

DATE \_\_\_\_\_

## AREA SITE SURVEY

REP NAME _____	AREA CONTACT _____
COMPANY NAME _____	AREA# _____ OF _____
ADDRESS _____	AREA NAME _____ SIZE _____ SQ.FT.
ATTENTION _____	AREA IS <input type="checkbox"/> NEW CONSTRUCTION
PHONE _____	<input type="checkbox"/> ADDITION
	<input type="checkbox"/> RENOVATION

### CUSTOMER'S OPERATIONS

DESCRIBE OPERATIONS IN THIS AREA: \_\_\_\_\_

FLOOR IS (circle): *DRY* *WET* *OILY* *GREASY* *OTHER* \_\_\_\_\_

OPERATING TEMPERATURE OF AREA: \_\_\_\_\_ °F OF SURFACE: \_\_\_\_\_ °F

CAN TEMPERATURE BE RAISED/LOWERED TO MEET INSTALLATION REQUIREMENTS? *YES* *NO* *N/A*

IS FLOOR AFFECTED BY SOURCE OF(circle): *HEAT* *COLD* *N/A* DESCRIBE SOURCE: \_\_\_\_\_

SIZE OF AREA AFFECTED: \_\_\_\_\_ SQ.FT. TEMPERATURE OF FLOOR: \_\_\_\_\_ °F

### SPILLAGES/CLEANING PROCEDURES

<u>LIST SPILLED CHEMICALS</u>	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 CLEANING SOLUTION? _____ TEMP _____ °F

### TRAFFIC CONDITIONS

TYPE OF TRAFFIC(circle): *FOOT TRAFFIC ONLY* *WHEELED TRAFFIC* *HAND TRUCKING* *POWER TRUCKING*

MAX LOAD: \_\_\_\_\_ LBS., FREQUENCY: \_\_\_\_\_

TYPE OF WHEEL(circle): *STEEL* *RUBBER* *PLASTIC*

DOES EXISTING SURFACE SHOW SIGNS OF EXCESSIVE WEAR DUE TO TRAFFIC? *YES* *NO*

IF YES, DESCRIBE: \_\_\_\_\_

### CONCRETE

AGE OF CONCRETE: \_\_\_\_\_ THICKNESS: \_\_\_\_\_ IN.

FLOOR IS(circle): *ON GRADE* *BELOW GRADE* *ABOVE GRADE* (SPECIFY) \_\_\_\_\_

IS THERE A VAPOR BARRIER? *YES* *NO* DOES AREA REQUIRE WATERPROOFING? *YES* *NO*

FLOOR IS(circle) *SINGLE POUR* *TWO COURSE* *CAP*

IF TWO COURSE OR CAP, IS TOPPING LOOSE? *YES* *NO*

DOES TOPPING SOUND HOLLOW WHEN TAPPED? *YES* *NO* WILL TOPPING BE REMOVED? *YES* *NO*

DOES THE CONCRETE CONTAIN CRACKS? YES NO

TYPE OF CRACKS: SURFACE (SHRINKAGE) STRUCTURAL MOVING NON-MOVING

FREQUENCY OF CRACKS: \_\_\_\_\_ TOTAL LINEAR FEET: \_\_\_\_\_

HOW WILL CRACKS BE ADDRESSED? \_\_\_\_\_

IS CONCRETE DETERIORATED IN ANY AREA? YES NO

SIZE OF AREA: \_\_\_\_\_ SQ. FT. WHAT CAUSED THIS? (CHEMICAL, MECHANICAL, ETC.) \_\_\_\_\_

WILL THIS REQUIRE REMOVAL? YES NO HOW MUCH GROUT WILL BE NEEDED TO REPAIR? \_\_\_\_\_ CU. FT.

DOES AREA CONTAIN DRAINS? YES NO HOW MANY? \_\_\_\_\_ TYPE: ROUND SQUARE TRENCH OTHER

IF TRENCH DRAIN, WILL IT BE LINED? YES NO IS FLOOR PITCHED TO DRAIN? YES NO AT WHAT PITCH? \_\_\_\_\_

IF NO, WILL SURFACE BE REPITCHED? YES NO AT WHAT PITCH \_\_\_\_\_

## TOPPINGS

WAS CONCRETE EVER: RESURFACED COATED

WITH 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 PERCENT IS INTACT? \_\_\_\_\_ % \_\_\_\_\_ SQ.FT.

HOW WILL TOPPING BE REMOVED? \_\_\_\_\_ IF NOT, WHY? \_\_\_\_\_

## JOINTS

EXPANSION ISOLATION JOINTS: HOW MANY LINEAR FEET OF JOINT? \_\_\_\_\_ LIN. FT. WHAT IS AVG WIDTH? \_\_\_\_\_ IN.

IS JOINT CURRENTLY FILLED? YES NO

WITH WHAT TYPE OF SEALANT? (URETHANE, ACRYLIC, PLAASTIC STRIP, ETC.) \_\_\_\_\_

WHAT SEALANT WILL BE USED TO FILL JOINTS? \_\_\_\_\_

CONTROL CONSTRUCTION JOINTS: HOW MANY LINEAR FEET OF JOINT? \_\_\_\_\_ LIN. FT. WHAT IS AVG WIDTH? \_\_\_\_\_ IN.

HOW WILL JOINTS BE ADDRESSED? \_\_\_\_\_

## WALL SURFACE

WHAT IS THE EXISTING SURFACE? CONCRETE BLOCK BRICK WOOD POURED CONCRETE DRYWALL OTHER \_\_\_\_\_

HAS WALL EVER BEEN COATED? YES NO WHAT TYPE OF COATING?(ACRYLIC, EPOXY, ETC.) \_\_\_\_\_

HOW THICK IS COATING? \_\_\_\_\_ IS COATING PEELING OR FLAKING IN ANY AREAS? YES NO

HOW WILL WALL BE PREPARED? \_\_\_\_\_

DOES WALL SHOW SIGNS OF SETTLING CRACKS? YES NO

## RECOMMENDED SOLUTIONS

FLOORING/LINING/WALL SYSTEM (INCLUDE PRIMER, COLOR & TEXTURE)	EST. COV/UNIT	SQ. FT.	COATING (INCLUDE COLOR)	EST. COV/UNIT	SQ. FT.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>COVE</b>	<b>HEIGHT</b>	<b>LIN. FT.</b>	<b>SEALANT (INCLUDE COLOR)</b>		<b>LIN. FT.</b>
_____	_____	_____	_____		_____
_____	_____	_____	_____		_____
<b>GROUT (INCLUDE PRIMER)</b>		<b>CU. FT.</b>	<b>MEMBRANE</b>		<b>SQ. FT.</b>
_____	_____	_____	_____		_____
_____	_____	_____	_____		_____

## INSTALLATION CONSIDERATIONS

TOTAL TIME NEEDED TO COMPLETE INSTALLATION: \_\_\_\_\_ DAYS/HRS. OVERNIGHT TRAVEL REQUIRED? YES NO  
 CUSTOMER TO TURN OVER AREA ON: \_\_\_\_\_

LABOR RATE WILL BE: STRAIGHT TIME TIME & HALF DOUBLE TIME

LABOR WILL BE: UNION NON-UNION PREVAILING WAGE

IF OUTSIDE, IS AREA: COVERED UNCOVERED CAN CREW REACH UNDER MACHINERY, TANKS, ETC.? YES NO

ELECTRICITY AVAILABLE: 110v. 220v. 440v. IS LIGHTING: FINISHED TEMPORARY

IF TEMPORARY, WIL ADDITIONAL LIGHTING BE REQUIRED? YES NO

WILL AREA BE HEATED TO MINIMUM OF 60°F FOR INSTALLATION? YES NO

IF NO, WILL HEATERS BE NEEDED? YES NO HOW MANY? \_\_\_\_\_

WILL MATERIAL BE STORED: IN AREA OTHER LOCATION \_\_\_\_\_

WILL CUSTOMER COOPERATE WITH MOVING OF MATERIAL? YES NO

IF NO, HOW WILL IT BE HANDLED? \_\_\_\_\_

WILL CUSTOMER HANDLE TRASH REMOVAL? YES NO

IF NO, HOW WILL IT BE HANDLED? \_\_\_\_\_

**NOTE:** ATTACH SKETCH OF AREA INCLUDING DIMENSIONS, LOCATIONS OF DRAINS, DOORS, COLUMNS, ETC.