

DATE _____

AREA SITE SURVEY

REP NAME _____
COMPANY NAME _____
ADDRESS _____
ATTENTION _____
PHONE _____

AREA CONTACT _____
AREA# _____ OF _____
AREA NAME _____ SIZE _____ SQ.FT.
AREA IS NEW CONSTRUCTION
 ADDITION
 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

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 CLEANING SOLUTION? _____ TEMP _____ °F

TRAFFIC CONDITIONS

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

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, PLASTIC 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.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
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/HR. OVERNIGHT TRAVEL REQUIRED? *YES NO*

CUSTOMER TO TURN OVER AREA ON: _____ DUR-A-FLEX 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 MEN 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.

