDITIONS

Types of traffic: <input type="radio"/> Foot Traffic Only <input type="radio"/> Wheeled Traffic <input type="radio"/> Hand Trucking <input type="radio"/> Power Trucking	
Max load: _____ lbs.	Frequency: _____
Type of wheel: <input type="radio"/> Steel <input type="radio"/> Rubber <input type="radio"/> Plastic	
Does existing surface show signs of excessive wear due to traffic? <input type="radio"/> Yes <input type="radio"/> No	
If yes, describe:	

CONCRETE

Age of concrete: _____	Thickness: _____ in.
Floor is: <input type="radio"/> On Grade <input type="radio"/> Below Grade <input type="radio"/> Above Grade (Specify): _____	
Is there a vapor barrier? <input type="radio"/> Yes <input type="radio"/> No	Does area require waterproofing? <input type="radio"/> Yes <input type="radio"/> No
Floor is: <input type="radio"/> Single Pour <input type="radio"/> Two Course <input type="radio"/> Cap	
If two course or cap, is topping loose? <input type="radio"/> Yes <input type="radio"/> No	
Does topping sound hollow when tapped? <input type="radio"/> Yes <input type="radio"/> No	Will topping be removed? <input type="radio"/> Yes <input type="radio"/> No
Does the concrete contain cracks? <input type="radio"/> Yes <input type="radio"/> No	
Type of cracks: <input type="radio"/> Surface (Shrinkage) <input type="radio"/> Structural <input type="radio"/> Moving <input type="radio"/> Non-Moving	
Frequency of cracks: _____	Total linear feet: _____ lin. ft.
How will cracks be addressed?	
Is concrete deteriorated in any area? <input type="radio"/> Yes <input type="radio"/> No	
Size of area: _____ sq. ft.	What caused this? (chemical, mechanical, etc.)
Will this require removal? <input type="radio"/> Yes <input type="radio"/> No	How much grout will be needed to repair? _____ cu. ft.
Does this area contain drains? <input type="radio"/> Yes <input type="radio"/> No	How many?
Type: <input type="radio"/> Round <input type="radio"/> Square <input type="radio"/> Trench <input type="radio"/> Other	Drain material: <input type="radio"/> Stainless <input type="radio"/> Brass <input type="radio"/> Cast Iron <input type="radio"/> Plastic
If trench drain, will it be lined? <input type="radio"/> Yes <input type="radio"/> No	Is floor pitched to drain? <input type="radio"/> Yes <input type="radio"/> No
At what pitch?	
If no, will surface be repitched? <input type="radio"/> Yes <input type="radio"/> No	At what pitch?

TOPPINGS

Was concrete ever: <input type="radio"/> Resurfaced <input type="radio"/> Coated <input type="radio"/> Other:			
What type of material? (epoxy, urethane, polyester, curing compound, brick, tile, etc.)			
How thick is topping?	in.	If topping is brick or tile, what is approx. thickness of leveling bed?	in.
Condition of topping?		What percentage is intact?	% sq. ft.
How will topping be removed?		If not, why?	

JOINTS

Expansion construction joints: How many linear feet of joint?	lin. ft.	What is average width?	in.
Is joint currently filled? <input type="radio"/> Yes <input type="radio"/> No			
With what type of sealant? (urethane, acrylic, plastic strip, polyurea, etc.)			
What type of sealant will be used to fill joints?			
Control joints: How many linear feet of joint?	lin. ft.	What is average width?	in.
How will joints be addressed?			

WALL SURFACE

What is the existing surface? <input type="radio"/> Concrete Block <input type="radio"/> Brick <input type="radio"/> Wood <input type="radio"/> Poured Concrete <input type="radio"/> Drywall <input type="radio"/> Other:	
Has the wall ever been coated? <input type="radio"/> Yes <input type="radio"/> No	What type of coating? (acrylic, epoxy, etc.)
How thick is coating?	Is coating peeling or flaking in any areas? <input type="radio"/> Yes <input type="radio"/> No
How will the wall be prepared?	
Does the wall show signs of settling cracks? <input type="radio"/> Yes <input type="radio"/> No	

RECOMMENDED SOLUTIONS

FLOORING/LINING/WALL SYSTEM (include primer, color and texture)	EST. COV/ UNIT	SQ. FT.	COATING (include color)	EST. COV/ UNIT	SQ. FT.
COVE	HEIGHT	LIN. FT.	SEALANT (include color)	LIN. FT.	
GROUT (include primer)		CU. FT.	MEMBRANE	SQ. FT.	

INSTALLATION CONSIDERATIONS

Total time needed to complete installation:	Days/Hours	Overnight travel required? <input type="radio"/> Yes <input type="radio"/> No
Customer to turn over area on:		
Labor rate will be: <input type="radio"/> Straight Time <input type="radio"/> Time & Half <input type="radio"/> Double Time		
Labor will be: <input type="radio"/> Union <input type="radio"/> Non-Union <input type="radio"/> Prevailing Wage		
If outside, is area: <input type="radio"/> Covered <input type="radio"/> Uncovered	Ventilation requirements:	
Can crew reach under machinery, tanks, etc.? <input type="radio"/> Yes <input type="radio"/> No		
Electricity available: <input type="radio"/> 120v <input type="radio"/> 240v <input type="radio"/> 480v	Is lighting: <input type="radio"/> Finished <input type="radio"/> Temporary	
If temporary, will additional lighting be required? <input type="radio"/> Yes <input type="radio"/> No		
Will area be heated to a minimum of 60°F for installation? <input type="radio"/> Yes <input type="radio"/> No		
If no, will heaters be needed? <input type="radio"/> Yes <input type="radio"/> No	How many?	
Is there access to material and equipment delivery? <input type="radio"/> Yes <input type="radio"/> No		
Will material be stored: <input type="radio"/> In Area <input type="radio"/> Other Location:		
Will customer cooperate with moving of material? <input type="radio"/> Yes <input type="radio"/> No	If no, how will it be handled?	
Will customer handle trash removal? <input type="radio"/> Yes <input type="radio"/> No	If not, how will it be handled?	
Who will be responsible for floor protection (damage from other trades, etc.) after installation?		

NOTE: Attach sketch of area including dimensions, locations of drains, doors, columns, etc.