MOISTURE BLOC®
Vapor Reduction Systems
Protect flooring installations from the ground up.
7240 State Road, Philadelphia, PA 19135
215-332-7709 or 888-839-2661
Fax: 215-332-9997
vexcon.com

# Project Conference & Job Survey Form MoistureBloc Systems

Building Name/Address/Phone: _____

_____

Contractor Name/Address/Phone: _____

_____

Building Owner: _____

Applicator Name/Address/Phone:_____

_____

Original Date of Application: _____

## SECTION I:

Date of Conference: Conference Participants: Name/Company

The product data sheet(s) and sample warranty must be reviewed and all pages initialed by property owner, contractor and other conference \ participants. Surface preparation, application, equipment, coverage rates, worker safety, and all other elements of the project(s) should be \ reviewed and noted at this time. Any special requirements including possible bad weather, scheduling problems and the like should also be discussed and noted.

Details Covered during conference:

Mail or fax to 215.332.9997 project specification, this survey form completed through Section I , initialed product data sheet(s)and sample warranty. Keep copies of these documents.

**Signatures of Conference Participants:**
Contractor:

Property Owner or authorized signor:

Additional Participants: (Name/Title/Company)

Vexcon MOISTUREBLOC system to be used and quantity:

Project Information:
Condition of concrete surface:new ____ old/uncoated ____
old/coated ____ chalking ____
Substrate:
Please describe in detail surface preparation: (please indicate any products and equipment used).

If products are to be used during surface preparation,
Type/name: _____ % of surface area: _____
Quantity: _____ Dates of Surface Preparation:_____
Total Area Covered: _____ sq ft.

**SECTION II:** NOTE: Test results must be performed by independent lab.
ASTM F 1869 Calcium Chloride Test results: lbs/24hrs/1000 sq.ft.
Prior to MoistureBloc: Placement date _____Removal date _____Average Test Result_____
After MoistureBloc: Placement date _____Removal date_____ Average Test Result_____

√ ☐**Check here if AIM or California product**

**MoistureBloc One Step Emulsion:**
Total Area Covered Day #1:_____sq.ft. Gallons of MoistureBloc One Step used_____

- Time started_____am/pm Time completed _____am/pm Date applied_____

**MoistureBloc Universal:**
Total Area Covered Day #1:_____sq.ft. Gallons of MoistureBloc Universal used_____

- Time started_____am/pm Time completed _____am/pm Date applied_____

**MoistureBloc Emulsion:**
Total Area Covered Day #1:_____sq.ft. Gallons of MoistureBloc Step 1 used_____

- Time started_____am/pm Time completed _____am/pm Date applied_____

Total Area Covered Day #2:_____sq.ft. Gallons of MoistureBloc Step 1 used_____

- Time started_____am/pm Time completed _____am/pm Date applied_____

Total Area Covered Day #3:_____sq.ft. Gallons of MoistureBloc Step 2 (or Step3) used_____

- Time started_____am/pm Time completed _____am/pm Date applied_____

**MoistureBloc FT:**
Total Area Covered Day #1:_____sq.ft. Gallons of MoistureBloc Step 1 used_____

- Time started_____am/pm Time completed _____am/pm Date applied_____

Total Area Covered Day #2:_____sq.ft. Gallons of MoistureBloc Step 2 ( or Step 3) used_____

- Time started_____am/pm Time completed _____am/pm Date applied_____

**MoistureBloc MX /MoistureBloc Primer MX:**
Total Area Covered Day #1:_____sq.ft. Gallons of MoistureBloc Primer MX used_____

- Time started_____am/pm Time completed _____am/pm Date applied_____

**MoistureBloc MX:**
Total Area Covered Day #2:_____sq.ft. Gallons of MoistureBloc MX used_____

- Time started_____am/pm Time completed _____am/pm Date applied_____

**MoistureBloc Primer MX:**
Total Area Covered Day #3:_____sq.ft. Gallons of MoistureBloc Primer MX used_____

- Time started_____am/pm Time completed _____am/pm Date applied_____
-

(Please continue additional days on separate paper and attach)

**MANUFACTURER PRIMER/BONDING AGENT**:
Manufacturer:_____
Product Code/Name:_____
Quantity:_____

**MANUFACTURER(S) PATCHING/LEVELING COMPOUND:**
Manufacturer:_____
Product Code/Name:_____
Quantity:_____

**MANUFACTURER OF ADHESIVE USED & QUANITY**:
Manufacturer:_____
Product Code/Name:_____
Quantity:_____

**MANUFACTURER(S) OF FLOOR COVERINGS:**
Manufacturer:_____
Product Code/Name:_____
Manufacturer:_____
Product Code/Name_____

At project completion forward the completed job survey form, independent lab test results and upon review of this form and verification that all application procedures were correctly followed per Vexcon's product data sheet(s) Vexcon will execute the warranty. A warranty certificate will be mailed to the property owner and contractor within 4 weeks.