

AC•Tech Project Survey

PROJECT NAME: _____ DATE: _____

PROJECT SIZE: _____ EST. START DATE: _____

I. Overview

Successful projects depend on accurate and detailed information.

The AC•Tech Approved Applicator must obtain and record as much information about an up-coming, on-going or completed project as possible. This Project Survey will help ensure that all project information is gathered in one document for technical review by AC•Tech and all other trades and stakeholders associated with this project.

While this is not a legal document, this Project Survey provides information that can help clarify material or procedural issues that may arise before, during or after project completion.

This is a living document and project information should be obtained on an on-going basis, from project initiation to project completion. The Approved Applicator should enter information into this document as it becomes available (rather than at project completion), in order to ensure accuracy and solve potential technical issues before they arise.

The **Pre-Project** section (Pages 2 – 6) **must** be completed and returned to AC•Tech technical staff **prior to** product application. AC•Tech materials applied prior to review and approval by technical staff **will not qualify for a warranty.**

The **Post-Project** section (Pages 7 & 8) should be completed by an Approved Applicator who was **on-site** and personally observed installation. A completed Project Survey must be submitted immediately upon completion of product application and **prior to** submitting a Warranty Request Form. Warranties will not be issued until a completed Project Survey is submitted to AC•Tech.

This document must be completed in its entirety (use “unknown” or “n/a” for fields that are to be left empty) and returned to AC•Tech Administrative Staff upon job completion in order to obtain a full material and labor warranty from AC•Tech.

AC•Tech Pre-Project Survey

II. General Project Information

(Check all that apply)

- Private Public Federal Industrial Commercial Residential
 One Building Multiple Buildings New Construction Renovation
 Other: _____

Project Name: _____

Project Address: _____

City: _____ State: _____ Zip: _____

Facility Contact: _____ Title: _____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

Owner: _____

Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

General Contractor: _____

Project Manager: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

Flooring Contractor: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Title: _____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

AC•TECH-Approved? Y N Trained By: _____

Concrete: New Old Size of Floor (square feet): _____

Building History / Previous Usage: *(If known)*

III. Concrete Information *(If more space is needed, please use additional sheet)*

Age of Concrete: _____ Thickness: _____

Condition of Concrete: Good Fair Poor Other: _____

Type: Slab on Grade Elevated Lt-Wt Other: _____

Existing Cracks: Y N Approx. Linear Ft: _____

Cracks: Moving Non-Moving Control Cuts Expansion Spider

Previous Flooring? None Resilient Epoxy Other: _____

Flooring Manufacturer: _____ Flooring Type: _____

Blisters: Y N Size: _____ Wet Dry Approx No: _____

Other Manifestations: Joints Lifted Tiles Brown-Staining Other

Notes: _____

IV. Concrete Curing Method *(Please make note of any Tilt-Up construction)*

Concrete Moisture Cured? Y N

Membrane Cured? Y N Type: _____

Silicate Based Curing Compound? Y N Type: _____

Chemical Floor Hardener Applied? Y N Type: _____

Discussed Core Testing? Y N **Recommended Core Testing?** Y N

Notes: _____

V. Concrete Testing & Test Results *(Include all test results & floor of test areas)*

Moisture Testing

(ASTM F1869) Moisture Vapor Emissions Rate (MVER) Testing:

Number of test kits applied: _____

High reading: _____ Average: _____

(ASTM F2170) Relative Humidity Testing:

Number of probes installed: _____

High Reading: _____ Average: _____

Core Testing

Was Core testing explained & offered to all concerned parties? Y N

If Not, Why? _____

Core Testing Protocols:

Take 2" deep X 3" in diameter "short core" samples.

The first 3 test protocols make up usual battery of testing required to obtain a data set for proper analysis.

Petrographic Analysis is not usually performed unless ASR is suspected.

1. Ion Chromatography (IC): Quantify any water soluble salts
2. Infra Red Spectroscopy (IR): Identify possible organic load
3. Energy Dispersive X – Ray Analysis (EDXA): Concrete makeup
4. Petrographic Analysis (Thin-Slice): Identifying/confirming ASR (Alkali-Silica-Reactivity)

Number of Cores Taken: _____ Bagged and Marked? Y N

Lab Cores Sent to: _____

Lab Contact: _____ Phone: _____

Lab Job No: _____

Tests Performed: 1 2 3 4 Other: _____

Please instruct lab to send copies of all testing and test results to the AC•Tech Technical Staff for data review and analysis prior to the start of any coatings application.

Fax: (757) 855-5108 • Email: bharrill@actamerican.net

VI. Concrete Slab Parameters *(ACI 201: ACI 201.2R-01 Guide to Durable Concrete)*

Compressive Strength Measured? Y N Elcometer Reading: _____ psi
(Record Lowest reading)

Surface Contaminates or Deficiencies Visible or Observed? Y N
Stains, Chips, Large Cracks, Gouges, Holes, Not Level, etc.

Please Describe: _____

This concludes the pre-project section. All information provided above is accurate and true to the best of the signer’s knowledge. Any changes, deviations or errors in the above information or requested information must be listed on a separate sheet and accompany this document. Any information discovered to be falsified or purposely misrepresented at any time may result in the cancellation of any warranty provided or promised for this project or voiding of any warranties supplied by AC•Tech for any of its products involved in this project.

I acknowledge that the provided information is accurate and true to the best of my knowledge:

Signature of Approved Applicator Date: _____

AC•Tech Post - Project Survey

VII. Concrete Surface Preparation

Shotblast? (*With edge grinding*) Y N

ICRI CSP Value Recommended (*min. of 3*) 3 4 5 Other: _____

CSP Value Achieved: 2 3 4 5 Other: _____

Grinding: AC•Tech Approval: Y N Machine Type: _____

Other Mechanical Means:

Will Concrete Need Additional Repairs? Y N

Repairs Needed:

Concrete Surface Cleaned Properly? Y N

Excess Shot Removed? Y N

Swept With Broom? Y N

Vacuumed? Y N

VIII. Product Application

AC•TECH Product Recommended/Used: 2170 2170-FC Zero Oil Buster

Combimix SLP CrystalFlex PUR Injection Liquid Floor

Other: _____

Spread Rate: _____ Gallons Used on Job: _____

Mixing Instructions Reviewed? Y N

Mixer Type: _____ Mix Time: _____

Squeegee / Backroll: Y N Notched Mil Squeegee Size: _____

Proper Nap/Type Roller Cover: 1/8" 1/2" 3/4" Other: _____

Dew Point Checked: Y N Dew Point (if known): _____ ° F

Slab Temp @ Application: _____ ° F Air Temp @ Application: _____ ° F

Time Measured: _____ (*Slab temperatures must be steady or falling, NOT rising.*)

Humidity Checked: Y N Ambient Humidity: _____ %

This concludes the post-project section. All information provided above is accurate and true to the best of the signer's knowledge. Any changes, deviations or errors in the above information or requested information must be listed on a separate sheet and accompany this document. Any information discovered to be falsified or purposely misrepresented at any time may result in the cancellation of any warranty provided or promised for this project or voiding of any warranties supplied by AC•Tech for any of its products involved in this project.

I acknowledge that the provided information is accurate and true to the best of my knowledge:

Signature of Approved Applicator

Date: _____