

Date: _____

Scheduled Job Date: _____

Contractor / Contact: _____

Company: _____

Phone: _____

Fax: _____

Job Location / Owner _____

Phone: _____

Fax: _____

Dimensions: _____

Square Footage: _____

Type of Application: _____

Substrate:

Concrete

Steel

Other _____

Substrate Condition - Concrete:

	<u>Recommended</u>	<u>Actual</u>
<input type="checkbox"/> Aggregate Exposed	(90 - 100 Mils)	_____
<input type="checkbox"/> Partial Aggregate Exposed	(80 - 90 Mils)	_____
<input type="checkbox"/> No Surface Paste	(70 - 80 Mils)	_____
<input type="checkbox"/> Broom Finish	(60 - 70 Mils)	_____
<input type="checkbox"/> Float Finish	(55 - 60 Mils)	_____
<input type="checkbox"/> Hard Steel Trowel Finish	(50 - 55 Mils)	_____
<input type="checkbox"/> Other _____		

Additional Substrate Conditions:

<input type="checkbox"/> Control Joints	Width/Depth _____	Liner Feet _____	Gallons _____
<input type="checkbox"/> Random Cracks	Gallons _____	Color _____	_____
<input type="checkbox"/> Surface Obstacles/Protrusions	_____		

Substrate Condition - Steel:

	<u>Recommended</u>	<u>Actual</u>
<input type="checkbox"/> Existing Coating	(25 Mils and up)	_____
<input type="checkbox"/> Mill Finish	(25 Mils and up)	_____
<input type="checkbox"/> Other _____		

Surface Preparation - Concrete:

Shot Blast
 Sand Blast
 Hydroblast (3500 psi min)
 Acid Etch w/ Fresh Water Rinse
 Other _____

Surface Preparation - Steel:

Shot Blast (White or Near White Blast)
 Sand Blast (White or Near White Blast)
 Grind
 Other _____

Recommended Mil Thickness:

Primer	_____	Mils
Base Coat / Main Coat	_____	Mils
Top Coat	_____	Mils
Texture Coat	_____	Mils
Other Materials	_____	Mils

Materials:

<input type="checkbox"/> FSS/45DC	Gallons _____	Color _____
<input type="checkbox"/> FSS/50DM	Gallons _____	Color _____
<input type="checkbox"/> SL/85	Gallons _____	Color _____
<input type="checkbox"/> SL/75	Gallons _____	Color _____
<input type="checkbox"/> SL/45	Gallons _____	Color _____
<input type="checkbox"/> PW-1	Gallons _____	
<input type="checkbox"/> Other _____		

Access:

Distance From Pump to Application
 _____ Feet - Horizontal
 _____ Feet - Vertical
 _____ Total

Special Conditions:

- Confined Space Permit
- OSHA Certification
- Confined Space Certification
- Respirator Fit Certification
- Lung Capacity Certification
- Other _____

Submittals:

- Product / Application Specifications _____
- Job Specifications / Drawing(s) _____
- Product Warranty _____