

PRODUCT RECOMMENDATION FORM FOR CONCRETE SUBSTRATES

CUSTOMER _____ REQUESTED BY _____

PROJECT NAME _____

TELEPHONE/ EMAIL _____

DATE/ LOCATION _____

CHEMISTRY _____

(Name of chemicals, % concentration) _____

PROJECT SIZE (Surface Area, Dimensions) _____

EXPOSURE

Continuous _____ Temporary Storage _____ Frequent Splash/Spill _____

Fumes _____ Occasional Intermittent _____ Thermal Shock _____

Hours Exposure _____ Weeks Exposure _____ Days Exposure _____

Other Explain _____

FREQUENCY OF CLEAN UP

Immediate _____ Within # hrs _____ Within 72 hrs _____

Other _____

TEMPERATURE

Normal Operating Temperature _____ °F Maximum Operating Temperature _____ °F Temperature Spikes _____ °F

TEMPERATURE CYCLING

Duration _____ hrs. _____ day _____ month
 _____ min. Frequency _____ week _____ year

TYPE OF STRUCTURE

Tank _____ Floor _____ Loading/Unloading _____ Secondary Containment _____
 Trench _____ Sump _____ Pit _____ Vessel _____ Wall _____
 Process Area _____ Storage area _____ Structural _____ Equipment _____ Overhead _____

STRUCTURE CONDITION

New _____ Existing _____ Inside _____
 Above Ground _____ Below Ground _____ Interior _____ Exterior _____ Outside _____
Concrete Condition Good _____ Fair _____ Poor _____ Repair Needed _____
 Existing _____
 Vapor Barrier _____ Existing Sealer _____ Topping _____ Existing Coating _____ Existing Lining _____
 Thermal Shock _____ Abrasion _____ Joints _____ Type of Joints _____
 Heavy Traffic - towmotor _____ Heavy Traffic - steel wheel _____ Medium Traffic - rubber wheel _____ Medium Traffic - heavy foot traffic _____
 Light Traffic - light carts _____ Light Traffic - foot traffic _____ Pallets - Wooden or plastic _____ Pallets - Steel _____

OTHER CONDITIONS

Crack-Bridging Required _____ Slip-Resistance Required _____ Cleanability Required _____ Hot Water Contact _____

COMMENTS & DETAILS _____
 (Use back side for additional notes.) _____