



Project Survey Form (PSF):
Polymer Flooring

Customer Information

Project Name		(1) Contact Name	
Company Name		Phone(s)	
Street Address		(2) Contact Name	
City, State Zip		Phone(s)	

Existing Conditions

General Area Condition:

Substrate Material:			
Expansion Joints:	_____ Lin. Ft.	_____ Width	Comments:
Control Joints:	_____ Lin. Ft.	_____ Width	Comments:
Cracks:	_____ Lin. Ft.	_____ Width	Comments:
Existing Coating:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:	
Surface Deterioration:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:	

Exposure While in Service

Foot Traffic:	<input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	Comments:	
Wheeled Traffic:	<input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	Comments:	
	_____ Weight	_____ Wheel Material	_____ Diameter
Sliding Traffic:	<input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	Comments:	
	_____ Weight	_____ Material	
Abrasive Material:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:	
Normally:	<input type="checkbox"/> Wet <input type="checkbox"/> Dry	Comments:	

*Use	Chemical	Temperature	Concentration

*SP - Splash/Spill C - Secondary Containment I - Immersion

Extreme Temperature Exposure:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Thermal Shock Exposure:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Sunlight Exposure:	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Hours	Comments:
Slip/Fall Hazard:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:

Cleaning Methods: Hot Water: Yes No High Pressure: Yes No Abrasive Cleaning: Yes No
 Cleaners Used:
 Comments:

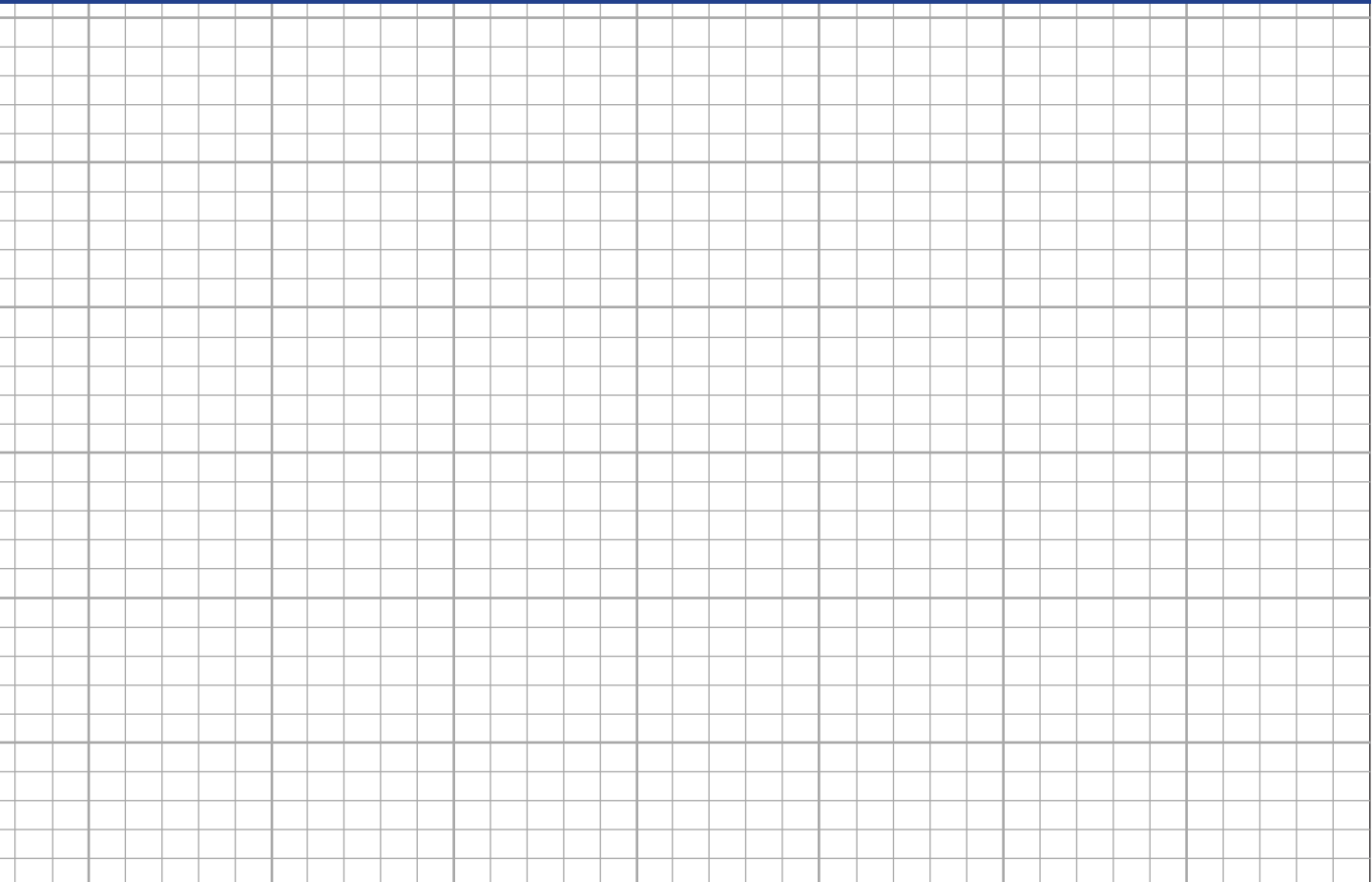
Customer Expectations:

Color:	Service Life:
Overall Texture:	Slip-Resistance:
Joint Considerations:	Budget:
Cleanability:	Comments:

Installation Considerations:

Job Schedule:	Out of Service	Customer Access	In Service
Comments:			
Safety Requirements:			
Training: <input type="checkbox"/> Yes <input type="checkbox"/> No		When:	Duration:
Equipment: <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Ear Plugs <input type="checkbox"/> Hard Hats <input type="checkbox"/> Safety Shoes			
Lighting: Finished Lighting <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:			
Installation Temperature:			
Is area affected by <input type="checkbox"/> Heat <input type="checkbox"/> Cold <input type="checkbox"/> Direct Sunlight <input type="checkbox"/> Air Movement			
Comments:			
Is dust allowable? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:			
Is engine allowable? <input type="checkbox"/> Gas <input type="checkbox"/> Propane Comments:			
Will odor be an issue? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:			
Will people be around? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:			

Grid:



Indicate Electrical/Water/Air Hook Ups/Waste Disposal and Distance
Indicate Access to Loading/Unloading, Mix Station, Obstruction, Etc.

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