SLAB ASSESSMENT WORKSHEET





Client:	Owner	Tenant	Facility Management	Other:	
Client Name:					
Contact Perso	on:				
Phone:		Fax:	Em	nail:	
Address:					
Facility Addre	ss:				
Facility Conta	ct Person:				
Phone:		Fax:	Em	nail:	
General Contr	actor:				
Contact Persor	າ:				
Phone:		Fax:	Em	nail:	
Engineer:					
Phone:		Fax:	Em	nail:	
Facility Age: _		Size:	Cor	nstruction Type:	_
Facility Type:					
Manufacturing		Warehouse/Distribution	Facility Manageme	ent Aviation Hangar	
Other					

SLAB ASSESSMENT WORKSHEET



Slab Thickness	S:	Wire Mesh?	Fib	er Reinforced? (metal	or poly?):	Dowel Bars?
Floor overlaid v	with topping slab?	(if yes, how thick & ho	w old?)			
Evidence of Pri	ior Repairs:	Co	ndition of Previ	ous Repairs:	Age of	Previous Repairs
Joint Spacing:		Co	lumn Spacing:			
•	r sealer installed? pe: epoxy, penetr		ane, trowel dow	n, clear or colored sys	stem, etc.)	
Polished floor? If yes, what typ						
Wire guidance	or tow line syster	n used for product tran	sport?			
Work Shift:	Nights	Weekend	Shifts	Holidays	Other:	
Shift Hours:	Start of Day:		End of Day	<i>/</i> :		
Estimated Sta	rt Date:		Estimated	Completion Date: _		





Location:	

AREA/ AISLE #	SLAB STABILIZATION	SLAB JOINT NOSING BILIZATION				NEW JOINT FILLER				SPALLS					BOLT H	OLES		RANDOM CRACKS			
	Linear 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

AREA FOR REPAIRS AND TYPE OF REPAIRS



ocation:	
ocation.	

AREA/ AISLE #	SLAB STABILIZATION	JOINT NOSING			NEW JOINT FILLER				SPALLS					BOLT H	OLES		RANDOM CRACKS				
	Linear 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
TOTAL																					
									<u> </u>												

<u>Comments:</u>	
	······································
	Date: