FLOORING SITE SURVEY

Date:

Rep Name:	Area Contact:
Company Name:	Area #: Of
Address:	Area Name:
	Size: SF
	Area is: ◯ New Construction
Attention:	◯ Addition
Phone:	◯ Renovation

CUSTOMER'S OPERATIONS

Describe the operations in this area:	
Floor is: ◯ *Dry* ◯ *Wet* ◯ *Oily* ◯ *Greasy* ◯ *Other:*	
Operating temperature of area: °F	Of surface: °F
Can temperature be raised / lowered to meet installation requirements? ◯ *Yes* ◯ *No* ◯ *N/A*	
Is floor affected by source of: ◯ *Heat* ◯ *Cold* ◯ *N/A*	Describe source:
Size of area affected: SF	Temperature of floor: °F

SPILLAGES / CLEANING PROCEDURES

List spilled chemicals:	Describe how spills occur (overflow, leaky pipe, etc.) and how often:
	% of floor
	Normal cleaning procedures (scrubber, mop, hose, etc.):
How often is area cleaned?	
What type of cleaning solution?	
Temperature: °F	

TRAFFIC CONDITIONS

Types of traffic: ◯ *Foot Traffic Only* ◯ *Wheeled Traffic* ◯ *Hand Trucking* ◯ *Power Trucking*			
Max load: LBS		Frequency:	
Type of wheel: ◯ *Steel* ◯ *Rubber* ◯ *Plastic*			
Does existing surface show signs of excessive wear due to traffic? ◯ *Yes* ◯ *No*			

CONCRETE

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*	
Floor is: ◯ *Single Pour* ◯ *Two Course* ◯ *Cap*			
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: LF	
How will cracks be addressed?			
Is concrete deteriorated in any area? ◯ *Yes* ◯ *No*			
Size of area: SF		What caused this? (chemical, mechanical, etc.)	
Will this require removal? ◯ *Yes* ◯ *No*		How much grout will be needed to repair? CU FT	
Does this 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 re-pitched? ◯ *Yes* ◯ *No*		At what pitch?	

TOPPINGS

Was concrete ever: ◯ *Resurfaced* ◯ *Coated* ◯ *Other:*			
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 percentage is intact? % SF	
How will topping be removed?		If not, why?	

JOINTS

Expansion isolation joints: How many linear feet of joint? LF		What is average width? IN	

Is joint currently filled? ◯ *Yes* ◯ *No*			
With what type of sealant? (urethane, acrylic, plastic strip, etc.)			
What type of sealant will be used to fill joints?			
Control construction joints: How many linear feet of joint?	LF	What is average width?	IN

RECOMMENDED SOLUTIONS

FLOORING / LINING / WALL SYSTEM (include primer, color, and texture)	EST. COV/ UNIT	SF	COATING (include color)	EST. COV/ UNIT	SF

COVE	HEIGHT	LF	SEALANT (include color)	LF

GROUT (include primer)	CU FT	MEMBRANE	SF

INSTALLATION CONSIDERATIONS

Total time needed to complete installation:	DAYS/HRS	Overnight travel required? ◯ *Yes* ◯ *No*	
Customer 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 crew reach under machinery, tanks, etc? ◯ *Yes* ◯ *No*			
Electricity available: ◯ *120v* ◯ *240v* ◯ *480v*		Is lighting: ◯ *Finished* ◯ *Temporary*	
If temporary, will additional lighting be required? ◯ *Yes* ◯ *No*			
Will area be heated to a minimum of 60°F for installation? ◯ *Yes* ◯ *No*			
If no, will heaters be needed? ◯ *Yes* ◯ *No*		How many?	
Is there access for material and equipment delivery? ◯ *Yes* ◯ *No*			
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 not, how will it be handled?	
Who will be responsible for floor protection (damage from other trades, etc.) after installation?			
NOTE: Attach sketch of area including dimensions, locations of drains, doors, columns, etc.			