

AREA SITE SURVEY

Date: _____

Rep Name: _____
 Company Name: _____
 Address: _____

 Attention: _____
 Phone: _____

Area Contact: _____
 Area #: _____ Of _____
 Area Name: _____
 Size: _____ SF
 Area is: New Construction
 Addition
 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

Can temperature be raised / lowered to meet installation requirements? Yes No N/A

Is floor affected by source of: Heat Cold N/A Describe source: _____

Size of area affected: _____ SF Temperature of floor: _____ °F

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: Foot Traffic Only Wheeled Traffic Hand Trucking Power Trucking

Max load: _____ LBS Frequency: _____

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

TOPPINGS

Was concrete ever: <input type="radio"/> <i>Resurfaced</i> <input type="radio"/> <i>Coated</i> <input type="radio"/> <i>Other:</i>		
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? %	SF
How will topping be removed?		If not, why?

JOINTS

Expansion isolation joints: How many linear feet of joint? LF	What is average width? IN
Is joint currently filled? <input type="radio"/> <i>Yes</i> <input type="radio"/> <i>No</i>	
With what type of sealant? (urethane, acrylic, plastic strip, etc.)	
What type of sealant will be used to fill joints?	
Control construction joints: How many linear feet of joint? LF	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	SF	COATING (include color)	EST. COV/ UNIT	SF
COVE	HEIGHT	LF	SEALANT (include color)		LF
GROUT (include primer)		CU FT	MEMBRANE		SF

INSTALLATION CONSIDERATIONS

Total time needed to complete installation:	DAYS/HRS	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		
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 for 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.		

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