VEXCON
CHEMICALS, INC.
Performance Construction Chemicals

Protecting and improving concrete since 1974
7240 State Road, Philadelphia, PA 19135
215-332-7709 or 888-839-2661
Fax: 215-332-9997
vexcon.com

PROJECT CONFERENCE & JOB SURVEY FORM

Project Name: _____

Project Address: _____

_____

Installer_____

Company Name _____

Company Address: _____

_____

Phone Number: _____ E-mail: _____

Signature of Installer: _____

General Contractor_____

Company Name _____

Company Address: _____

_____

Phone Number: _____ E-mail: _____

Signature of General Contractor: _____

Property Owner/Owner's Representative: _____

Entity_____

Property Address: _____

Phone Number: _____ E-mail: _____

Signature of property owner/representative: _____

Architect/Specifier/Designer:_____

Firm Name_____

Firm Address: _____

_____

Phone Number: _____ E-mail: _____

Signature of Architect/Specifier/Designer: _____

(Note: Please provide a copy of the specification, drawing or plan if documentation exists.)

SECTION I: **Date of Conference**: _____

Conference Participants: Name/Company

1._____ 5. _____

2._____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

The installation **specification** and **sample warranty** must be reviewed and all pages initialed by property owner, contractor and other conference participants. Surface preparation, application, equipment, StarSeal tooling, 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.
Mock-up as required by specification must be available for review and approval by all participants.

Details Covered during conference:

_____

_____

_____

_____

Project Information as part of pre-installation meeting:

Condition of Concrete Surface: New _____ Old /uncoated _____
Old /coated _____ Dusting _____
Soft _____ Cracked _____

(A). Please describe in detail Pre- Installation surface preparation:
(please indicate all products and equipment used).

1. Type/name: _____ % of surface area: _____

Quantity: _____ Dates of Surface Preparation: _____

2. Type/name: _____ % of surface area: _____

Quantity: _____ Dates of Surface Preparation: _____

Total Area Covered: _____ sq ft.

(B). Vexcon Product(s) to be used and Quantity:

1. _____ Quantity: _____

2. _____ Quantity: _____

3. _____ Quantity: _____

4. _____ Quantity: _____

5._____ Quantity: _____

_____

_____

After Job Conference: Mail or fax to 215.332.9997 The Project Specification, this Job Survey Form (completed through Section I) along with the Initialed Installation Specification and the Sample Warranty. Keep copies of these documents.

SECTION II: NOTE (Please continue additional days on separate paper and attach.)

1st Day of Application

Date: _____

Weather Conditions: _____

Product(s) Used: _____

_____

_____

Quantity Used: _____

Equipment Used: _____

Summarize work performed:

_____

_____

_____

_____

_____

3rd Day of Application

Date: _____

Weather Conditions:_____

Product(s) Used: _____

_____

_____

Quantity Used: _____

Equipment Used: _____

Summarize work performed:

_____

_____

_____

_____

_____

2nd Day of Application

Date: _____

Weather Conditions: _____

Product(s) Used: _____

_____

_____

Quantity Used: _____

Equipment Used: _____

Summarize work performed:

_____

_____

_____

_____

_____

4th Day of Application

Date: _____

Weather Conditions:_____

Product(s) Used: _____

_____

_____

Quantity Used: _____

Equipment Used: _____

Summarize work performed:

_____

_____

_____

_____

_____

At project completion forward the completed **job survey form** and upon review of this form and verification that all application procedures were correctly followed per installation specification Vexcon will execute the warranty. A warranty certificate will be mailed to the property owner and contractor within 4 weeks.