KEY RESIN COMPANY

DATE_____

FLOORING SITE SURVEY

COMPANY NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CONTACT _____ PHONE _____ E-MAIL _____

PROJECT NAME _____ OPERATIONS _____

PROJECT SIZE: TOTAL SQ. FT. _____ COVE LIN. FT. _____ STRIPING LIN. FT. _____

PROJECT IS: ☐ NEW CONSTRUCTION ☐ ADDITION ☐ RENOVATION

FLOORING ENVIRONMENT

DESCRIBE OPERATIONS IN THIS AREA:

_____

FLOOR IS: ☐ DRY ☐ WET ☐ OILY ☐ GREASY ☐ OTHER_____ % OF FLOOR _____

OPERATING TEMPERATURE: OF AREA _____°F, OF SURFACE _____ °F

IS FLOOR AFFECTED BY SOURCE OF: ☐ HEAT ☐ COLD ☐ N/A DESCRIBE SOURCE:_____

SIZE OF AREA AFFECTED: _____SQ.FT. TEMPERATURE OF FLOOR: _____°F

CHEMICAL EXPOSURE & CLEANING PROCEDURES

LIST CHEMICAL EXPOSURE *(IMM = IMMERSION, S/S = SPLASH/SPILL, O/A = OCCASIONAL/ACCIDENTAL)*

	CHEMICAL	°F/°C	% DILUTE	IMM	S/S	O/A
1.				☐	☐	☐
2.				☐	☐	☐
3.				☐	☐	☐
4.				☐	☐	☐
5.				☐	☐	☐

ADDITIONAL DETAILS REGARDING EXPOSURE (OVERFLOW, LEAKY PIPE, SPLASH AND SPILL, ETC.)

_____

FREQUENCY OF EXPOSURE: _____

% OF FLOOR AFFECTED: _____

CHEMICAL TESTING – IMMERSION TEST REQUIREMENTS? ☐ YES ☐ NO

CHEMICAL: _____ % OF CONCENTRATION _____

HOW LONG WILL TEST COUPON BE IMMERSED? _____ hrs. at _____ °F

NORMAL CLEANING PROCEDURES: (SCRUBBER, MOP, HOSE, TEMPERATURE, STEAM CLEAN, CAUSTICS, ETC.):

HOW OFTEN IS AREA CLEANED?_____ WHAT TYPE CLEANING SOLUTION?_____

TRAFFIC CONDITIONS

TYPE OF TRAFFIC: □ FOOT TRAFFIC ONLY □ PALLET JACKS □ FORK LIFTS □ VEHICLE □ SEMI-TRAILER TRUCK

MAX LOAD: _____ LBS., FREQUENCY: _____

TYPE OF WHEEL: □ METAL □ PLASTIC □ RUBBER □ PNEUMATIC

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

IF YES, DESCRIBE: _____

SUBSTRATE

IS SUBSTRATE CONCRETE? □ YES □ NO IF NOT, WHAT TYPE OF SUBSTRATE? _____

AGE OF CONCRETE: _____ THICKNESS: _____IN.

FLOOR IS: □ ON GRADE □ BELOW GRADE □ ABOVE GRADE (SPECIFY) _____

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

CALCIUM CHLORIDE OR RELATIVE HUMIDITY TEST PERFORMED? □ YES □ NO RESULTS _____

FLOOR IS: □ SINGLE POUR □ TWO COURSE □ CAP □ UNKNOWN, CUSTOMER INITIAL _____

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?_____

SUBSTRATE CONDITION: □ GOOD □ EXPOSED AGGREGATE □ UNEVEN, SPALLED □ CHEMICAL CORRODED, POWDERED

IS CONCRETE DETERIORATED IN ANY AREA? □ YES □ NO

SIZE OF AREA: _____SQ. FT. WHAT CAUSED THIS? (CHEMICAL, MECHANICAL, ETC.): _____

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? _____

MATERIAL TO BE REMOVED: □ BRICK □ QUARRY TILE □ VINYL TILE □ COATINGS □ GROUT BED □ CURING COMPOUNG

PLANNED SURFACE PREP: □ ACID ETCH □ SHOT-BLAST □ SCARIFY □ HAND-GRIND □ SANDBLAST □ OTHER

DUST ALLOWED? □ YES □ NO

KEY RESIN COMPANY

TOPPINGS

WAS CONCRETE EVER: □ RESURFACED □ COATED

WHAT TYPE OF MATERIAL? □ EPOXY □ URETHANE □ POLYESTER □ VINYL ESTER □ MMA □ BRICK □ TILE □ CURING COMPOUND □ MASTIC □ VINYL □OTHER _____

HOW THICK IS TOPPING? _____ IN.

IF TOPPING IS BRICK OR TILE, WHAT IS APPROX THICKNESS? _____ IN.

LEVELING BED? _____IN.

CONDITION OF TOPPING: _____ WHAT PERCENT IS INTACT? _____ % _____SQ.FT.

ELCOMETER PULL TEST RESULTS: # OF TESTS _____ AVE. PULL VALUE _____ PSI

HOW WILL TOPPING BE REMOVED? _____ IF NOT, WHY? _____

IF FAILED MATERIAL PRESENT, THEORETICAL REASON: _____

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 JOIINTS? _____

CONTROL CONSTRUCTION JOINTS: HOW MANY LINEAR FEET OF JOINT? _____ LIN. FT. WHAT IS AVG WIDTH? _____IN.

HOW WILL JOINTS BE ADDRESSED? _____

KEY-IN OR CHASE REQ'D? □ YES □ NO _____ LIN. FT.

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

OTHER INSTALLATION CONSIDERATIONS

TOTAL TIME NEEDED TO COMPLETE INSTALLATION: _____DAYS/HRS.

OVERNIGHT TRAVEL REQUIRED? □ YES □ NO

CUSTOMER TO TURN OVER AREA ON: _____ CONTRACTOR TO TURN OVER AREA ON: _____

LABOR RATE WILL BE: □ STRAIGHT □ TIMETIME & 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. LIGHTING: □ FINISHED □ TEMPORARY

IF TEMPORARY, WILL ADDITIONAL LIGHTING BE REQUIRED? □ YES □ NO

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

IF NO, WILL HEATERS BE NEEDED? □ YES □ NO HOW MANY? _____

LOW TEMPERATURE MATERIAL REQ'D?: □ YES □ NO SPECIFY TYPE _____

WILL MATERIAL BE STORED ABOVE 60°F: □ IN AREA □ OTHER LOCATION _____

WILL CUSTOMER COOPERATE WITH MOVING OF MATERIAL? □ YES □ NO

IF NO, HOW WILL IT BE HANDLED? _____

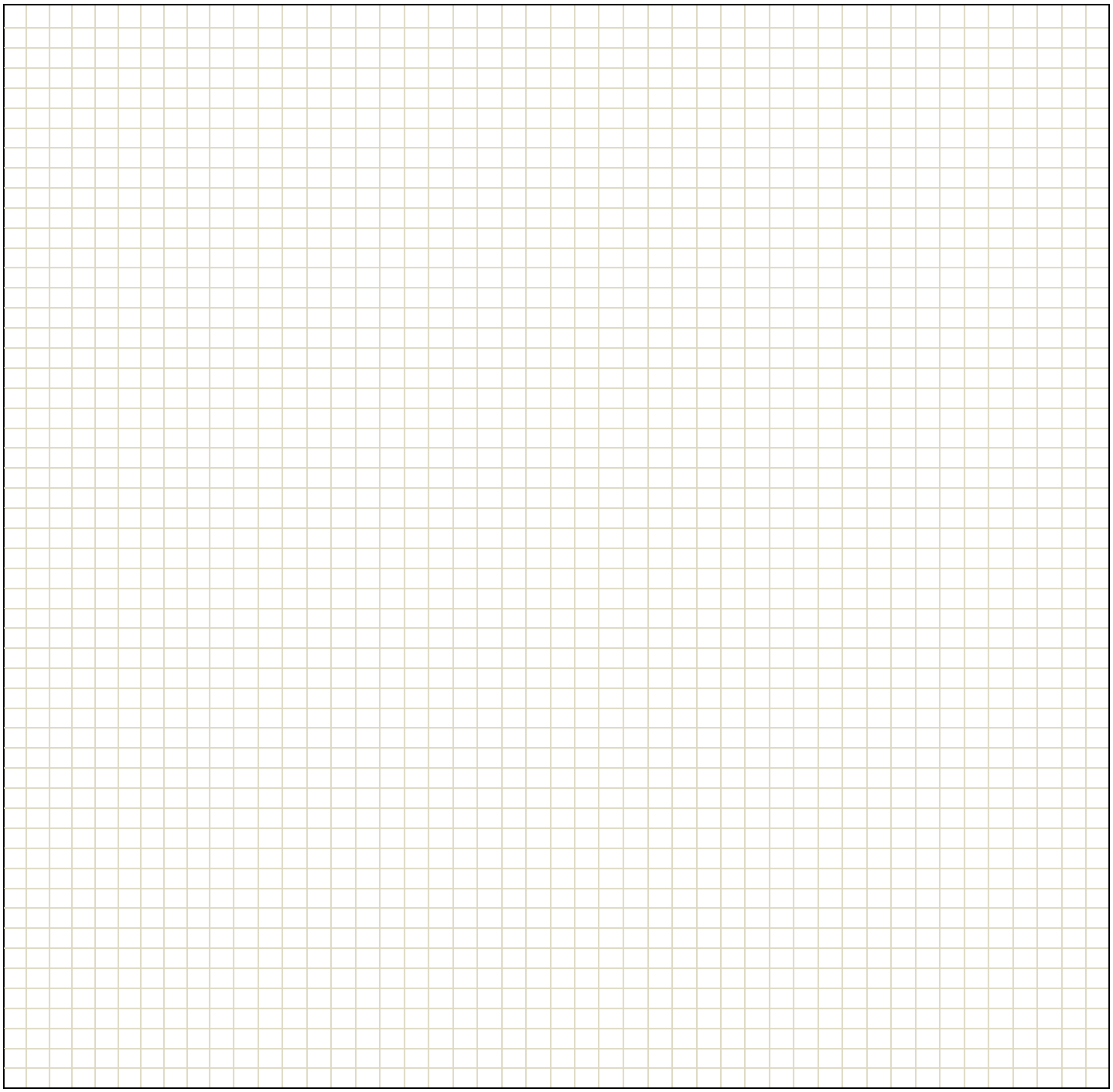
WILL CUSTOMER HANDLE TRASH REMOVAL? □ YES □ NO

IF NO, HOW WILL IT BE HANDLED? _____

OBSERVATIONS/COMMENTS _____

SKETCH OF THE AREA

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



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.**

SURVEYED BY _____

COMPANY _____

DATE _____