



Pre-Job Checklist

KOSTER Approved Applicator: _____

Address Street: _____

Address City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____

Fax: _____ Email: _____

Project Name: _____

Project Address Street: _____

Project Address City: _____ State: _____ Zip: _____

General Contractor: _____ Phone: _____

Fax: _____ Email: _____

Project Manager: _____ Phone: _____

Fax: _____ Email: _____

Project Information:

Estimated Size of Floor to be coated: _____ square feet

History of Building: _____

Was the building used for automotive or manufacturing? Y N

Approx. age of concrete: _____ If new concrete, attach mix design Thickness: _____

General Condition of Concrete: Good Fair Poor Other: _____

Slab on Grade Upper decks Other: _____

Existing Cracks? Moving Non-Moving Control Cuts Expansion Spider

Did a previously installed flooring system fail? _____

Type of Failed Flooring: _____ Brand? _____

Surface contaminants visible: Y N If yes, attach description and / or pictures

Other substrate / surface irregularities observed: Y N If yes, attach description and / or pictures

Was tilt-up construction used? Y N

Concrete Moisture Cured? Y N

Membrane Cured? Y N If yes, type: _____

Silicate Based Curing Compound? Y N If yes, type: _____
Chemical Floor Hardener Applied? Y N If yes, type: _____

Moisture Testing:

(ASTM F 1869) Calcium Chloride Tests Performed Y N If yes, attach test results.
(ASTM F2170): Relative Humidity Y N If yes, attach test results.

Core Testing:

Were core samples taken and analyzed? Y N If yes, attach map showing locations.
Ion Chromatography (IC) analysis Y N If yes, attach results.
Infra Red Spectroscopy (IR) analysis Y N If yes, attach results.
Energy Dispersive X-ray (EDXA) analysis Y N If yes, attach results.
Petrographic Analysis (Thin Slice) for ASR (Alkali-Silica Reactivity)? Y N If yes, attach results.

Concrete Strength Testing:

Compressive Strength Testing: Y N If yes, attach test results.
Elcometer Testing: Y N If yes, attach test results.

Approved Applicator Signature:

All information provided above is accurate and true to the best of the signer's knowledge. Any supplemental information needed to accurately and fully disclose existing conditions must be listed on a separate sheet and accompany this document. Any information that has been found to be erroneous or incomplete at any time will result in the cancellation of any warranty provided or promised for this project or voiding of any warranties to be supplied by KOSTER American Corp 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 KOSTER Approved Applicator Date: _____

Printed Name and Title: _____

The Pre-Job-Checklist was received by KOSTER:

Signature of KOSTER tech staff Date: _____

Printed Name and Title: _____

Confirmation of the receipt of this checklist by KOSTER does not mean that KOSTER approves the substrate to be suitable for application of the product by the applicator.