



## INSPECTION SURVEY

Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

Address/Directions: \_\_\_\_\_

Owner/Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### **BUILDING/FACILITY INFORMATION:**

Type of Project: \_\_\_\_\_ Interior/Exterior

Age of Structure: \_\_\_\_\_ Age of Concrete: \_\_\_\_\_ Approx. Square Footage: \_\_\_\_\_

Type of Construction (i.e., slab-on-grade, foundation, etc.): \_\_\_\_\_

Is there evidence of vapor transmission: \_\_\_\_\_

Plastic Test: \_\_\_\_\_ Vapor Kit Test: \_\_\_\_\_

General Conditions of Surface: \_\_\_\_\_

Any Special Considerations (i.e., metal shake, grease, fiber reinforced, cure and seal, sealers): \_\_\_\_\_

Existing Coating/Floor (describe): \_\_\_\_\_

Previous Repairs: \_\_\_\_\_

Environmental Restrictions - Y/N - Explain: \_\_\_\_\_

Noise or Vibration Problems: \_\_\_\_\_

Amount of Work Area Available @ One Time: \_\_\_\_\_

Work Area Open or In Use During Application - Y/N : \_\_\_\_\_





Proximity of equipment rental store: \_\_\_\_\_

Will customer supply dumpster: \_\_\_\_\_

Additional Notes/Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Diagrams/Drawings: