



Project Fact Finding Sheet

Project Name: _____ Contact: _____

Street: _____ Zip: _____ Title: _____

City: _____ State: _____ Phone: _____

Source of Lead: Sales Call _____ Repeat _____ Ad _____ Other _____

Description

Project Size: Floor (Sq. Ft.) _____ Cove (Lin. Ft.) _____ Walls (Sq. Ft.) _____

Project Location: Exterior _____ Interior _____

Type of Area Within The Facility: _____

Present Conditions

Type of Surface: Concrete _____ Wood _____ Steel _____ Tile _____

Existing Coating/Surfacing (Describe) _____

Other (Describe) _____

Conditions Of Existing Surface: Worn _____ Spalled _____ Pitted _____ Holes _____

Buckled _____ Peeling _____ Unlevel _____ Loose _____ Dusting _____

Hollow Sounding _____ Eroded _____ Other _____

Is Concrete: New _____ Old _____ Curing Compound: Yes _____ No _____ If yes,type _____

Dry _____ Damp _____ Wet _____ Saturated: Grease _____ Oil _____ Other _____

Cracks: Shrinkage _____ Structural _____ On Grade: Yes _____ No _____

Vapor Barrier: Yes _____ No _____ Unknown _____

Visible Signs of Moisture: Yes _____ No _____

If Wood: Rotted _____ Unlevel _____ Needs Replacement _____

If Steel: Painted _____ Rusting _____ Corroded _____ Other _____

If Tile: Grout Failing _____ Tiles Missing _____ Buckling _____ Other _____

Area To Be Subjected To:

Traffic: Foot _____ Light, Wheeled _____ Heavy, Wheeled _____ Other _____

High Impact Or Dropping: Yes _____ No _____ **Steam Cleaning:** Yes _____ No _____

Chemical Exposures: Immersion _____ Splash/Spillage _____ Fumes _____ Wash Down Frequency _____

Chemical Types	Percent	Strength	Temperature, °F
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Temperature Extremes: Yes _____ No _____ **Range (°F)** _____

Ultraviolet Exposures: Yes _____ No _____ **Extreme Abrasion:** Yes _____ No _____

Oil Or Grease: Yes _____ No _____ **Existing Maintenance Procedures:** Describe _____

Surface Preparation

Area Will Require: Shot Blasting _____ Scarifying _____ Diamond Grinding _____ Sanding _____

Area To Be: Patched Or Repaired: Yes _____ No _____

Leveled Or Sloped To Drain: Yes _____ No _____

Is Area Wet Or Damp: Yes _____ No _____ **Moisture Test Will Be Run:** Yes _____ No _____

Obstructions In Area: Yes _____ No _____ **To Be Removed:** Yes _____ No _____

Food In Area: Yes _____ No _____ **To Be Removed Or Protected:** Yes _____ No _____

Installation Conditions

During Regular Hours _____ **During Overtime Or Weekends** _____

Time Available For Installation _____

Ambient Temperature, °F: Before _____ During _____ Until Cured _____

Substrate Temperature, °F: Before _____ During _____ Until Cured _____

Relative Humidity, %: Before _____ During _____ Until Cured _____

Electricity: Yes _____ No _____ Type of Power: _____

Adequate Lighting: Yes _____ No _____ Water Source: Yes _____ No _____

Adequate Ventilation: Yes _____ No _____ Forklift Available: Yes _____ No _____

Special Considerations: _____

Additional Considerations

Is A Waterproof Surface Required: Yes _____ No _____

Is Desired Finish To Be: Gloss _____ Satin _____

Is A Non-Skid Surface Required? Yes _____ No _____

If Yes, Surface Texture Must Be: Very Fine _____ Fine _____ Medium _____ Coarse _____

Additional Comments: _____

Product Recommendation: _____

Customer Requirements:

a) Service Life Expectancy: _____

b) Aesthetic Requirements: _____

c) Budget: _____

Recommendation Made By: _____

Sales Representative: _____