



CONTRACTOR FLOORING

PROJECT CONDITION REPORT

Company _____ Date: _____

Project Name: _____ Operations: _____

Billing Address: _____ Shipping Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Contact: _____ Phone: _____ Fax: _____

Total sq. ft.: _____ **Cove lin. ft.:** _____ **Striping lin. ft.:** _____

Project is: New / Expansion Renovation Via Contractor National Account
 Phased work, partial billing OK Phased work, billing after project completion (Gov't)



Will this project be included in Green Spec® and qualify for LEED points? Yes No

OPERATING ENVIRONMENT

Floor subject to: chemical attack wet scored impacted heavy traffic dragged objects

Operating temperature of floor: _____°F Installation Temperature _____°F Installation Relative Humidity _____%

CHEMICAL EXPOSURE AND DAILY OPERATIONS

Chemical	°F/ °C	%Dilute	IMM	S/S	O/A
1 _____					
2 _____					
3 _____					

IMM – Immersion

S/S – Splash / spill

O/A – Occasional/Accidental

Chemical testing – Immersion test requirements? Yes No

How long will coupon be immersed? _____ hrs. at _____ °F temp.

Chemical: _____ % of Concentration _____

Traffic conditions: Foot Pallet Walkers Fork Lifts Vehicle Semi-trailer Truck

Typical load: _____ lbs. psi. Constant Occasional Rare

Type of wheel: Rubber Plastic Metal Pneumatic

Cleaning procedures: Hot water Steam Caustics – pH____ Acids – pH____ CIP in
 place time(s) per day? Week? _____

Food Processing in Area? Yes No

Food Storage? Yes No

VOC sensitive? Yes No

Plant Safety Requirements: _____



CONCRETE SUBSTRATE

Thickness ____ **Age** ____ yrs. **Above 1st Floor?** Yes No **Vapor Barrier?** Yes No

Calcium Chloride Test Yes No Results _____

Unknown – Customer initial ____ **Is a cap evident?** Yes No

Material to be Removed: Brick Quarry tile Vinyl tile Coatings Grout bed Curing compound

Substrate Condition: Good Exposed Aggregate Uneven, spalled Chemical corroded, powdered

Cracks Evident: Structural Shrinkage Stress **Lin. ft. of cracking** _____

Joints: Expansion / Isolation-lin. _____ ft. Control / Construction-lin. _____ ft.

Key-in or chase: _____ lin. ft.

Drains: Round Square Slit type Trench drain Sump pit **Total Drains** _____

Area Pitched @ 1/4" 1/8" 1/16" None **per ft.**

Surface Prep: Acid Etch Scarify Shot-blast Concrete Planer Chemical Sandblast Wet Sandblast Other

Dust Allowed? Yes No

PREVIOUS OVERLAYMENTS / COATINGS

Material in place: Thin film High build 1/8" Full – 1/4" floor

Type: Epoxy Urethane Polyester Vinyl ester Brick Methyl Methacrylate Curing Compound Mastic Vinyl Other

Material to be removed? Yes No If not, explain below if required.

Elcometer pull test results: # of tests _____ Average pull value _____ psi

Moisture Test Performed: _____ per 1,000 sq. ft. _____ % - Average moisture value

If failed material present, theoretical reason: _____

JOB SITE RESOURCES

Installation by: Rust-Oleum Applicator Sub-contractor Distributor Union
 Non-Union MRO Sale only Customer in-house crew

Power Available: 110 volts 220 volts 440 volts **Lighting:** Finished Contractor supplied

Material received by customer dockside? Yes No **Storage by customer?** Yes No

Trash receptacle supplied by customer? Yes No

Equipment available for staging material: Provided Must be arranged



SPECIAL FLOORING CONSIDERATIONS

Project Schedule: _____ Wkday _____ Wkend _____ Holiday Shutdown

Days required: _____ Prep + _____ Flooring + _____ Topcoating + _____ Sealants = _____ - Project Total

Color _____ **Product** _____ **Coving** _____ **Height** _____ **Curbing** _____

Striping: Yes No _____ Lin. ft. **Width of striping:** _____ inches

Multiple color requirements: Yes No

Patching: Yes No Estimated volume _____ ft.³

Customer requirements for touch up leftovers? Yes No How many gallons? _____

Nominal thickness and sq. ft. coverage of flooring system proposed:

Primers _____ mils	Primer _____ sq. ft./gal.
Floor system _____ mils	Floor _____ sq. ft./gal.
Topcoating _____ mils	Topcoat _____ sq. ft./gal.
Finish coat _____ mils	Finish coat _____ sq. ft./gal.
Grout _____ ft. ³	

POST INSTALLATION REQUIREMENTS

Protection of finished floor: Customer Contractor Flooring Contractor

Periodic Inspections: Quarterly Semi-annually Annually

Thickness verification compliance? Yes No **How many tests?** _____ How often _____ per _____ sq. ft.

WARRANTY REQUIREMENTS

Length of warranty for this system? _____ yrs.

General walk-through required every _____ months

Special requirements in order to fulfill this request: _____

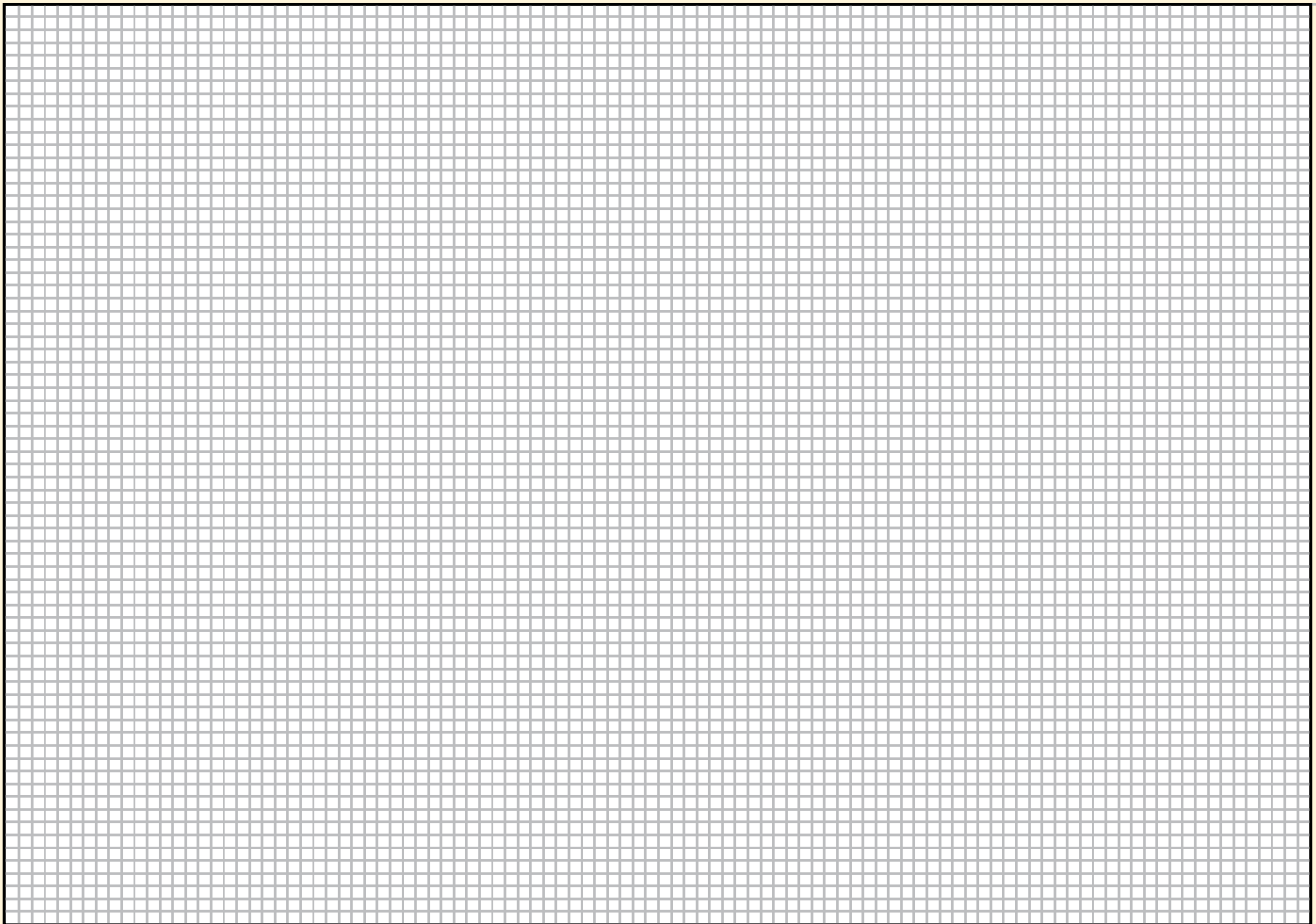
PRICING

Lump Sum for Project Price per Foot Time and Materials Material, Labor, Freight to be itemized



OBSERVATIONS AND COMMENTS

SKETCH OF THE AREA:



Report Completed by:

Name: _____ Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____