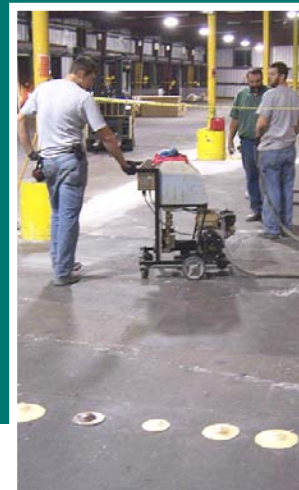
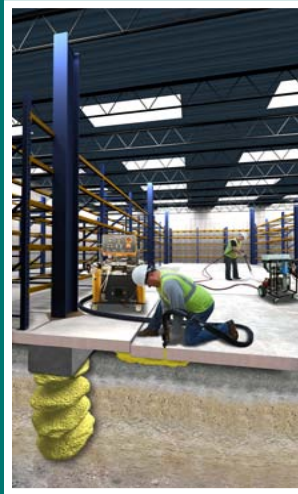


Slab Assessment Worksheet



SLAB ASSESSMENT WORKSHEET

Location: _____

Client: *Owner* *Tenant* *Facility Management* *Other:* _____

Contact Person: _____

Phone: _____ Fax: _____ Email: _____

Address: _____

Facility Address: _____

Facility Contact Person: _____

Phone: _____ Fax: _____ Email: _____

General Contractor: _____

Contact Person: _____

Phone: _____ Fax: _____ Email: _____

Engineer: _____

Phone: _____ Fax: _____ Email: _____

Facility Age: _____ **Size:** _____ **Construction Type:** _____

Facility Type: _____ **Facility Rating (A-D):** _____

Manufacturing *Warehouse/Distribution* *Facility Management*

Aviation Hangar *Other:* _____

SLAB ASSESSMENT WORKSHEET

Location: _____

Slab Thickness: _____ Wire Mesh?: _____ Fiber Reinforced? (Metal or Poly?): _____ Dowel Bars? _____

Floor overlaid with topping slab? (If yes, how thick & how old?) _____

Evidence of Prior Repairs: _____ Condition of Previous Repairs: _____ Age of Previous Repairs: _____

Joint Spacing: _____ Column Spacing: _____

Floor coating or sealer installed? (If yes, what type: epoxy, penetrating sealer, polyurethane, trowel down, clear or colored system, etc.) _____

Polished Floor? (If yes, what type of system?) _____

Wire guidance or tow line system used for product transport? _____

Work Shift: *Nights* *Weekend* *Shifts* *Holidays* *Other:* _____

Shift Hours: Start of Day: _____ End of Day: _____

Estimated Start Date: _____ **Estimated Completion Date/Deadline:** _____

AREA FOR REPAIRS AND TYPE OF REPAIRS - TOTALS

Location: _____

AREA/AISLE #	SLAB STABILIZATION	JOINT NOSING				NEW JOINT FILLER				SPALLS				BOLT HOLES				RANDOM CRACKS			
	Lineal Feet	Length	Width	Depth	E/P	Length	Width	Depth	E/P	Length	Width	Depth	E/P	Length	Width	Depth	E/P	Length	Width	Depth	E/P
Totals																					

Comments:

Date: _____