



Protect floor coverings from the ground up  
 888-839-2661 | sales@vexcon.com | 7240 State Road | Philadelphia, PA 19135 vexcon.com

### Project Conference & Job Survey Form MoistureBloc Systems

Building Name/Address/Phone: \_\_\_\_\_

General Contractor Name/Address/Phone: \_\_\_\_\_

Building Owner/Address/Phone: \_\_\_\_\_

Applicator Name/Address/Phone: \_\_\_\_\_

Finish Flooring Installer Name/Address/Phone: \_\_\_\_\_

Expected Date of Application: \_\_\_\_\_

**SECTION I**

Date of Conference: \_\_\_\_\_

Conference Participants: Name/Company

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

3. \_\_\_\_\_

6. \_\_\_\_\_

The product data sheet(s), msds 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.

Note: The flooring installer, the contractor/applicator and the owner must examine the flooring substrate and all other conditions under which flooring installation is to be performed. Flooring work shall not proceed until all conditions meet manufacturer's specifications and are acceptable to the Owner. Particular attention shall be paid to the moisture content of the concrete slab (maximum 3 lbs. of water/1000 sq. ft. of slab in a 24-hour period when tested by Owner's independent laboratory, and shown to be in accord with the ASTM F1869-98 calcium chloride test) and to the use of the specified type of adhesive recommended by the Manufacturer for proper adhesion of the flooring.

Details covered during conference:

**Signatures of Conference Participants:**

\_\_\_\_\_  
 General Contractor:

\_\_\_\_\_  
 Building Owner or authorized signor:

\_\_\_\_\_  
 Applicator:

Additional Participants: (Name/Title/Company)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Vexcon **MOISTUREBLOC** system to be used and quantities: \_\_\_\_\_

**SECTION II**

**General Floor Description**

Area of Installation: \_\_\_\_\_sq.ft.

Concrete:

New                                  Existing/uncoated                                  Existing/coated

Describe condition of concrete:

Use of space beneath area, if applicable: \_\_\_\_\_

Below-Grade                  On-Grade                  Above -Grade

On- or Below-Grade:

Moisture retarder below slab?    Yes    No

Type: \_\_\_\_\_

Above-Grade:

Type of Construction: \_\_\_\_\_

Concrete mix design available?                  Yes                  No  
If Yes attach

Curing Compound or Sealer used?                  Yes                  No  
If Yes describe and attach product data sheet \_\_\_\_\_

**SECTION III**

Describe in detail surface preparation:

Note: The general contractor will be responsible to see that the concrete floor is broom clean and free of all paint, curing compounds, dry wall compound, grout, dust, solvent, wax, grease, oil, asphalt sealing compounds, dirt and other extraneous materials. The surface must be hard and dense and free from powder or flaking. The concrete must be clean, dry and water absorbent prior to applying the Moisture Control sealer.

If chemical treatments are to be used for surface preparation;

Type/name: \_\_\_\_\_                                  % of surface area: \_\_\_\_\_  
Quantity: \_\_\_\_\_                                  Dates of Surface Preparation: \_\_\_\_\_  
Total Area Covered: \_\_\_\_\_ sq ft.

If mechanical equipment is to be used for surface preparation;

Type/name: \_\_\_\_\_                                  % of surface area: \_\_\_\_\_  
Total Area Covered: \_\_\_\_\_ sq ft.                                  Dates of Surface Preparation: \_\_\_\_\_

**\*Include 4 photos (1MB or higher) of the floor; 2 before and 2 after surface preparation**

**SECTION IV**

**Building History, Expected Use and Current Conditions**

Age of Building \_\_\_\_\_ Date Concrete Placed: \_\_\_\_\_

Previous Flooring Type and Date: \_\_\_\_\_

Describe Previous Moisture Issues: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Evidence of Building Movement, Past or Present: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anticipated Uses/Traffic: \_\_\_\_\_

Type of finish flooring being installed: \_\_\_\_\_

Grounding slopes away from building? Yes No

Irrigation against building? Yes No

Gutter/Drainage System Yes No

Roofing System Yes No

Is the building enclosed? Yes No

Is the HVAC running? Yes No

**SECTION V**

Moisture testing shall be done on all concrete slabs regardless of age or grade level. The tests shall be performed by an independent laboratory hired by the Owner. Test cleaned sections of concrete for moisture using a calcium chloride test kit in accord with ASTM F1869-98. Follow the instructions included with the kit. A minimum of \*three tests must be conducted for the first 1,000 square feet of flooring, with one additional test for each 1,000 square feet of flooring thereafter. The moisture emission from the concrete slab shall not exceed 3 lb. per 1,000 square feet per 24 hours.

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 \_\_\_\_\_

Include 4 photos (1 MB or higher) of the completed floor must be emailed with the warranty documents.

**Check here if AIM or California product**

**MoistureBloc One Step:**

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 VRS 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 VRS 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:  
COMPOUND:**

Manufacturer: \_\_\_\_\_  
Product Code/Name: \_\_\_\_\_  
Quantity: \_\_\_\_\_

**MANUFACTURER PATCHING/LEVELING**

Manufacturer: \_\_\_\_\_  
Product Code/Name: \_\_\_\_\_  
Quantity: \_\_\_\_\_

**MANUFACTURER OF ADHESIVE USED & QUANTITY:**

Manufacturer: \_\_\_\_\_  
Product Code/Name: \_\_\_\_\_  
Quantity: \_\_\_\_\_

**MANUFACTURER OF FLOOR COVERINGS:**

Manufacturer: \_\_\_\_\_  
Product Code/Name: \_\_\_\_\_  
Quantity: \_\_\_\_\_

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), specifications and other documents, Vexcon will execute the warranty. A warranty certificate will be mailed to the property owner and contractor within 4 weeks of receipt of completed documents.

**I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to issue a Vexcon Chemicals Limited Warranty upon successful review by the Manufacturer. Furthermore, I hereby authorize the Manufacturer and Seller to verify information listed in this application and to release necessary information to verify the information contained herein.**

\_\_\_\_\_  
Authorized Signor

\_\_\_\_\_  
Date

Vexcon  
Chemicals