

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/HRS. 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.